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# Form **990-PF**

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

OMB No 1545-0052 2016

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 cal	lendar year 2016 or tax year beginning	, 2016,	and ending		•	
	foundation SHOWERS FOUNDATION HEALTH CEN	ייידי <i>ס</i>		A	Employer identification num 26-0454602	ber
Number a	and street (or P O box number if mail is not delivered to street ad	idress)	Room/suite	В	Telephone number (see instru	ctions)
6186	WIGEON COURT wn, state or province, country, and ZIP or foreign postal code				(614) 798-483	0
DUBL		ОН	43017	С	If exemption application is p	ending, check here. >
	eck all that apply   Initial return	Initial return of a forme		n 4	Foreign organizations, chec	k bara
•	Final return	Amended return		וט	roreign organizations, chec	k fiele
	Address change	Name change		2	Foreign organizations meets here and attach computation	
H Che		c)(3) exempt private fou			,	
	Section 4947(a)(1) nonexempt charitable trust	<del></del>		E	If private foundation status vunder section 507(b)(1)(A),	vas terminated check here
		ounting method. XCa Other (specify)	ashAccrual	_	,,,,,,,	Ц
<b>►</b> ş	· · · · · · · · · · · · · · · · · · ·	column (d) must be on c	ash basis )	F	If the foundation is in a 60-n under section 507(b)(1)(B),	
Part	I Analysis of Revenue and			. 1		(d) Disbursements
	Expenses (The total of amounts in columns (b), (c), and (d) may not neces-	(a) Revenue and expenses per books	(b) Net investment	t	(c) Adjusted net income	for charitable
	sarily equal the amounts in column (a)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1		purposes (cash basis only)
	(see instructions) )  1 Contributions, gifts, grants, etc., received (attach schedule)	72,853.		rds. 1 m		2000 000 000
!	2 Check If the foundation is not required to attach Sch B			C 27 30 4 8		
č			***************************************			R. Maria Maria Maria
,	Interest on savings and temporary cash investments					
•	5 a Gross rents					3,500 3, 7,5000, 8, 2, 2
2	b Net rental income or (loss)	- ,	* *** ** *** *** *** **	Ý .	38.70 a	Late to Carlo and the Co
R 3	6 a Net gain or (loss) from sale of assets not on line 10		2012 医特别氏条件	2 500		
٧£			* * *	. ?]		
ΕU	7 Capital gain net income (from Part IV, line 2)		PECEN	<b>7</b> =1	<del>~</del>	
ANA	9 Income modifications	** **** ******************************	KECED	\$16 F S	<del></del>	* * * * * * * * * * * * * * * * * * *
EĄ	Telulisatio		P Sepond 7	201	O CONTRACTOR	and the state of the said
Š	allowances · · · b Less Cost of		S APR 17	201	<b>2</b> × 3	* (**)
	goods sold			97,78° S		
	11 Other income (attach schedule)		OGDEN	-	<del></del>	1.37.22 1.32.47.1.1.23.47.1. 1.32.47.1.
						Partition of the Control of the Cont
	12 Total Add lines 1 through 11	72,853.				-1 12 14 -1 37824
	13 Compensation of officers, directors, trustees, etc	<u> </u>				
	15 Pension plans, employee benefits					
А	16a Legal fees (attach schedule)					
D M	D Accounting lees (attach scri).					
N	I					
O I P S E T	יייי די פיייי אויייי אויייייי אויייייייייייייי	50.	-	0.	0.	0
E T R R	19 Depreciation (attach	30.		<u> </u>	<del></del>	1944 1945 1944 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TT						Strate Ball Care State
N V G E					·	
		780.				
DP						
E N	V OCC LINE 20 Olini	350.		0.	0.	0.
S E S	24 Total operating and administrative expenses. Add lines 13 through 23	1,180.		0.	0.	0.
3	25 Contributions, gifts, grants paid	73,160.	4 M M 4 G 64 3 M	√×′	10 11 4 W 11 X	<del></del>
	26 Total expenses and disbursements Add lines 24 and 25 · · · · · · · · · · · · · · · · · ·	74 240		^	^	72 160
	27 Subtract line 26 from line 12.	74,340.	MANAGEMENTAL ELLIA DA S	0.	<u> </u>	73,160.
	a Excess of revenue over expenses			(7) ™   3)   ¥a }		
	and disbursements	-1,487.			The second second	17 2 5 7 1 1 1 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	b Net investment income (if negative, enter -0-)			0.	0.	
	C Adjusted Net Income (II negative, enter -0-)	1 3 22	date. A. M. M. Burger	20 1 1	<u>.                                     </u>	T. C. M. San San St. 18 18

