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Form 990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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- Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

2014

Open to Public
Inspection

For calendar year 2014, or tax year beginning 02-01-2014 , and ending 01-31-2015

Name of foundation MAHONING VALLEY HOSPITAL FOUNDATION		A Employer identification number 34-1879100
Number and street (or P O box number if mail is not delivered to street address) 1670 GULLY TOP LANE		Room/suite
City or town, state or province, country, and ZIP or foreign postal code CANFIELD, OH 44460		
G Check all that apply <input type="checkbox"/> Initial return <input checked="" type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization <input type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 5,627,489	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check ► <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	75,327	75,327		
	4 Dividends and interest from securities.	74,164	74,164		
	5a Gross rents	12,120	12,120		
	b Net rental income or (loss) 12,120				
	6a Net gain or (loss) from sale of assets not on line 10	196,105			
	b Gross sales price for all assets on line 6a 2,039,378				
	7 Capital gain net income (from Part IV, line 2)		196,105		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	357,716	357,716	0	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	98,693	9,869	0	88,824
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	14,518	1,452	0	13,066
	16a Legal fees (attach schedule)	459	46	0	413
	b Accounting fees (attach schedule)	4,000	400	0	3,600
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	7,750	755	0	6,795
	19 Depreciation (attach schedule) and depletion	27,385	0	0	
	20 Occupancy	13,590	277	0	13,183
	21 Travel, conferences, and meetings	23,536	0	0	19,038
	22 Printing and publications	2,032	0	0	2,032
	23 Other expenses (attach schedule)	69,004	28,274	0	40,670
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	260,967	41,073	0	187,621
	25 Contributions, gifts, grants paid.	296,861			296,861
	26 Total expenses and disbursements. Add lines 24 and 25	557,828	41,073	0	484,482
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-200,112			
	b Net investment income (if negative, enter -0-)		316,643		
	c Adjusted net income (if negative, enter -0-)			0	

	Part III Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing		282,804	329,430	329,430
	2 Savings and temporary cash investments		112,021	169,530	169,530
	3 Accounts receivable ►				
	Less allowance for doubtful accounts ►				
	4 Pledges receivable ►				
	Less allowance for doubtful accounts ►				
	5 Grants receivable				
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7 Other notes and loans receivable (attach schedule) ►				
	Less allowance for doubtful accounts ►				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges		3,981	2,627	2,627
	10a Investments—U S and state government obligations (attach schedule)				
	b Investments—corporate stock (attach schedule)		1,545,207	1,738,742	1,738,742
	c Investments—corporate bonds (attach schedule)		2,370,447	2,314,678	2,314,678
	11 Investments—land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
	12 Investments—mortgage loans				
	13 Investments—other (attach schedule)		1,217,052	825,892	825,892
	14 Land, buildings, and equipment basis ►	270,551			
	Less accumulated depreciation (attach schedule) ►	43,332			
	15 Other assets (describe ►)		253,940	227,219	227,219
	16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)		21,685	19,371	19,371
			5,807,137	5,627,489	5,627,489
Liabilities	17 Accounts payable and accrued expenses		85,945	4,702	
	18 Grants payable				
	19 Deferred revenue				
	20 Loans from officers, directors, trustees, and other disqualified persons				
	21 Mortgages and other notes payable (attach schedule)				
	22 Other liabilities (describe ►)		249,042	0	
	23 Total liabilities (add lines 17 through 22)		334,987	4,702	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24 Unrestricted		5,472,150	5,622,787	
	25 Temporarily restricted				
	26 Permanently restricted				
	Foundations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 31.				
	27 Capital stock, trust principal, or current funds				
	28 Paid-in or capital surplus, or land, bldg , and equipment fund				
	29 Retained earnings, accumulated income, endowment, or other funds				
	30 Total net assets or fund balances (see instructions)		5,472,150	5,622,787	
	31 Total liabilities and net assets/fund balances (see instructions)		5,807,137	5,627,489	

Part III. Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	5,472,150
2	Enter amount from Part I, line 27a	2	-200,112
3	Other increases not included in line 2 (itemize) ►	3	350,749
4	Add lines 1, 2, and 3	4	5,622,787
5	Decreases not included in line 2 (itemize) ►	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	5,622,787

