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

2015

OMB No 1545-0052

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.irs.gov/form990pf.

Open to Public Inspection

For cale	endar	year 2015, or ta	x year beginning		, and ending		9	
Name of fo			miori unaimu or	NIMED		Α	Employer identification num	nber
			TION HEALTH CE f mail is not delivered to street a		Room/suite	В	26-0454602 Telephone number (see instri	uctions)
6186	WIG	EON COURT		· 			(614) 798-483	•
•		or province, country, a	nd ZIP or foreign postal code			С	If exemption employing in	ponding shook hore.
DUBLI					43017	٦٠	If exemption application is	pending, check here.
G Che	ск ап	that apply	Initial return	Initial return of a forme	er public charity	D	1 Foreign organizations, che	ck here ►
		-	Final return Address change	Amended return Name change			2 Foreign organizations mee	ting the 85% test, check
H Che	ok tvr	e of organization	_ 	I(c)(3) exempt private for		-	here and attach computate	
n Cile		•	onexempt charitable tru	· · · · · — · · · ·	nvate foundation	E	If private foundation status	was terminated
I Fair		value of all assets at		counting method XC		∤	under section 507(b)(1)(A)	
		l, column (c), line 16)		Other (specify)		F	If the foundation is in a 60-	L.
► s		25,	552. (Part I,	column (d) must be on o	ash basis)	┨╏	under section 507(b)(1)(B)	
Part I	Ar	nalysis of Rev		(a) Revenue and	(b) Net investmen	nt	(c) Adjusted net	(d) Disbursements
	Ex	penses (The t	otal of amounts in	expenses per books	income		income	for charitable
	sai	rumns (b), (c), and rilv equal the amo	d (d) may not neces- ounts in column (a)					purposes (cash basis only)
		eé instructions))						(Cash basis only)
	1		, etc, received (attach schedule) -	73,193.	The second of the second		- 1 tr wi	
	2	Ck ►if the found	dation is not required to attach Sch B	THE PARTY CHARGE	8. WY E. 12 11	* <u>"</u>	的数据学家的特别	254 D. W. S.
	3	Interest on savings and ter	mporary cash investments					Land Medicine
	4	Dividends and interest from	n securities					The state of the s
	_	Gross rents						The state of the state of
	Ð	Net rental income or (loss)			。在1995年第	Lein.		Marin Chris
R E		Net gain or (loss) from sale Gross sales price for a		1.31 341	7.2		"我们的"的"我们"的"我们"。 "我们的"的"我们","我们","我们","我们","我们","我们","我们","我们",	
V	_ ا	assets on line 6a			Partie Property	<u>\</u>		13 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
E N	8	Capital gain net incom Net short-term capital	ne (from Part IV, line 2)					
ΰ	9	Income modifications	-					
E	10 a	Gross sales less returns and					2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
		allowances		30	18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	م قراباً.	X-1 (14) - 4-0°.	
		Less Cost of goods sold			The state of the s			
	_	Gross profit or (loss) (attac	·		Professional Contractions	يد مر `` دي		2,550 1 10 X (Activity)
	11	Other income (attach	schedule)	•	l R	EC	EIVED	
	12	Total Add lines 1 th	hrough 11	73,193.				12.72 3 4 3 8 8 2 1 1 1 2 2 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4
	13		cers, directors, trustees, etc	13,193.	- 8 M/	\Y (9 2016	A276 6 \$ \$ \$ 7 1 2 1 2 1
	14	•	aries and wages				20.0	
	15	Pension plans, emplo	yee benefits		0	GD	EN. UT	<u> </u>
А	16 a	Legal fees (attach sch	hedule)		<u> </u>			
D M	b	Accounting fees (atta-	ch sch)					
N	I -	•	ch sch)					
O I P S	17		ee instrs) STATE .TAXES		ļ			ļ
E T	18	Taxes (attach schedule)(s Depreciation (attach	ee insus) divir itavers	100.		0.	0.	0
A A	'3		ion					河北山城。 行行。
Ν̈́Λ	20							<u> </u>
G E	21		and meetings					
A E	22	Other expenses (atta	ons	0.	···	0.	0.	0
D P	23	See Line 23 Str	•	325.		0.	0.	0
N S	24	Total operating and		323.	†	<u> </u>	1	<u> </u>
E S		expenses Add lines	13 through 23	. 425.		0.	0.	0
	25	Contributions, gifts, grants	•	69,112.	2m2			69,112
	26	Total expenses and Add lines 24 and 25	disbursements	69,537.		0		60 110
	27	Subtract line 26 from		69,537.	z - , - »	0.	0.	69,112
		Excess of revenue of	over expenses		14.10 - 1	• '		
	1	and disbursements		· 3,656.	The state of the	,		一次一年以外的
	1		ome (if negative, enter -0-).	• • • • • • • • • • • • • • • • • • • •	1	0.	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,
	L	 Adjusted net incom 	e (if negative, enter -0-) - •	· , , , , , , , , , , , , , , , , , , ,	15 44 3	4	Θ.	Taran Xarai & Car