Part	II. E	Balance Sheets Column should be for end-of-year amounts only	beginning of year	(L) Death Makes	, <del>* </del>
	<u> </u>	(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing	25,552.	24,065.	24,065.
ļ	2	Savings and temporary cash investments	1 1 1 2 2 2 2 3 4 5		L
	3	Accounts receivable		II. Land take vis. Land Land Side	
ļ		Less allowance for doubtful accounts			
	4	Pledges receivable			
	5	Less allowance for doubtful accounts			
		Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
A		Less allowance for doubtful accounts	Building Color Common Ann Commission and Color Annie Color Color Color	A COLUMN DE LA COL	
S	8	Inventories for sale or use			
A S E T	9	Prepaid expenses and deferred charges			
S	10 a	Investments — U S and state government obligations (attach schedule)			
	t	Investments — corporate stock (attach schedule)			
	C	Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment basis			Vizaseasevi.
		Less accumulated depreciation (attach schedule)			
	12	5 0			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis			. Pakaiki iRi kaali
		Less accumulated depreciation (attach schedule)			
	15 16	Other assets (describe Total assets (to be completed by all filers — see the instructions Also, see page 1, item I)	25,552.	24,065.	24,065.
	17	Accounts payable and accrued expenses	25,332.	24,003.	24,000.
Ī	18	Grants payable			
A B	19	Deferred revenue		<del>                                     </del>	
ļ	20	Loans from officers, directors, trustees, & other disqualified persons			
ī	21	Mortgages and other notes payable (attach schedule)			
T I E	22				
<u> </u>	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.	]		Mark Mary Shake
NF	24	Unrestricted			I the state of the state of the
E U T N	25	Temporarily restricted			
D	26	· · · · · · · · · · · · · · · · · · ·	1		
A S B S A		Foundations that do not follow SFAS 117, check here $\cdot \vdash X$ and complete lines 27 through 31.	<u> </u>		
EL	27	Capital stock, trust principal, or current funds			
SN	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
O E	29	•			- 'SWV skirsker' "w/skirk : 30'.' :
RS	30		25,552.	24,065	
	31	Total liabilities and net assets/fund balances (see instructions)	. 25,552.	. 24,065	• 186
Pa		Analysis of Changes in Net Assets or Fund Balan		24,000	• P 952 . 45 "9745 " 7 %
	Tota	al net assets or fund balances at beginning of year — Part II, column-of-year figure reported on prior year's return)	n (a), line 30 (must agree	with	25,552.
2		er amount from Part I, line 27a			23/332:
2					
3 4					
5		reases not included in line 2 (itemize)		5	21/0001
6		al net assets or fund balances at end of year (line 4 minus line 5) —	Part II, column (b), line 3	<del></del>	<del></del>
•					