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1 a	VARIOUS MARKETABLE SECURITIES HELD SHORT TERM			2015-01-31
b	VARIOUS MARKETABLE SECURITIES HELD LONG TERM			2015-01-31
c	FARMER'S TRUST CO - LONG TERM CAPITAL GAIN DISTRIBUTIONS	P		
d	CAPITAL GAINS DIVIDENDS	P		
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a 1,192,217		1,154,559	37,658	
b 840,958		743,559	97,399	
c			54,845	
d 6,203			6,203	
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a			37,658	
b			97,399	
c			54,845	
d			6,203	
e				
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	196,105
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)				
If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8			3	

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

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

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

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

 Yes No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013			
2012			
2011			
2010			
2009			
2 Total of line 1, column (d).			2
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.			4
5 Multiply line 4 by line 3.			5
6 Enter 1% of net investment income (1% of Part I, line 27b).			6
7 Add lines 5 and 6.			7
8 Enter qualifying distributions from Part XII, line 4.			8

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1		
Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		1	6,333
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> 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, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2.	3	6,333
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-	5	6,333
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	143
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	6,476
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

		Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b	No
<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>			
1c	Did the foundation file Form 1120-POL for this year?	1c	No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ 0 (2) On foundation managers <input type="checkbox"/> \$ _____ 0		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____ 0		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
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? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	No
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> OH		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i> <input checked="" type="checkbox"/>	8b	No
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)? <i>If "Yes," complete Part XIV</i>	9	No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	Yes	
14	The books are in care of ► THE FOUNDATION Located at ► 1670 GULLY TOP LANE CANFIELD OH	Telephone no ► (330) 360-6453 ZIP +4 ► 44406		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year. ► 15			
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? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes", enter the name of the foreign country ►	16	Yes	No

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

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Yes	No
1a	During the year did the foundation (either directly or indirectly) <ul style="list-style-type: none"> (1) Engage in the sale or exchange, or leasing of property with a disqualified person? ► Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ► Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ► Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ► Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ► Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ► Yes <input checked="" type="checkbox"/> No 		
1b	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)? Organizations relying on a current notice regarding disaster assistance check here. ►		
1c	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?		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) <ul style="list-style-type: none"> 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? ► Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____ b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions) 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____ 		
2b			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ► Yes <input checked="" type="checkbox"/> No		
3b			
4a	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).		No
4b			No

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

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
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 the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 <hr/>	
2 <hr/>	
3 <hr/>	
4 <hr/>	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 _____ _____	
2 _____ _____	

All other program-related investments See instructions

3 _____

Total. Add lines 1 through 3

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	5,217,471
b	Average of monthly cash balances.	1b	292,354
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	5,509,825
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	5,509,825
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	82,647
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,427,178
6	Minimum investment return. Enter 5% of line 5.	6	271,359

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

1	Minimum investment return from Part X, line 6.	1	271,359
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	6,333
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	6,333
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	265,026
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	265,026
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	265,026

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	484,482
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	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).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	484,482
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	484,482

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				265,026
2 Undistributed income, if any, as of the end of 2014			0	
a Enter amount for 2013 only.				
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2014				
a From 2009.				
b From 2010.				
c From 2011.				
d From 2012.				
e From 2013.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2014 from Part XII, line 4 ► \$ 484,482			0	
a Applied to 2013, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2014 distributable amount.				265,026
e Remaining amount distributed out of corpus	219,456			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:	219,456			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
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.		0		
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).	0			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	0			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	219,456			
10 Analysis of line 9				
a Excess from 2010.				
b Excess from 2011.				
c Excess from 2012.				
d Excess from 2013.				
e Excess from 2014.	219,456			

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling.				
b Check box to indicate whether the organization is a private operating foundation described in section <input checked="" type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)				
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.				
b 85% of line 2a.				
c Qualifying distributions from Part XII, line 4 for each year listed.				
d Amounts included in line 2c not used directly for active conduct of exempt activities.				
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c.				
3 Complete 3a, b, or c for the alternative test relied upon				
a "Assets" alternative test—enter				
(1) Value of all assets.				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.				
c "Support" alternative test—enter				
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).				
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).				
(3) Largest amount of support from an exempt organization				
(4) Gross investment income				

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**1 Information Regarding Foundation Managers:**

