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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

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

OMB No 1545-0052

2016

Open to Public Inspection

For calendar year 2016, or tax year beginning 02-01-2016, and ending 01-31-2017

Name of foundation
MAHONING VALLEY HOSPITAL FOUNDATION

Number and street (or P O box number if mail is not delivered to street address)
1670 GULLY TOP LANE

City or town, state or province, country, and ZIP or foreign postal code
CANFIELD, OH 44406

G Check all that apply

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

H Check type of organization

☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 4,584,294

J Accounting method

☐ Cash

☒ Accrual

☐ Other (specify)

(Part I, column (d) must be on cash basis)

A Employer identification number
34-1879100

B Telephone number (see instructions)
(330) 360-6453

C If exemption application is pending, check here

D 1. Foreign organizations, check here

2. Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

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 if the foundation is not required to attach Sch B			
	3 Interest on savings and temporary cash investments	58,808	58,808	
	4 Dividends and interest from securities	50,881	50,881	
	5a Gross rents	1,000	1,000	
	b Net rental income or (loss)	1,000		
	6a Net gain or (loss) from sale of assets not on line 10	66,670		
	b Gross sales price for all assets on line 6a	2,927,768		
	7 Capital gain net income (from Part IV, line 2)		66,670	
	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	177,359	177,359		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	91,100	9,110	81,990
	14 Other employee salaries and wages			
	15 Pension plans, employee benefits	22,776	2,278	20,498
	16a Legal fees (attach schedule)			
	b Accounting fees (attach schedule)	10,100	1,010	9,090
	c Other professional fees (attach schedule)			
	17 Interest			
	18 Taxes (attach schedule) (see instructions)	7,232	760	6,272
	19 Depreciation (attach schedule) and depletion	27,452	0	
	20 Occupancy	15,804	123	15,681
	21 Travel, conferences, and meetings	4,511	0	4,511
	22 Printing and publications			
	23 Other expenses (attach schedule)	33,778	22,050	11,728
	24 Total operating and administrative expenses. Add lines 13 through 23	212,753	35,331	149,770
	25 Contributions, gifts, grants paid	505,541		505,541
26 Total expenses and disbursements. Add lines 24 and 25	718,294	35,331	655,311	
	27 Subtract line 26 from line 12			
	a Excess of revenue over expenses and disbursements	-540,935		
	b Net investment income (if negative, enter -0-)		142,028	
c Adjusted net income (if negative, enter -0-)				

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form 990-PF (2016)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing	116,505		
	2	Savings and temporary cash investments	17,378	617,370	617,370
	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		3,542	3,542
	10a	Investments—U S and state government obligations (attach schedule)	0	430,318	430,318
	b	Investments—corporate stock (attach schedule)	1,116,767	802,911	802,911
	c	Investments—corporate bonds (attach schedule)	1,946,799	1,648,067	1,648,067
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	1,620,222	892,178	892,178
	14	Land, buildings, and equipment basis ▶ _____ 270,551 Less accumulated depreciation (attach schedule) ▶ 98,236	199,767	172,315	172,315
15	Other assets (describe ▶ _____)	18,679	17,593	17,593	
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	5,036,117	4,584,294	4,584,294	
Liabilities	17	Accounts payable and accrued expenses	1,220	5,976	
	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 ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	1,220	5,976	
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	5,034,897	4,578,318	
	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)	5,034,897	4,578,318	
31	Total liabilities and net assets/fund balances (see instructions) .	5,036,117	4,584,294		

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	5,034,897
2	Enter amount from Part I, line 27a	2	-540,935
3	Other increases not included in line 2 (itemize) ▶	3	84,356
4	Add lines 1, 2, and 3	4	4,578,318
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	4,578,318

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			2017-01-31
b VARIOUS MARKETABLE SECURITIES HELD LONG TERM			2017-01-31
c FARMER'S TRUST CO - LONG TERM CAPITAL GAIN DISTRIBUTIONS			2017-01-31
d			
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 1,506,904		1,508,083	-1,179
b 1,417,007		1,353,015	63,992
c 3,857			3,857
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) 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			-1,179
b			63,992
c			3,857
d			
e			

2 Capital gain net income or (net capital loss)	2	66,670
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))
2015	518,966	4,987,462	0 104054
2014	484,482	5,427,178	0 089270
2013			
2012			
2011			

2 Total of line 1, column (d)	2	0 193324
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	0 096662
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	4,369,055
5 Multiply line 4 by line 3	5	422,322
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,420
7 Add lines 5 and 6	7	423,742
8 Enter qualifying distributions from Part XII, line 4	8	655,311

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 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)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	1,420
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	1,420
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	1,420
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	1,288
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	1,288
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	2
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	134
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 2017 estimated tax ▶	11	
			Refunded ▶

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
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <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>	1b	No
c 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 ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
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) ▶ 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> .	8b	Yes
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 2016 or the taxable year beginning in 2016 (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 Telephone no ▶ (330) 360-6453			

Located at **▶** 1670 GULLY TOP LANE CANFIELD OH ZIP+4 **▶** 44406

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
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? 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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> 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)? <input type="checkbox"/> 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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		
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? <input type="checkbox"/>	1c		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))			
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? <input type="checkbox"/> 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) <input type="checkbox"/>	2b		
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____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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). <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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?	4b		No