(a) List and describe	the kind(s) of property sold (e.g., real ebuse, or common stock, 200 shares MLi	state, (b)	How acquired — Purchase D — Donation	(C) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1 a					
b					
С				<u> </u>	
d				<u> </u>	
<u>e</u>				<u> </u>	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) mi	
<u>a</u>					
b				· ·———	<del></del> ·
C				<del></del>	
d					
e	<u> </u>	( ) ( ) ( ) ( ) ( ) ( )			
<del>'</del>	ing gain in column (h) and owned by the			(I) Gains (Co	
(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	t	gain minus col (k), b han -0-) <b>o</b> r Losses (fi	rom col (h))
a					
b	ļ				<del></del>
C	<u> </u>				<del></del>
d	<del> </del>				·
e				<del></del>	
2 Capital gain net income or (net	capital loss) lf gain, also e	r-0- in Part I, line 7	2		
3 Net short-term capital gain or (	ioss) as defined in sections 1222(5) and	I (6)	Ì		
	8, column (c) (see instructions) If (loss		3		
art V. Qualification Unde	er Section 4940(e) for Reduce	d Tax on Net Investme	nt Incom	e	
'Yes,' the foundation does not qual	tion 4942 tax on the distributable amou ify under section 4940(e) Do not compl n each column for each year, see the in	lete this part		Yes	No
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asset	s	(d) Distributio (col (b) divide	n ratio
2015	69,112.	27	,969.		2.4710
2014	96,800.	33	,339.		2.9035
2013	33,550.	21	,978.		1.5265
2012	39,200.	14	,352.		2.7313
2011	190,791.	22	,295.		8.5575
2 Total of line 1, column (d)			2		18.1899
3 Average distribution ratio for the number of years the foundation	ne 5-year base period — divide the total n has been in existence if less than 5 ye	on line 2 by 5, or by the ears	] 3		3.6379
4 Enter the net value of nonchar	itable-use assets for 2016 from Part X,	line 5	4		29,20
5 Multiply line 4 by line 3			5	1	106,24
6 Enter 1% of net investment inc	come (1% of Part I, line 27b)		6		<del></del> _
7 Add lines 5 and 6				,	106,24
8 Enter qualifying distributions fr	rom Part XII, line 4		_8	3	73,16
If line 8 is equal to or greater t	han line 7, check the box in Part VI, line	e 1b, and complete that part u	sing a 1% ta	x rate See the	

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instrı	uctions)	)		_
	exempt operating foundations described in section 4940(d)(2), check here • and enter 'N/A' on line 1	250			كتنديبشان	<u> </u>
•	Date of ruling or determination letter (attach copy of letter if necessary — see instructions)					
b [	Domestic foundations that meet the section 4940(e) requirements in Part V,	1	ŀ		0.	
	heck here . F and enter 1% of Part I, line 27b		197		Se T	7
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			(14.1		*
f	Fax under section 511 (domestic section 4947(a)(1) trusts and taxable oundations only Others enter -0-)	2			0.	_
	Add lines 1 and 2	3			0.	<u>.</u>
4 5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0 .	<u>.                                    </u>
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	5			0	<u>.                                    </u>
6 (	Credits/Payments	P.	1335	7 14 (c) 3 15 15 15 15 15 15 15 15 15 15 15 15 15	in toni Links	à.
a 2	2016 estimated tax pmts and 2015 overpayment credited to 2016 6 a	e . ; ; ;				ac.
ъl	Exempt foreign organizations — tax withheld at source 6 b		The same			Zę,
c ·	Tax paid with application for extension of time to file (Form 8868) 6 c	S., 484		The Long		* `
d l	Backup withholding erroneously withheld	3,00	2,00	idi	- malam -	‰
7	Total credits and payments Add lines 6a through 6d	7				_
	Enter any penalty for underpayment of estimated tax. Check here	8				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0	<u>.</u>
	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 2017 estimated tax	11	T			
_	VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Y	es No	<u></u>
	participate or intervene in any political campaign?	• • •		1 a	X	<u>.                                    </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?		[	1 b	X	<u>,                                     </u>
	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	ľ	. Z Z		
С	Did the foundation file Form 1120-POL for this year?		[	1 c	Х	<u> </u>
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		1	With the William		
	(1) On the foundation			. 1		~
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers • \$				s	
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	• •		2	<u> </u>	<u> </u>
	If 'Yes,' attach a detailed description of the activities					332
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes			3	λ	<u>X</u> _
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4 a	<u> </u>	<u>X</u>
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?			4 b	_	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		<u>X_</u>
	If 'Yes,' attach the statement required by General Instruction T					E Bre
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			1350	~" \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	74 
	By language in the governing instrument, or					```.\£
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?</li> </ul>			6	field 1	<u>X</u>
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col (c), and Part XV			7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)				· e., [ 17]	54
	See States Registered In					w.
t	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation			8 b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942 for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' complete Part	(j)(5) XIV		9	- 1	X.
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	; 	<u></u>	10	Х	-
BAA			Fo	rm 990	<b>-PF</b> (20	16)

Form 990-PF (2016)