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

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

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

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

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

MIKE SENCHAK
1670 GULLY TOP LANE
CANFIELD, OH 44406
(330) 360-6453
MSENCHAK6453@GMAIL.COM

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

THE REQUEST SHOULD BE IN THE FORM OF A LETTER THAT INCLUDES THE NAME AND ADDRESS OF THE ORGANIZATION AND A BRIEF DESCRIPTION OF THE APPLICANT'S TAX-EXEMPT FUNCTION

c Any submission deadlines

NONE

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

ORGANIZATIONS THAT ARE AWARDED A GRANT BY MAHONING VALLEY HOSPITAL FOUNDATION MUST PROVIDE A GRANT SUMMARY/UPDATE TO THE FOUNDATION NO LATER THAN THE GRANT CALENDAR YEAR, WHICH AT THE VERY MINIMUM ADDRESSES THE FOLLOWING - TOTAL AMOUNT OF GRANT MONIES RECEIVED, AND TOTAL AMOUNT OF GRANT MONIES USED TO DATE IF THERE ARE UNUSED GRANT MONIES, PROVIDE A DATE AS TO WHEN THEY WILL BE USED - INDICATE IF ALL GRANT FUNDS WERE UTILIZED FOR THEIR INTENDED PURPOSES - EXPLAIN DESIRED OUTCOMES AS OUTLINED IN THE GRANT APPLICATION TO THE OBSERVED/ACTUAL OUTCOMES

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			► 3a	296,861
b Approved for future payment				
Total			► 3b	0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities.			14	75,327	
5 Net rental income or (loss) from real estate			14	74,164	
a Debt-financed property.					
b Not debt-financed property.			16	12,120	
6 Net rental income or (loss) from personal property.					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	196,105	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory.					
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e).		0		357,716	
13 Total. Add line 12, columns (b), (d), and (e).			13		357,716

Part XII-B: Relationship of Activities to the Accomplishment of Exempt Purposes

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

- | | Yes | No |
|---|-------|----|
| 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | |
| a Transfers from the reporting foundation to a noncharitable exempt organization of | | |
| (1) Cash. | 1a(1) | No |
| (2) Other assets. | 1a(2) | No |
| b Other transactions | | |
| (1) Sales of assets to a noncharitable exempt organization. | 1b(1) | No |
| (2) Purchases of assets from a noncharitable exempt organization. | 1b(2) | No |
| (3) Rental of facilities, equipment, or other assets. | 1b(3) | No |
| (4) Reimbursement arrangements. | 1b(4) | No |
| (5) Loans or loan guarantees. | 1b(5) | No |
| (6) Performance of services or membership or fundraising solicitations. | 1b(6) | No |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. | 1c | No |

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

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

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

* * * * *

2015-09-30

* * * * *

Signature of officer or trustee

Date

Title

May the IRS discuss this return with the preparer shown below (see instr)? Yes No

**Paid
Preparer
Use
Only**

Paid Preparer Use Only	Print/Type preparer's name H SCOTT MASTERS	Preparer's Signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00188770
	Firm's name ► BERKMAN JORGENSEN MASTERS & STAFMAN LLC			Firm's EIN ►	04-3602740
	Firm's address ► 1620 NILES CORTLAND ROAD NE STE B WARREN, OH 44484			Phone no	(330) 399-2727