Page 2

Part	1	Balance Sheets column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	1	Cash – non-interest-bearing	21,896.	25,552.	25,552.
	2	Savings and temporary cash investments	217030.	20,002.	23,332.
	3	Accounts receivable			-
		Less: allowance for doubtful accounts			
İ	4	Pledges receivable			-
		Less: allowance for doubtful accounts			
l	5	Grants receivable			_
	6	Receivables due from officers, directors, trustees, and other			
	•	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			72
A S E T		Less. allowance for doubtful accounts			
	8	Inventories for sale or use			
Ę	9	Prepaid expenses and deferred charges			
s	10 a	a Investments – U.S and state government obligations (attach schedule)			
	Ŀ	b Investments - corporate stock (attach schedule)			
	C	c Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment: basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments — other (attach schedule)			
	14	Land, buildings, and equipment basis		· 1/2 6 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	41 34 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Less accumulated depreciation (attach schedule)			الىرانىسىلىكىسىتىسى بىرى كىسىدىكىك
	15	Other assets (describe			
	16	Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I).	21,896.	25,552.	25,552.
Ļ	17	Accounts payable and accrued expenses			CONTRACT SERVICES
A	18	Grants payable			
В	19	Deferred revenue			
Ł	20	Loans from officers, directors, trustees, & other disqualified persons			
ļ	21	Mortgages and other notes payable (attach schedule)			
T I F	22	Other liabilities (describe			
E S	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted			STATE OF THE STATE OF
N F E U T N	25	Temporarily restricted			
D	26	Permanently restricted			
A S S A E T A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
ĒĹ	27	Capital stock, trust principal, or current funds			The state of the s
T A S N	28	Paid-in or capital surplus, or land, bldg., and equipment fund			178%激激激力
C OE	29	Retained earnings, accumulated income, endowment, or other funds	21,896.	25,552.	
RS	30	Total net assets or fund balances (see instructions)	21,896.	25,552.	
	31	Total liabilities and net assets/fund balances (see instructions)	21,896.	25,552.	
Par	t III	Analysis of Changes in Net Assets or Fund Balance		20,002.	1 i
				uth	
•		al net assets or fund balances at beginning of year — Part II, column of year in the reported on prior year's return)			21,896.
2		er amount from Part I, line 27a		2	3,656.
3	Other	r ıncreases not ıncluded in lıne 2 (rtemıze)		3	
4	Add	lines 1, 2, and 3		4	25,552.
5	Decre	eases not included in line 2 (itemize)		5	
6	Tota	al net assets or fund balances at end of year (line 4 minus line 5) - F	Part II, column (b), line 30	6	25,552.

e, or common stock, 200 shares MLC Co	ompany) P — Purch D — Dona		(mo., day, yr)
			
			
(f) Depreciation allowed	(a) Cost or other have	(5) (6)	
(or allowable)	(g) Cost or other basis plus expense of sale		ain or (loss) (f) minus (g)
			
	· · · · · · · · · · · · · · · · · · ·		
	f		
		(I) Gai	ins (Col. (h)
as of 12/31/69	over col (j), if any	gain minus co than -0-) or Los	sses (from col. (h))
			· -
If (loss), enter	-0- in Part I, line 7	2	
		3	
r Section 4940(e) for Reduced	l Tax on Net Investment Inc	ome	
y under section 4940(e) Do not comple	te this part		Yes No
each column for each year, see the ins	tructions before making any entries		
			