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	1 990-PF (2016) THE SHOWERS FOUNDATION HEALTH CENTER 26-045460  1 Statements Regarding Activities (continued)	2	Р	age 5
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	Yes	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address $\sim N/A$	13	X	
14	The books are in care of REV GODFRED OCUN Telephone no (330)	361	-067	.0
15	Located at \$\ \ \ 4615 \ SW \ 148TH \ AVE \ BEAVERTON \ OR \ ZIP + 4 \ \ 97078 \ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country		584.9	
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.	385 73	Yes	No
1 a	a During the year did the foundation (either directly or indirectly)  (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			12.7
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	342, 196		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )	* 4		
1	b If any answer is 'Yes' to 1a(1)—(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	. 11	) Trais	
	Organizations relying on a current notice regarding disaster assistance check here	. 11.0	973	1000
,	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?	. 10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$ )			
	a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?	× **		
	If 'Yes,' list the years   20 , 20 , 20 , 20			
	b Are there any years listed in 2a for which the foundation is <b>not</b> 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	- 3
	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	18 18 18 18 18 18 18 18 18 18 18 18 18 1	i i i	
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	8,500	Tin.	
	b If 'Yes,' did it have excess business holdings in 2016 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 2016)	. 3	b	
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	. 4	а	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 2016?	. 4		X

Port VII B (2016) THE SHOWERS FOUNDA			Zo-045	4602 Page 6
Part VII-B Statements Regarding Activitie		4720 May be Requ	irea (continuea)	1/2 3/5 (8.2)
<ol> <li>5 a During the year did the foundation pay or incur ar</li> <li>(1) Carry on propaganda, or otherwise attempt to</li> </ol>	•	ction 4945(e))?	Yes X	No la
(2) Influence the outcome of any specific public (	election (see section 4955	5), or to carry		
on, directly or indirectly, any voter registration	n drive?			15 * 15. 154% *
(3) Provide a grant to an individual for travel, stu			· · · · Yes X	No I
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions).	a charitable, etc , organi	zation described	Yes X	No
(5) Provide for any purpose other than religious, educational purposes, or for the prevention of	charitable, scientific, liter f cruelty to children or an	rary, or nmals?	Yes X	No la
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)?	current notice regarding of	disaster assistance		5 b
Organizations relying on a current notice regarding	ng disaster assistance ch	eck here		
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsib	foundation claim exemptility for the grant?	on from the	· · · · · Yes	No S
If 'Yes,' attach the statement required by Regulat	tions section 53 4945–5(	d)		
6 a Did the foundation, during the year, receive any form a personal benefit contract?	funds, directly or indirectly	y, to pay premiums	Yes X	No Salas
b Did the foundation, during the year, pay premium	is, directly or indirectly, o	n a personal benefit con	tract?	6b X
If 'Yes' to 6b, file Form 8870 7 a At any time during the tax year, was the foundati	on a party to a prohibited	tay shelter transaction?	Yes V	U.S. 1525 18
b if 'Yes,' did the foundation receive any proceeds			1 1	الأهدية المحالا الأصابين
Part VIII Information About Officers, D		- المناف - ان المناف		
and Contractors  1 List all officers, directors, trustees, foundation	n managers and their c	componention (see inst	ructions)	
List all officers, directors, trustees, foundation	(b) Title, and average		(d)Contributions to	· · · · · · · · · · · · · · · · · · ·
(a) Name and address	hours per week devoted to position	(c)Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expense account, other allowances
DOROTHY SANDOVAL				
1904 WINGED FOOT DRIVE	CHAIRPERSON			
NIXA MO 65714	0.25	0.	0.	0.
FATHER GODFRED F OCUN, AJ 4615 SW 148TH AVENUE	TREASURER/SECRETARY		_	
BEAVERTON OR 97078	5.00	0.	0.	0.
DAVE SHOWERS	MEMDED			
9838 STRAUSSER ROAD OH 44614	MEMBER 2.00	0.	0.	0.
See Information about Officers, Directors, Trustees, Etc	<del> </del>	<u> </u>	<del></del>	· · · · · · · · · · · · · · · · · · ·
				]
2 Compensation of five highest-paid employed	os (ather then these inc	0.	O.	O.
2 Compensation of five highest-paid employed	1	Juded on the 1 - See I	(d)Contributions to	THE HONE.
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
	-			
	-	†		
	-			
Total number of other employees paid over \$50,000			<del> </del>	None
RAA	TEFA0306 13			Form 990-PF (2016)