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

(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
MIKE SENCHAK	PRESIDENT AND CEO 40 00	98,693	14,518	0
1670 GULLY TOP LANE CANFIELD, OH 44406	CHAIRPERSON 0 00	0	0	0
JAMES KEATING	TREASURER 0 00	0	0	0
1670 GULLY TOP LANE CANFIELD, OH 44406	SECRETARY 0 00	0	0	0
DAVID VOGT	TRUSTEE 0 00	0	0	0
ALICE GUERRA				
1670 GULLY TOP LANE CANFIELD, OH 44406				
NED UNDERWOOD				
1670 GULLY TOP LANE CANFIELD, OH 44406				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
AKRON CHILDREN'S HOSPITAL MAHONING VALLEY 100 DEBARTOLO PLACE SUITE 115 BOARDMAN, OH 44512	N/A	PC	SPECIAL CARE NURSERY PROJECT	25,000
ALZHEIMER'S ASSISTANCE AND REFERRAL NETWORK 4214 MARKET ST YOUNGSTOWN, OH 44512	N/A	PC	MEDICAL RESEARCH	1,200
ALZHEIMER'S ASSOCIATION 70 W STREETSBORO ST HUDSON, OH 44236	N/A	PC	MAHONING AND TRUMBULL COUNTY FAMILY CARE CONSULTATION PROGRAMS	10,000
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	N/A	PC	GENERAL OPERATING SUPPORT	1,000
COALITION FOR A DRUG FREE MAHONING COUNTY P O BOX 3883 BOARDMAN, OH 44512	N/A	PC	GENERAL OPERATING SUPPORT	32,500
CROSSROADS CHURCH 554 S MERIDIAN RD YOUNGSTOWN, OH 44509	N/A	PC	MAT MINISTRY AND PROGRAM	1,500
DIABETES PARTNERSHIP OF MAHONING VALLEY 201 E COMMERCE ST SUITE 450 YOUNGSTOWN, OH 44503	N/A	PC	GENERAL OPERATING SUPPORT	200
DIOCESE OF YOUNGSTOWN CATHOLIC SCHOOLS 144 W WOOD ST YOUNGSTOWN, OH 44503	N/A	PC	BRAIN POWER SUBSTANCE ABUSE PREVENTION PROGRAM	30,000
DRUG AWARENESS AND PREVENTION INC 20800 CENTER RIDGE RD SUITE 316A ROCKY RIVER, OH 44116	N/A	PC	GENERAL OPERATING SUPPORT	20
HEALTH POLICY INSTITUTE OF OHIO 10 W BROAD ST SUITE 1050 COLUMBUS, OH 43215	N/A	PC	GENERAL OPERATING SUPPORT	1,000
INSPIRING MINDS 175 LAIRD AVE NE WARREN, OH 44483	N/A	PC	AFTERSCHOOL TUTORING PROGRAM	10,000
MERIDIAN COMMUNITY CARE 527 N MERIDIAN RD YOUNGSTOWN, OH 44509	N/A	PC	DRUG ADDICTION TREATMENT CENTER OPERATING SUPPORT	44,000
MILL CREEK METROPARKS FOUNDATION P O BOX 596 CANFIELD, OH 44406	N/A	PF	COMMUNITY DEVELOPMENT	500
NEIL KENNEDY RECOVERY CLINIC 5211 MAHONING AVE SUITE 360 YOUNGSTOWN, OH 44515	N/A	PC	SPIRITUAL AND RECOVERY COMMUNITIES WORKING TOGETHER PROGRAM	20,500
NILES COMMUNITY SERVICES 401 VIENNA AVE NILES, OH 44446	N/A	PC	GENERAL OPERATING SUPPORT	15,000
Total			► 3a	296,861

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
OPEN ARMS COMMUNITY OUTREACH 5111 MARKET ST SUITE 1B YOUNGSTOWN, OH 44512	N/A	PC	GENERAL OPERATING SUPPORT	750
PAISLEY HOUSE 1408 MAHONING AVE YOUNGSTOWN, OH 44509	N/A	PC	ASSISTED LIVING CENTER PROGRAM	1,800
RESCUE MISSION OF THE MAHONING VALLEY 962 MARTIN LUTHER KING JR BLVD YOUNGSTOWN, OH 44501	N/A	PC	GENERAL OPERATING SUPPORT	15,000
TABERNACLE EVANGELICAL PRESBYTERIAN 2432 S RACCOON RD AUSTINTOWN, OH 44515	N/A	PC	TABERNACLE AFTERSCHOOL TUTORING PROGRAM	1,500
THE DON GUTHRIE BENEFIT SCHOLARSHIP FUND 6432 TARA DR POLAND, OH 44514	N/A	PC	EDUCATIONAL SCHOLARSHIP	250
THE URSULINE CENTER 4280 SHIELDS RD CANFIELD, OH 44406	N/A	PC	MOTHERHOUSE POOL MINISTRY RENOVATION PROJECT	10,306
THE URSULINE SISTERS 4280 SHIELDS RD CANFIELD, OH 44406	N/A	PC	GENERAL OPERATING SUPPORT	714
YELLOW BRICK PLACE P O BOX 9243 BOARDMAN, OH 44513	N/A	PC	CANCER WELLNESS CENTER	1,500
YOUNGSTOWN CHRISTIAN SCHOOL 4401 SOUTHERN BLVD YOUNGSTOWN, OH 44512	N/A	PC	NATIONAL INSTITUTE ON DRUG ABUSE PREVENTION PROGRAM	21,630
YOUNGSTOWN COMMUNITY SCHOOL 50 ESSEX ST YOUNGSTOWN, OH 44502	N/A	PC	NATIONAL INSTITUTE ON DRUG ABUSE BRAIN POWER PROGRAM	2,411
YOUNGSTOWN STATE UNIVERSITY 1 UNIVERSITY PLAZA YOUNGSTOWN, OH 44555	N/A	PC	GENERAL OPERATING SUPPORT	860
GOLDEN STRING INC 16 S PHELPS ST YOUNGSTOWN, OH 44503	N/A	PC	GENERAL OPERATING SUPPORT	18,000
SAHARA CLUB 2345 YOUNGSTOWN RD SE WARREN, OH 44484	N/A	PC	ALCOHOL AND SUBSTANCE ABUSE PREVENTION PROGRAM	1,500
ST ELIZABETH DENTAL CLINIC 1001 COVINGTON AVE YOUNGSTOWN, OH 44501	N/A	PC	GENERAL OPERATING SUPPORT	24,870
TURNING POINT COUNSELING SERVICES 611 BELMONT AVE YOUNGSTOWN, OH 44502	N/A	PC	SUBSTANCE ABUSE PREVENTION PROGRAM	100
Total			► 3a	296,861