(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	Distr (col (b) divide	(d) ibution ratio d by col (c))
	Net value of		ibuitión ratio d by col (c))
Adjusted qualifying distributions	Net value of noncharitable-use assets		ibutión ratio
Adjusted qualifying distributions 96,800.	Net value of noncharitable-use assets 33,339.	(col (b) divide	ibuitión ratio d by col. (c)) 2.90350
Adjusted qualifying distributions 96,800. 33,550.	Net value of noncharitable-use assets 33,339. 21,978.	(col (b) divide	2.90350 1.52652 2.73132
Adjusted qualifying distributions 96,800. 33,550. 39,200.	Net value of noncharitable-use assets 33,339. 21,978. 14,352.	(col (b) divide	2.90350 1.52652 2.73132 8.55756
Adjusted qualifying distributions 96,800. 33,550. 39,200. 190,791.	Net value of noncharitable-use assets 33, 339. 21, 978. 14, 352. 22, 295. 52, 527.	(col (b) divide	2.90350 1.52652 2.73132 8.55756 2.77533
Adjusted qualifying distributions 96,800. 33,550. 39,200. 190,791. 145,780.	Net value of noncharitable-use assets 33,339. 21,978. 14,352. 22,295. 52,527.	(col (b) divide	2.90350 2.90350 1.52652 2.73132 8.55756 2.77533
Adjusted qualifying distributions 96,800. 33,550. 39,200. 190,791. 145,780.	Net value of noncharitable-use assets 33,339. 21,978. 14,352. 22,295. 52,527. In line 2 by 5, or by the ars	(col (b) divide	2.90350 2.90350 1.52652 2.73132 8.55756 2.77533 18.49426 3.69885
Adjusted qualifying distributions 96,800. 33,550. 39,200. 190,791. 145,780. e 5-year base period — divide the total of has been in existence if less than 5 year	Net value of noncharitable-use assets 33, 339. 21, 978. 14, 352. 22, 295. 52, 527. In line 2 by 5, or by the ars	(col (b) divide	buitión ratio d by col. (c)) 2.90350 1.52652
Adjusted qualifying distributions 96,800. 33,550. 39,200. 190,791. 145,780. 25-year base period — divide the total of has been in existence if less than 5 year base assets for 2015 from Part X, linear than 10	Net value of noncharitable-use assets 33,339. 21,978. 14,352. 22,295. 52,527. In line 2 by 5, or by the ars	2 3 4	2.90350 1.52652 2.73132 8.55756 2.77533 18.49426 3.69885
Adjusted qualifying distributions 96,800. 33,550. 39,200. 190,791. 145,780. 25-year base period — divide the total or has been in existence if less than 5 year able-use assets for 2015 from Part X, line	Net value of noncharitable-use assets 33,339. 21,978. 14,352. 22,295. 52,527. In line 2 by 5, or by the ars	2 3 4 5	2.90350 1.52652 2.73132 8.55756 2.77533 18.49426 3.69885 27,969
	(j) Adjusted basis as of 12/31/69 capital loss) If gain, also er if (loss), enter loss) as defined in sections 1222(5) and a column (c) (see instructions). If (loss), r Section 4940(e) for Reduced foundations subject to the section 4940 is part blank. In 4942 tax on the distributable amounty under section 4940(e). Do not complete each column for each year, see the instructions.	as of 12/31/69 over col (j), if any over col (j), i	(i) Adjusted basis as of 12/31/69 (k) Excess of col (i) gain minus containing than -0-) or Lo over col (j), if any than -0-) or Lo capital loss)