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Form 990-PF (2016) THE SHOWERS FOUNDATION HEALTH CENT		
Part VIII Information About Officers, Directors, Trustees, Fand Contractors (continued)	-oundation Managers, Highly Paid E	mpioyees,
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		
	<del></del>	
	<del></del>	
	j	
Total number of others receiving over \$50,000 for professional services		None
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stronganizations and other beneficiaries served, conferences convened, research papers produced,	alistical information such as the number of etc	Expenses
1 FINANCIAL SUPPORT TO HEALTH CENTER FOR SUPP	LIES,	
EQUIPMENT AND TRAINING PERTINENT TO THE		
HEALTH CENTER'S OPERATIONS	·····	73,160.
2		-
		-
3		
		_]
	······································	
4		-
		-
Part IX-B Summary of Program-Related Investments (see	nstructions)	
Part IX-B   Summary of Program-Related Investments (see Describe the two largest program-related investments made by the foundation		Amount
		Amount
Describe the two largest program-related investments made by the foundation		Amount

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	
BAA	Form 990-PF (2016)

Page 8

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes	nen Same	<del></del>
a Average monthly fair market value of securities		0.
b Average of monthly cash balances		29,649.
C Fair market value of all other assets (see instructions)	· · · 1 c	
d Total (add lines 1a, b, and c)	1 d	29,649.
e Reduction claimed for blockage or other factors reported on lines 1a and	(A) &	
1c (attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	29,649.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	445.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	29,204.
6 Minimum investment return. Enter 5% of line 5	6	1,460.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper and certain foreign organizations check here   ☐ and do not complete this part		
1 Minimum investment return from Part X, line 6	1	1,460.
2 a Tax on investment income for 2016 from Part VI, line 5 2 a	0.	
b Income tax for 2016 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2c	0.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	1,460.
4 Recoveries of amounts treated as qualifying distributions		
5 Add lines 3 and 4	5	1,460.
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	1,460.
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		73,160.
b Program-related investments — total from Part IX-B		
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		
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)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		73,160.
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)		0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	73,160.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whethe qualifies for the section 4940(e) reduction of tax in those years	r the foundation	
BAA	F	orm 990-PF (2016)

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
Distributable amount for 2016 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2016	1 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 2 2 2 2	100 20 17 11	Programme State of the State of	1,460.
a Enter amount for 2015 only			0.	The Francisco
<b>b</b> Total for prior years 20 , 20 , 20	AUT Vana 4	<u>*                                    </u>		
3 Excess distributions carryover, if any, to 2016	130		1725 S. T.	***
a From 2011 <u>189, 676</u> .				
<b>b</b> From 2012 39, 200.				
c From 2013				
<b>d</b> From 2014 96,800.				
e From 2015 69, 112.				
f Total of lines 3a through e	428,338.		Ken Taka	
4 Qualifying distributions for 2016 from Part			The state of the s	A STATE OF THE STA
XII, line 4 \$ 73,160.  a Applied to 2015, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2016 distributable amount			William Control	
e Remaining amount distributed out of corpus	73,160.	The August of the State of the	And The Control	Mary Marine
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the	1,460.			1,460.
same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	500,038.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017				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 2011 not applied on line 5 or line 7 (see instructions)	188,216.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	311,822.			
10 Analysis of line 9				A
a Excess from 201239, 200.				
b Excess from 201333,550.				The same of the sa
c Excess from 2014 96,800.				Mary District
<b>d</b> Excess from 2015				
e Excess from 2016 73,160.				
BAA			<u></u>	Form 990-PF (2016)