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
FRANKLIN COUNTY SHERIFF'S OFFICE 373 SOUTH HIGH ST FLOOR 2B COLUMBUS, OH 43215	N/A	GOV	OPERATION STREET SMART DRUG EDUCATION PROGRAM	1,500
MIDLOTHIAN FREE CLINIC 388 EAST MIDLOTHIAN BLVD YOUNGSTOWN, OH 44507	N/A	PC	GENERAL OPERATING SUPPORT	750
VETERANS OUTREACH 7 BELGRADE AVE YOUNGSTOWN, OH 44505	N/A	PC	GENERAL OPERATING SUPPORT	1,000
Total.			► 3a	296,861

Form 4562

Depreciation and Amortization
(Including Information on Listed Property)

2014

Department of the Treasury
Internal Revenue Service (99)

► Attach to your tax return.

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.Attachment
Sequence No 179

Name(s) shown on return

MAHONING VALLEY HOSPITAL FOUNDATION

Business or activity to which this form relates
FORM 990-PF PAGE 1

Identifying number

34-1879100

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2015 Add lines 9 and 10, less line 12 ► [13]	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	27,385

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2014	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► []		

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property		25 yrs		S/L		
h Residential rental property		27 5 yrs	MM	S/L		
i Nonresidential real property		27 5 yrs	MM	S/L		
		39 yrs	MM	S/L		
			MM	S/L		

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year		12 yrs			S/L	
c 40-year		40 yrs	MM		S/L	

Part IV Summary (see instructions.)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	27,385
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

26 Property used more than 50% in a qualified business use

	%							
	%							
	%							

27 Property used 50% or less in a qualified business use

	%				S/L -			
	%				S/L -			
	%				S/L -			

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles) . . .	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
31 Total commuting miles driven during the year . . .												
32 Total other personal(noncommuting) miles driven . . .												
33 Total miles driven during the year Add lines 30 through 32 . . .												
34 Was the vehicle available for personal use during off-duty hours? . . .												
35 Was the vehicle used primarily by a more than 5% owner or related person? . . .												
36 Is another vehicle available for personal use? . . .												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . .	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . .		
39 Do you treat all use of vehicles by employees as personal use? . . .		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received? . . .		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . .		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions)					

43 Amortization of costs that began before your 2014 tax year . . .	43
44 Total. Add amounts in column (f) See the instructions for where to report . . .	44

TY 2014 Accounting Fees Schedule

Name: MAHONING VALLEY HOSPITAL FOUNDATION

EIN: 34-1879100

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING AND BOOKKEEPING	4,000	400	0	3,600

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

TY 2014 Depreciation Schedule

Name: MAHONING VALLEY HOSPITAL FOUNDATION

EIN: 34-1879100

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
BUILDING - 755 BOARDMAN CANFIELD RD	2013-06-01	154,901	3,755	SL	27 500000000000	5,633	0	0	
OFFICE FURNITURE	2013-06-01	22,000	2,933	SL	5 000000000000	4,400	0	0	
OFFICE FURNITURE	2013-06-01	5,179	691	SL	5 000000000000	1,036	0	0	
COPY MACHINES	2013-06-01	4,068	542	SL	5 000000000000	814	0	0	
TELEVISION	2013-06-01	1,548	206	SL	5 000000000000	310	0	0	
OFFICE FURNITURE	2013-11-21	22,623	754	SL	5 000000000000	4,525	0	0	
COMPUTER SYSTEM	2013-06-01	31,998	4,266	SL	5 000000000000	6,400	0	0	
HVAC IMPROVEMENTS	2013-06-01	6,150	205	SL	20 000000000000	308	0	0	
FLOORING	2013-06-01	9,674	1,290	SL	5 000000000000	1,935	0	0	
SOUND SYSTEM	2013-06-01	5,673	630	SL	6 000000000000	946	0	0	
ALARM SYSTEM	2013-06-01	2,940	327	SL	6 000000000000	490	0	0	
IMPROVEMENTS	2013-06-01	3,133	348	SL	6 000000000000	522	0	0	
DESK	2014-07-20	664		SL	5 000000000000	66	0	0	