990-PF (2015) THE SHOWERS FOUNDATION HEALTH CENTER	26-0				P8	age 4
	- see	instru				
		. لمر قامیس ت	- 1			_
		1				0.
			٠, ,			
All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b) [<u></u>	``		
foundations only Others enter -0-) 		2				0.
		3				0.
Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4				0.
Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		5				0.
Credits/Payments		,	year.	, '	پ سر ۲۰۰۷	22.5
2015 estimated tax pmts and 2014 overpayment credited to 2015			4 3	1 / M. 6 /		
Exempt foreign organizations — tax withheld at source 6 b			کوائی سے کہائی			4.4
Tax paid with application for extension of time to file (Form 8868) 6 c			7,7			7- 13M-1
Backup withholding erroneously withheld		- w. 1 . 18.			الم و المراجعة	
Total credits and payments. Add lines 6a through 6d		7			<u> </u>	
Enter any penalty for underpayment of estimated tax. Check here		8		-		
Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	. •	9			-	0.
Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	. ►	10				0.
Enter the amount of line 10 to be Credited to 2016 estimated tax PRefunded .	►.	11				
: VII-A ∮ Statements Regarding Activities					-	
During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it					Yes	No
participate or intervene in any political campaign?				1 a		Х
Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?				1 b		Х
If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials pull or distributed by the foundation in connection with the activities.	lished			· most	121 ° 1	
Did the foundation file Form 1120-POL for this year?				1 c	and William	X
				33	W. Alexa	3°,45°, 14
				1. 1		
	n			C - MCC		
				2	##Z	<u> </u>
	• •				7 - 18 XX 2	X V.
·				>>1	7.23	18 C
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 'Ves' attach a conformed copy of the changes	3				نئسمهم	
				H		X
- · ·						X
·						V
· ·				ھڙر سٽ	記念な え	X
				300		
				1423		8.18
with the state law remain in the governing instrument?				6	23732	X
				7	X	
Enter the states to which the foundation reports or with which it is registered (see instructions)	. •				N. 18 5 1	[````
See States Registered In	_			13 7,000	\$25.27 T	w. w.
	Exempt operating toundations described in section 4940(a), check here.	Excise Tax Based on Investment Income (Section 4940(a), 4940(e), or 4948 — see	Excise Tax Based on Investment Income (Section 4940(a), 4940(e), or 4948 — see instrict Exmipt operating foundations described in section 4940(a)(2), check here	No. Excise Tax Based on Investment Income (Section 4940(e)), 4940(e), or 4948 — see instruction Exempt operating foundations described in section 4940(g)/g, check here	NI Excise Tax Based on Investment Income (Section 4940(e), 4940(e), or 4948 — see instructions)	March Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 – see instructions)

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Form **990-PF** (2015)

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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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes, 'complete Part XIV

Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

Form	990-PF (2015) THE SHOWERS FOUNDATION HEALTH CENTER	26-0	454602	2	Pa	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)	<i>.</i>		11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified per advisory privileges? If 'Yes,' attach statement (see instructions)	son had		12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applic Website address	ation?		13	Х	
14	Telephone Telephone	 no. ►	(330)	361-	067	<u></u>
	Located at 4615 SW 148TH AVE BEAVERTON OR ZIP+4	9707	8			
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			• • • •	. •	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority bank, securities, or other financial account in a foreign country?	over a		16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country			ار (ش دع	. 4	
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			·	<u>-</u> :	
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			1	Yes	No
1 a	During the year did the foundation (either directly or indirectly)		,	120	7.3	- 7 1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	XNo			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		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)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.).	Yes	XNo			
ŀ	o 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)?	 		1 b		
	Organizations relying on a current notice regarding disaster assistance check here		_		n di	15. 12.
Ć	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 2015?			1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$).					
á	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?	Yes	XNo			
	If 'Yes,' list the years ► 20 _ , 20 _ , 20 _ , 20					17.
ı	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions)	·		2 b		
(of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			7/3	10 mg/m	1. km
	► 20 ,20 ,20 ,20				491	
3 8	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No	*** **** ****		
ı	olf 'Yes,' did it have excess business holdings in 2015 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		<u> </u>			
	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 2015).			3 b		-a - , , }
4 :	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?					
				4 a	.: 5	X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?			4 b	, ••••••	X
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Form 990-PF (2015) THE SHOWERS FOUNDA			26-045	4602 Page 6					
Part VII-B Statements Regarding Activiti		4720 May Be Req	uired (continued)						
5 a During the year did the foundation pay or incur ar	•		О., О.						
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?									
on, directly or indirectly, any voter registration drive?									
(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?									
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in a (see instructions)?	transactions fail to qualify current notice regarding	y under the exceptions disaster assistance		5b					
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 ility for the grant?	on from the	· · · · · Yes	No la					
If 'Yes,' attach the statement required by Regulat	tions section 53.4945-5(a	0							
6 a Did the foundation, during the year, receive any foundation a personal benefit contract?				Min. M					
b Did the foundation, during the year, pay premium If 'Yes' to 6b. file Form 8870.	ns, directly or indirectly, o	n a personal benefit con	tract?	6b X					
7 a At any time during the tax year, was the foundation	on a party to a prohibited	tax shelter transaction?	· · · · · Yes X	No DESTRUCTION					
b If 'Yes,' did the foundation receive any proceeds									
Part VIII. Information About Officers, D and Contractors	irectors, I rustees,	Foundation Manag	gers, Highly Paid E	mployees,					
1 List all officers, directors, trustees, foundation	T T	ompensation (see inst							
(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_DRIVENIXA MO 65714	CHAIRPERSON 0.25	0.	0.	0.					
FATHER GODFRED F OCUN, AJ 4615 SW 148TH AVENUE	TREASURER/SECRETARY	0							
BEAVERTON OR 97078 DAVE SHOWERS	5.00	0.	0.	0.					
9838 STRAUSSER ROAD CANAL FULTON OH 44614	MEMBER 2.00	0.	0.	0.					
See Information about Officers, Directors, Trustees, Etc.		0.	0.	0.					
		0.	0.	0.					
2 Compensation of five highest-paid employee	es (other than those inc	<u> </u>							
(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			·	None					
BAA	TEEA0306 10			Form 990-PF (2015					