Part XIV.   Private Operating Foundat		H CENTER		26-0454602	Page 10
					N/A
1 a If the foundation has received a ruling or det is effective for 2016, enter the date of the rule.	ing			· · <u>· ·</u> · · · · · • [	T
<b>b</b> Check box to indicate whether the foundation	n is a private operat	ing foundation descri	ribed in section	4942(ј)(3) ог	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
investment return from Part X for each year listed	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
<b>b</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()(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
assets at any time during to  Information Regarding Foundation Mana a List any managers of the foundation who had close of any tax year (but only if they have	ngers:	e than 2% of the tota	al contributions receive	ved by the foundation b	efore the
b List any managers of the foundation who or a partnership or other entity) of which the fo	wn 10% or more of toundation has a 10%	the stock of a corpor % or greater interest	ration (or an equally la	arge portion of the owr	ership of
2 Information Regarding Contribution, Gra Check here  X if the foundation only n requests for funds If the foundation makes complete items 2a, b, c, and d	nakes contributions gifts, grants, etc (s	to preselected charrage instructions) to in	table organizations andividuals or organiza	itions under other cond	solicited litions,
a The name, address, and telephone number	r or e-mail address (	of the person to who	m applications shoul	d be addressed	
b The form in which applications should be s	ubmitted and inform	nation and materials	they should include		
c Any submission deadlines					
d Any restrictions or limitations on awards, si	uch as by geograph	ical areas, charitable	e fields, kinds of instit	utions, or other factors	

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution status of Amount recipient Name and address (home or business) a Paid during the year SUPPORT FOR HEALTH CENTER SUPPORT FOR UGANDA THE HEALTH NONE NONE CENTER 73,160. UGANDA AFRICA 73,160. b Approved for future payment