TY 2014 Explanation of Non-Filing with Attorney General Statement

Name: MAHONING VALLEY HOSPITAL FOUNDATION

EIN: 34-1879100

Statement: THIS IS THE FIRST YEAR THAT THE ORGANIZATION IS REQUIRED TO FILE FORM 990-PF. IN PREVIOUS YEARS, WHEN THE ORGANIZATION QUALIFIED TO FILE FORM 990, THE FORM 990 WAS SUBMITTED TO THE OHIO ATTORNEY GENERAL'S OFFICE. NOW THAT THE ORGANIZATION WILL BE FILING FORM 990-PF, THE 990-PF WILL BE SUBMITTED TO THE OHIO ATTORNEY GENERAL'S OFFICE.

TY 2014 Investments Corporate Bonds Schedule

Name: MAHONING VALLEY HOSPITAL FOUNDATION

EIN: 34-1879100

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	2,314,678	2,314,678

TY 2014 Investments Corporate Stock Schedule

Name: MAHONING VALLEY HOSPITAL FOUNDATION

EIN: 34-1879100

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MARKETABLE EQUITY SECURITIES	1,738,742	1,738,742

TY 2014 Investments - Other Schedule

Name: MAHONING VALLEY HOSPITAL FOUNDATION**EIN:** 34-1879100

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
BOND MUTUAL FUNDS	AT COST	605,099	605,099
EQUITY MUTUAL FUNDS	AT COST	220,793	220,793

TY 2014 Land, Etc. Schedule

Name: MAHONING VALLEY HOSPITAL FOUNDATION**EIN:** 34-1879100

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
BUILDING - 755 BOARDMAN CANFIELD RD	154,901	9,388	145,513	
OFFICE FURNITURE	22,000	7,333	14,667	
OFFICE FURNITURE	5,179	1,727	3,452	
COPY MACHINES	4,068	1,356	2,712	
TELEVISION	1,548	516	1,032	
OFFICE FURNITURE	22,623	5,279	17,344	
COMPUTER SYSTEM	31,998	10,666	21,332	
HVAC IMPROVEMENTS	6,150	513	5,637	
FLOORING	9,674	3,225	6,449	
SOUND SYSTEM	5,673	1,576	4,097	
ALARM SYSTEM	2,940	817	2,123	
IMPROVEMENTS	3,133	870	2,263	
DESK	664	66	598	

TY 2014 Legal Fees Schedule

Name: MAHONING VALLEY HOSPITAL FOUNDATION

EIN: 34-1879100

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL AND PROFESSIONAL FEES	459	46	0	413

TY 2014 Other Assets Schedule

Name: MAHONING VALLEY HOSPITAL FOUNDATION**EIN:** 34-1879100

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
INTEREST RECEIVABLE	21,685	19,371	19,371

TY 2014 Other Expenses Schedule

Name: MAHONING VALLEY HOSPITAL FOUNDATION**EIN:** 34-1879100

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	28,274	28,274	0	0
ADMINISTRATIVE MANAGEMENT FEES	28,621	0	0	28,621
SUBSCRIPTIONS AND MEMBERSHIPS	1,839	0	0	1,839
INSURANCE EXP	2,365	0	0	2,365
REPAIRS AND MAINTENANCE EXP	418	0	0	358
BANK SERVICE CHARGES	141	0	0	141
POSTAGE AND DELIVERY	509	0	0	509
OFFICE EXPENSE	4,308	0	0	4,308
ADVERTISING AND PROMOTION	2,529	0	0	2,529

TY 2014 Other Increases Schedule

Name: MAHONING VALLEY HOSPITAL FOUNDATION**EIN:** 34-1879100

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	17,476
PRIOR PERIOD ADJ - CORRECTION OF HOSPITAL EXPENSES	333,273

TY 2014 Other Liabilities Schedule

Name: MAHONING VALLEY HOSPITAL FOUNDATION

EIN: 34-1879100

Description	Beginning of Year - Book Value	End of Year - Book Value
OTHER LIABILITIES	249,042	0

TY 2014 Taxes Schedule

Name: MAHONING VALLEY HOSPITAL FOUNDATION**EIN:** 34-1879100

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	7,550	755	0	6,795
STATE AND LOCAL TAXES	200	0	0	0