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	mployees,
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	(-/
Total number of others receiving over \$50,000 for professional services	None
Part IX-A Summary of Direct Charitable Activities	
Let the foundation's four loggest dispet about his contribute dumps the tay year habited value as to state the later than the contribute of the contribute o	
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 FINANCIAL SUPPORT TO HEALTH CENTER FOR SUPPLIES,	
EQUIPMENT AND TRAINING PERTINENT TO THE	
HEALTH CENTER'S OPERATIONS	69,112
2	
3	
·	
4	
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	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	
BAA	Form 990-PF (2015

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	an founda	ations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes	: , 72	
a Average monthly fair market value of securities	1 a	0.
b Average of monthly cash balances	1 b	28,395.
Fair market value of all other assets (see instructions)	1	
d Total (add lines 1a, b, and c)	L	28,395.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)	200	
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	28,395.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	426.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	27,969.
6 Minimum investment return. Enter 5% of line 5	6	1,398.
Part XI 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.)	foundat	ions
1 Minimum investment return from Part X, line 6	1	1,398.
2 a Tax on investment income for 2015 from Part VI, line 5	7.2	
b Income tax for 2015 (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2 c	0.
3 Distributable amount before adjustments. Subtract line 2c from line 1	. 3	1,398.
4 Recoveries of amounts treated as qualifying distributions	. 4	
5 Add lines 3 and 4	5	1,398.
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	1,398.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1 a	60 110
b Program-related investments — total from Part IX-B.		69,112.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out chantable, etc, purposes		
	. Z	
3 Amounts set aside for specific chantable projects that satisfy the a Suitability test (prior IRS approval required)		
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	69,112.
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	69,112.
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	oundation	
BAA	F	orm 990-PF (2015)