3 b

TrixVI-A Analysis of Income-Producting Activities of gross amounts unless otherwise indicated  Unrelated business Business Amount Code  Amount Code  Amount Code  Amount Code  Amount Code  Amount Code  Cod						
Calcada   Calc		<del></del>	d business income	Evoluded h	u section 512 513 or 514	
g Fees and contracts from government agencies .  Membership dues and assessments .  Interest on savings and temporary cash investments .  Dividends and interest from securities .  Net rental income or (loss) from real estate a Debt-financed property .  b Not debt-financed property .  Other investment income .  Gan or (loss) from sales of assets other than inventory .  Net income or (loss) from special events .  Gross profit or (loss) from sales of inventory .  Other revenue a .  B .  B .  C .  Glass profit or (loss) from sales of inventory .  Other investment income .  Other revenue .  A .  B .  B .  B .  B .  C .  Glass profit or (loss) from sales of inventory .  Other revenue .  A .  B .  B .  B .  B .  B .  B .  B		(a) Business	(b)	(c) Exclu- sion	(d)	Related or exemption function income
g Fees and contracts from government agencies .  Membership dues and assessments .  Interest on savings and temporary cash investments .  Not rental income or (loss) from real estate a Debt-financed property .  Not debt-financed property .  Other investment income .  Gan or (loss) from special events .  Gross profit or (loss) from sales of inventory .  Other revenue a b Subtotal Add columns (b), (d), and (e) .  Subtotal Add line 12, columns (b), (d), and (e) .  e worksheet in line 13 instructions to verify calculations )  Int XVI-B   Relationship of Activities to the Accomplishment of Exempt Purposes	•					
Brees and contracts from government agencies				1	<del></del>	
g Fees and contracts from government agencies .  Membership dues and assessments  Interest on savings and temporary cash investments  Dividends and interest from securities  Net rental income or (loss) from real estate a Debt-financed property						
g Fees and contracts from government agencies	·	-				
Membership dues and assessments					<del></del>	
Membership dues and assessments						
Membership dues and assessments	Fees and contracts from government agencies					
Interest on savings and temporary cash investments	-					
Dividends and interest from securities  Net rental income or (loss) from real estate a Debt-financed property  Not debt-financed property  Net rental income or (loss) from personal property  Other investment income  Gain or (loss) from sales of assets other than inventory  Net income or (loss) from special events  Gross profit or (loss) from sales of inventory  Other revenue  a  b  C  d  e  Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations)  int XVI-B   Relationship of Activities to the Accomplishment of Exempt Purposes	•				<del></del>	
Net rental income or (loss) from real estate a Debt-financed property	The state of the s					
a Debt-financed property		7 (54)	· ****	18 6 m 1	100000	ž. \
Not debt-financed property	,			100, 1900 0		
Net rental income or (loss) from personal property		-	<del> </del>			
Other investment income		ļ ———		+	···-	1
Gain or (loss) from sales of assets other than inventory  Net income or (loss) from special events  Gross profit or (loss) from sales of inventory  Other revenue a b c c c c c c c c c c c c c c c c c c				+ +		
Net income or (loss) from special events			<del> </del>	<del>  -</del>		<del> </del>
Gross profit or (loss) from sales of inventory Other revenue  a b c d e Subtotal Add columns (b), (d), and (e)	-			<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·	<del> </del>
Other revenue  a b c c d d e Subtotal Add columns (b), (d), and (e)		ļ		<del>  -</del>		-
a b c c c c c c c c c c c c c c c c c c	• • •	P 8642 305	- 08 8	8 4 EC	\$ \$45 A	
b c c c c c c c c c c c c c c c c c c c	Other revenue	1		7 8 184	1/2 1/2 × 1/2	2 C . / Wall
c d d d d d d d d d d d d d d d d d d d				<del>                                     </del>		
d e Subtotal Add columns (b), (d), and (e)	b	-				<del>                                     </del>
Subtotal Add columns (b), (d), and (e)	С			<del>  </del>		
Subtotal Add columns (b), (d), and (e)	d			<b>_</b>	<del> </del>	
Total. Add line 12, columns (b), (d), and (e)				1		
e worksheet in line 13 instructions to verify calculations )  art*XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes						
rt'XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes	Total Add line 12 columns (b) (d) and (e)				13	
Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions.)	e worksheet in line 13 instructions to verify calculation	ıs)				
accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)	e worksheet in line 13 instructions to verify calculation	ıs)		pt Purpo	oses	
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# Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did des rela	Yes No				
	ting to political organizations' nsfers from the reporting four		ritable exempt organization		
	•		. •		. 1a(1) X
					1a (2) X
<b>b</b> Oth	er transactions				THEOTER LAC.
(1)	Sales of assets to a nonchar	ritable exempt organ	nization		
(2)	Purchases of assets from a	noncharitable exem	pt organization		<del></del>
			· -		1 b (3) X
(4)	Reimbursement arrangemer	nts			1 b (4) X
(5)	Loans or loan guarantees .				1 b (5) X
(6)	Performance of services or r	membership or fund	fraising solicitations		1 b (6) X
¢ Sha	aring of facilities, equipment, i	mailing lists, other a	assets, or paid employees.		
		-			<u> </u>
the	goods, other assets, or servi	ices given by the rep gement, show in co	porting foundation. If the fo lumn (d) the value of the g	plumn (b) should always show the fair mark bundation received less than fair market va oods, other assets, or services received	
(a) Line n	o (b) Amount involved	(c) Name of noncha	aritable exempt organization	(d) Description of transfers, transactions, a	ind sharing arrangements
					· · · · · · · · · · · · · · · · · · ·
			<u> </u>		
					<u> </u>
			<u> </u>		
des	he foundation directly or indirective or indirection 501(c) of the res,' complete the following s	ne Code (other than	or related to, one or more section 501(c)(3)) or in sec	tax-exempt organizations ction 527?	· · · Yes X No
(a) Name of organization			(b) Type of organization	(c) Description of	relationship
[:	Under penalties of perjury, I declare the correct, and complete Declaration of p	at I have examined this re	eturn, including accompanying sched	dules and statements, and to the best of my knowledge thick preparer has any knowledge	and belief, it is true,
Sign	P 11 1	<b>X</b>	, ,		May the IRS discuss
Hore / 1977/h // /// 14.1.1.1					
	Signature of officer or trustee	TREASURER/SECRETARY	preparer shown below (see instructions)?		
	Print/Type preparer's name		Date Prepare signature	Data	Yes No
<b>D</b>			1/4/-	·// ·/- Check	] "
Paid		reen	1//6/	self-employed	IP01075955
Prepar	·	NKEL GREEN	7	Firm's EIN 31	-4442423
Use O		52 N HIGH ST	C		
	1CO	LUMBUS	<del> </del>	OH 43214-3525   Phone no (6	514) 261-1494
BAA					Form <b>990-PF</b> (2016)