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI, line 7			2	1,398.
2	Undistributed income, if any, as of the end of 2015			,	1,330.
а	Enter amount for 2014 only	••	•	0.	- i
b	Total for prior years 20 , 20 , 20				,
3	Excess distributions carryover, if any, to 2015.			, , , , , , , , , , , , , , , , , , ,	75
а	From 2010 143, 154.	· **,			
b	From 2011 189, 676.	· · ·		, i	
С	From 2012 39, 200 .	* * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * *	
d	From 2013 33,550.				1 1 1 min 34
е	From 2014 96, 800 .		,, , , , , , , , , , , , , , , , , , , ,		
f	Total of lines 3a through e	502,380.			
4	Qualifying distributions for 2015 from Part		2 3 d d d d d d d d d d d d d d d d d d	4. 1. 1. 1.	
	XII, line 4: ► \$ 69,112.				
а	Applied to 2014, but not more than line 2a · · ·	All Friends	A His way in	,	
b	Applied to undistributed income of prior years (Election required — see instructions)	· 传播和 1906年 5	w.	Fax Sign	The state of the s
С	Treated as distributions out of corpus (Election required — see instructions)				
d	Applied to 2015 distributable amount	- To 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Bank Baller Ball	APOVELLY TAKE	4,3 4, 4,4,4,
е	Remaining amount distributed out of corpus	69,112.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	27 - 32 7 7 7 3 3 3 4 4	2 10 20 20
5	Excess distributions carryover applied to 2015	1,398.			1,398.
	(If an amount appears in column (d), the same amount must be shown in column (a))				Marin Control of the
6	Enter the net total of each column as				
	indicated below:	L. L. Black Library	100 B 10 10 10 10	WEST SHAPE	
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	570,094.		72. 72. 7	
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	27 A S. 20 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		The responding to the same	*** **** **** ****
	amount — see instructions		0.		k in in a si
	Undistributed income for 2014 Subtract line 4a from	7	2 ,		2 2,5
	line 2a Taxable amount — see instructions	A Company of the second	enight the section	0.	
f	Undistributed income for 2015. Subtract lines	Carrier Barrier			
	4d and 5 from line 1. This amount must be distributed in 2016				
7	Amounts treated as distributions out of	Pare , 14 rate Are	Service Servic	1 - C Y - C C C C C C.	0.
•	corpus to satisfy requirements imposed by		1. 19 10 14 15		
	section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)				
	•		5 × 1 × 1 × 1 × 1		1
8	Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	141,756.		San Garage	
9	Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	428,338.			
10	Analysis of line 9	Ass. Same	a's	10 120 12 12	2 7 11 7 18
ā	Excess from 2011 189,676.	1 2 1 2			
t	Excess from 2012 39, 200.	1 4 1 1 1	1. 120° \$ 12 0		F-1 12 11 15
C	Excess from 2013 33,550.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 mg 12 12 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15	, st
	Excess from 2014 96,800.				
	Excess from 2015	THE WAR COME	\$ 10 m 20 10 10 10 10 10 10 10 10 10 10 10 10 10		\$ 1000 \$ A 1854
BAA	· · · · · · · · · · · · · · · · · · ·				Form 990-PF (2015)

Form 990-PF (2015) THE SHOWERS FOUND				26-0454602	Page 10
Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)					N/A
1 a If the foundation has received a ruling or dete is effective for 2015, enter the date of the rulin	ng			. <u>.</u> •	
b Check box to indicate whether the foundation		ng foundation descri		4942(j)(3) or	4942(J)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	1	
investment return from Part X for each year listed	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Totai
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					
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					i
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 assets at any time during the	e year – see ir	part only if the structions.)	foundation ha	d \$5,000 or more	e in
Information Regarding Foundation Manag a List any managers of the foundation who hav close of any tax year (but only if they have co	e contributed more	than 2% of the total n \$5,000) (See sect	contributions receiv ion 507(d)(2).)	ed by the foundation t	pefore the
b List any managers of the foundation who own	10% or more of th	e stock of a corpora	tion (or an equally la	rge portion of the owr	nership of
a partnership or other entity) of which the fou	ndation has a 10%	or greater interest	, , ,		•
			- <u>-</u> -		
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	preselected charita	ible organizations ar	nd does not accept un ons under other cond	solicited itions,
a The name, address, and telephone number of	or e-mail address of	the person to whom	applications should	be addressed	
b The form in which applications should be sub	omitted 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 t	fields, kınds of ınstitu	utions, or other factors	,
RAA		FA0310 10/13/15			orm 990-DE (2015)

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)	substantial contributor	recipient							
a Paid during the year SUPPORT FOR HEALTH CENTER UGANDA UGANDA AFRICA	NONE	NONE	SUPPORT FOR THE HEALTH CENTER	69,112.					
Total	<u> </u>	<u> </u>	b 20	60 110					
Total			3 a						

Part XVI-A: Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated		Unrelate	d business income	Exclude	d by section 512, 513, or 514	(e)		
1	Progra	am service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions)	
а								
b								
c								
ď								
e								
f			_					
g	Fees a	and contracts from government agencies						
2	Memb	ership dues and assessments						
		on savings and temporary cash investments						
		nds and interest from securities						
		ntal income or (loss) from real estate.	ڰ۠ؠؿۄۅٙڎٙڐٛڋڔٵڎڝڟڰ	学等ないないかからな	The same of the	等 海绵 人名斯曼斯特	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
		inanced property						
þ	Not de	ebt-financed property						
6	Net ren	tal income or (loss) from personal property						
		investment income						
8	Gain or	(loss) from sales of assets other than inventory						
9	Net in	come or (loss) from special events	-					
10	Gross	profit or (loss) from sales of inventory						
11	Other	revenue:	THE WASH	建筑建设的 社会的社会	\$4.2 pt	(A) 高级 (A)		
а								
ь								
С								
d								
е								
12	Subto	tal. Add columns (b), (d), and (e)	elegate to 1		1880			
13	Total.	Add line 12, columns (b), (d), and (e)				13	 	
(See	workst	neet in line 13 instructions to venfy calculations	s)					
Dárd	· 2/1/2	B: Relationship of Activities to the	Accomn	lichment of Every	n4 D			
rai	VAL	Neignonship of Activities to the	* Accomp	iisiiiileiit oi Exeiiif	prruij	ooses		
	No.	Explain below how each activity for which inco	ome is report	ed in column (e) of Part	XVI-A c	ontributed importantly to	the	
		accomplishment of the foundation's exempt p	urposes (oth	er than by providing fund	ds for su	ch purposes) (See instri	uctions.)	
-						·	· · · · · · · · · · · · · · · · · · ·	
								
							 	
								
		· · · · · · · · · · · · · · · · · · ·	-					
					·			
								
								
								
								
								
							 	
		l <u></u>	-					

Form 990-PF (2015) THE SHOWERS FOUNDATION HEALTH CENTER 26-0454602 Parf XVII. Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

desrela a Trai (1) (2) b Oth (1) (2) (3) (4) (5) (6) c Sha d If th	cribed in section 501(c) of thing to political organization insfers from the reporting for Cash	the Code (other thans? bundation to a noncleaning the comment of	n any of the following with a n section 501(c)(3) organization arritable exempt organization arrival exemp	ations) or in second of	ection 527,	ow the fair market value	1 a (1) 1 a (2) 1 b (1) 1 b (2) 1 b (3) 1 b (4) 1 b (5) 1 b (6) 1 c	x X X X X X X X X X X X X X X X X X X X
any	transaction or sharing arra	angement, show in	column (d) the value of the	goods, other a	ssets, or servi	ces received		
(a) Line n	o. (b) Amount involved	(c) Name of non	charitable exempt organization	(d) De	scription of transf	ers, transactions, and	sharing arrange	ments
								·
				1				
								
								
								
								
	 							
								
	<u> </u>							
des	ne foundation directly or incribed in section 501(c) of es,' complete the following	the Code (other that	th, or related to, one or mor an section 501(c)(3)) or in s	e tax-exempt of ection 527? .	organizations		Yes	χNο
	(a) Name of organizatio	n	(b) Type of organization	n	(c)	Description of rela	itionship	
						·		
	Inder penalties of perjury, I declare	that I have examined this	return, including accompanying sch	edules and stateme	ents, and to the bes	st of my knowledge and I	pelief, it is true,	
Sign	correct, and complete Declaration of	or preparer (other than tax)	payer) is based on all information of	which preparer has	any knowledge		<u> </u>	
Here	Cooperf.	-Ou-	15/6/201		Finance	Secretary	May the IR: this return v preparer sh (see instruc	with the nown below ctions)?
	Signature of officer dr trustee		Date	Title				es No
Paid	Print/Type preparer's name Stephen A. Company of the stephen A. Company of the stephen and the stephen are stephen as a stephen are stephen as a stephen are stephen as a stephen are stephen are stephen as a stephen are ste	Green	Preparer's signature		Date 4/28/6	Checkif self-employed	PTIN P010759	955
Prepar		VINKEL GREEN	& VAN HORN LLP		7	Firm's EIN ► 31 – 4	1442423	
Use Or	·	3752 N HIGH						
OSE OI	ן עיי ן	COLUMBUS	<u> </u>	OH 4321	4-3525	Phone no (61)	4) 261-1	ΛΟΛ
BAA		SOUGHDOD		011 4251	<u> </u>	(01)		
277							LOIM 330	-PF (2015)

Schedule B

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

Schedule of Contributors

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service

► 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.irs.gov/form990.