#### Schedule B

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

**Schedule of Contributors** 

OMB No 1545-0047

2016

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	<del></del>	Employer identification number					
THE SHOWERS FOUNDATION HE	EALTH CENTER	26-0454602					
Organization type (check one)							
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number) of	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundar	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundate						
Check if your organization is covered by t	ne General Rule or a Special Rule.						
Note. Only a section 501(c)(7), (8), or (10	) organization can check boxes for both the G	eneral Rule and a Special Rule See instructions					
General Rule							
X For an organization filing Form 990, 9 property) from any one contributor C	190-EZ, or 990-PF that received, during the ye omplete Parts I and II See instructions for det	ear, contributions totaling \$5,000 or more (in money or termining a contributor's total contributions					
Special Rules							
under sections 509(a)(1) and 170(b)(	ion 501(c)(3) filing Form 990 or 990-EZ that m 1)(A)(vi), that checked Schedule A (Form 990 iring the year, total contributions of the greater rm 990-EZ, line 1 Complete Parts I and II	net the 33-1/3% support test of the regulations or 990-EZ), Part II, line 13, 16a, or 16b, and that r of (1) \$5,000 or (2) 2% of the amount on (i)					
during the year, total contributions of	ion 501(c)(7), (8), or (10) filing Form 990 or 99 more than \$1,000 exclusively for religious, ch elty to children or animals Complete Parts I, I	aritable, scientific, literary, or educational					
during the year, contributions exclusi \$1,000 If this box is checked, enter the charitable, etc., purpose. Don't comp	ion 501(c)(7), (8), or (10) filing Form 990 or 99 vely for religious, charitable, etc., purposes, but the total contributions that were received lete any of the parts unless the General Rule haritable, etc., contributions totaling \$5,000 or	ut no such contributions totaled more than during the year for an exclusively religious, applies to this organization because					
990-PF), but it must answer 'No' on Part	ed by the General Rule and/or the Special Ru IV, line 2, of its Form 990, or check the box o et the filing requirements of Schedule B (Form	les doesn't file Schedule B (Form 990, 990-EZ, or in line H of its Form 990-EZ or on its Form 990-PF, 990, 990-EZ, or 990-PF)					

Name of org			yer identification number
	OWERS FOUNDATION HEALTH CENTER		0454602
(a) Number	Contributors (see instructions) Use duplicate copies of Part I if additional space  (b)  Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SHOWERS FAMILY FOUNDATION 9838 STRAUSSER RD	\$ 36,000	Person X Payroll
	Canal Fulton OH 44614		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ROBERT & ELLEN MAHONEY  2111 WESTHEIMER RD, APT 2112  Houston TX 77098	\$10 <u>.</u> 300	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
<u>3</u>	JOHN & MILDRED HURLIMAN  12011 OLD WOODS RD  Cloverdale OR 97112	\$6 <u>.</u> 7 <u>0</u> 0	Person X Payroli  Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		-  \$s	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 Oncash (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
BAA	TEEA0702 08/09/16	Schedule B (For	noncash contributions ) m 990, 990-EZ, or 990-PF) (2016
	TEEAU 02 00/03/10	551154416 B (1 01	,, , 1, 12010

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

1 of Part I

Page

<u>1</u> of

Form 990-PF, Page 1, Part I, L Line 23 Stmt	ne 23						
Other expenses	Rev/Exp Book	l Ne	et Inv Inc Ac		Net Inc	Charity Disb	
POSTAGE AND SHIPPING	80.		0.		0.	0.	
BANK FEES	270.			0.		0.	
Total	350.	350. 0.		0.		0.	
Form 990-PF, Page 4, Part VII- States Registered In	-A, Line 8a						
OHIO OREGON				-			
Form 990-PF, Page 6, Part VII Information about Officers, D		es, Etc.		<del>-</del>			
(a) Name and address	(b) Title, a average per we devote positi	and hours eek d to	(c) Compensation (If not paid enter -0-)	۱,	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, othe allowances	er .
Person . X Business .	7229 MEMBER 2.	00		0.	0.	0	<u> </u>
RICK JERIC 6186 WIGEON COURT  DUBLIN OH 4	MEMBER 2.	00		0.	0.	0	) <u>.                                    </u>
Total							
				0.	0.	0	<u>.</u>