Name of the organization		Employer Identification number
THE SHOWERS FOUNDATION HEALTH	I CENTER	26-0454602
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treat	ted as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt chantable trust treated a	as a private foundation
		as a private fouridation
] 501(c)(3) taxable private foundation	
Check if your organization is covered by the Ger	eral Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) organ	ization can check boxes for both the General Rule an	nd a Special Rule See instructions
General Rule		
	or 990-PF that received, during the year, contribution	ns totaling \$5,000 or more (in money or
	Parts I and II See instructions for determining a con	
Special Rules		
For an organization described in section 501	(c)(3) filing Form 990 or 990-EZ that met the 33-1/3%	support test of the regulations
under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pa e year, total contributions of the greater of (1) \$5,000 (art II, line 13, 16a, or 16b, and that or (2) 2% of the amount on (i)
Form 990, Part VIII, line 1h, or (ii) Form 990-	EZ, line 1. Complete Parts I and II	o. (2) 278 o. a.e aoa.u o (1)
	()(T) (O) ((O) (I) T (O) (O) (T) (I)	
during the year, total contributions of more the	(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece an \$1,000 <i>exclusively</i> for religious, charitable, scienti	elved from any one contributor, ific. literary, or educational
	children or animals Complete Parts I, II, and III	
	(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece	
	religious, charitable, etc., purposes, but no such cont total contributions that were received during the year	
	ny of the parts unless the General Rule applies to this	
it received nonexclusively religious, chantable	e, etc., contributions totaling \$5,000 or more during the	ne year · · · · · · · · \$
Caution. An organization that is not covered by	the General Rule and/or the Special Rules does not f 2, of its Form 990, or check the box on line H of its F	ile Schedule B (Form 990, 990-EZ, or
Part I, line 2, to certify that it does not meet the f	iling requirements of Schedule B (Form 990, 990-EZ,	or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule R	(Form 990.	aan_E7	or ggn_PF1	/2015\

Page

of

1 of Part I

Name of organization

....

Employer identification number

Employer identification number
26-0454602

TUE SH	OWERS FOUNDATION HEALTH CENTER	126-04	54602
Part I 🧟	Contributors (see instructions) Use duplicate copies of Part I if additional space	is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SHOWERS FAMILY FOUNDATION 9838 STRAUSSER ROAD CANAL FULTON OH 44614	\$ <u>32</u> _3 <u>60</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ROBERT AND ELLEN MAHONEY 23809 NE 42ND CT RIDGEFIELD WA 98642	\$2 <u>0</u> _7 <u>00</u> .	Person X 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
		\$	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 Noncash (Complete Part II for noncash contributions)

Other expenses	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
POSTAGE AND SHIPPING	100.	0.	0.	0.
BANK FEES	225.	0.	0.	0.
-otal	325.	0.	0.	0.
Form 990-PF, Page 4, Part VII- States Registered In	-A, Line 8a			
OH - Ohio				
OR - Oregon				
·····				
-		itc.		
_		(c) Compensation		e account, others allowances
(a) Name and address Person . X Business . ROBERT MAHONEY	(b) Title, and average hou per week devoted to position	(c) Compensation	on Contribution to employe benefit plan and deferre	Expense account, others allowances d
(a) Name and address Person . X Business . ROBERT MAHONEY 3781 NW BANFF DRIVE PORTLAND OR 9 Person . X Business .	(b) Title, and average hou per week devoted to	(c) Compensation (If not paid enter -0-)	on Contribution to employe benefit plan and deferre compensation	e e account, others allowances
Name and address Person X Business ROBERT MAHONEY 3781 NW BANFF DRIVE PORTLAND OR 9	(b) Title, and average hou per week devoted to position MEMBER	(c) Compensation (If not paid enter -0-)	on Contribution to employe benefit plan and deferre compensation	e account, others allowances don