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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(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)?	<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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If "Yes," attach the statement required by Regulations section 53.4945–5(d)		
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	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b
	If "Yes" to 6b, file Form 8870		No
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	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	<input type="checkbox"/>	7b

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) 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
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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		
Total number of others receiving over \$50,000 for professional services. ►		0

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	
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.	
3	
Total. Add lines 1 through 3 ►	0

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	4,222,988
b	Average of monthly cash balances.	1b	212,601
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	4,435,589
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	4,435,589
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	66,534
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	4,369,055
6	Minimum investment return. Enter 5% of line 5.	6	218,453

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	218,453
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	1,420
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	1,420
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	217,033
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	217,033
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	217,033

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	655,311
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	655,311
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	1,420
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	653,891

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				217,033
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012.				
c From 2013.				
d From 2014.				219,456
e From 2015.				273,387
f Total of lines 3a through e.	492,843			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 655,311				
a Applied to 2015, but not more than line 2a			0	
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 2016 distributable amount.				217,033
e Remaining amount distributed out of corpus	438,278			
5 Excess distributions carryover applied to 2016 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	931,121			
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 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).	0			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	931,121			
10 Analysis of line 9				
a Excess from 2012.				
b Excess from 2013.				
c Excess from 2014.				219,456
d Excess from 2015.				273,387
e Excess from 2016.				438,278

Part XIV

- 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.)**

Part XV

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.

- 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

- 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 <i>Paid during the year</i> See Additional Data Table				
Total			3a	505,541
b <i>Approved for future payment</i>				
Total			3b	0

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			14	58,808	
4	Dividends and interest from securities. . . .			14	50,881	
5	Net rental income or (loss) from real estate					
a	Debt-financed property.					
b	Not debt-financed property.			16	1,000	
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	66,670	
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		177,359	0
13	Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations)			13		177,359

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII

- | | Yes | No |
|-------|-----|----|
| 1a(1) | | No |
| 1a(2) | | No |
| 1b(1) | | No |
| 1b(2) | | No |
| 1b(3) | | No |
| 1b(4) | | No |
| 1b(5) | | No |
| 1b(6) | | No |
| 1c | | No |

[illegible]

- 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

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

Print/Type preparer's name H SCOTT MASTERS	Preparer's Signature	Date	Check if self-employed ► <input 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	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MIKE SENCHAK	PRESIDENT AND CEO 40 00	91,100	22,776	0
1670 GULLY TOP LANE CANFIELD, OH 44406				
JAMES KEATING	CHAIRPERSON 0 00	0	0	0
1670 GULLY TOP LANE CANFIELD, OH 44406				
MICHAEL VALLAS	TRUSTEE 0 00	0	0	0
1670 GULLY TOP LANE CANFIELD, OH 44406				
ALICE GUERRA	SECRETARY 0 00	0	0	0
1670 GULLY TOP LANE CANFIELD, OH 44406				
NED UNDERWOOD	TREASURER 0 00	0	0	0
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

<div>Recipient</div> <div>Name and address (home or business)</div>	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
AKRON CHILDREN'S HOSPITAL MAHONING VALLEY 100 DEBARTOLO PLACE SUITE 115 BOARDMAN, OH 44512	N/A	PC	PEDIATRIC PALLIATIVE CARE PROGRAM	25,500
ALZHEIMER'S ASSISTANCE AND REFERRAL NETWORK 4214 MARKET ST YOUNGSTOWN, OH 44512	N/A	PC	MEDICAL RESEARCH	500
ALZHEIMER'S ASSOCIATION 70 W STREETSBORO ST HUDSON, OH 44236	N/A	PC	MEDICAL RESEARCH	500
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	N/A	PC	MEDICAL RESEARCH	2,500
AUSTINTOWN LOCAL SCHOOL DISTRICT 700 S RACCOON RD YOUNGSTOWN, OH 44515	N/A	GOV	GENERAL OPERATING SUPPORT	500
Total ▶ 3a				505,541

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 <i>Paid during the year</i>				
DRUG AWARENESS AND PREVENTION INC 20800 CENTER RIDGE RD SUITE 316A ROCKY RIVER, OH 44116	N/A	PC	GENERAL OPERATING SUPPORT	2,000
GOLDEN STRING INC 16 S PHELPS ST YOUNGSTOWN, OH 44503	N/A	PC	GENERAL OPERATING SUPPORT	20,000
HEALTH POLICY INSTITUTE OF OHIO 10 W BROAD ST SUITE 1050 COLUMBUS, OH 43215	N/A	PC	GENERAL OPERATING SUPPORT	5,000
INSPIRING MINDS 175 LAIRD AVE NE WARREN, OH 44483	N/A	PC	AFTERSCHOOL TUTORING PROGRAM	20,000
MAKING KIDS COUNT 7178 WEST BLVD SUITE E BOARDMAN, OH 44512	N/A	PC	GENERAL OPERATING SUPPORT	5,500
Total ▶ 3a				505,541

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 <i>Paid during the year</i>				
MERCY HEALTH FOUNDATION MAHONING VALLEY 250 DEBARTOLO PL STE 2560 BOARDMAN, OH 44512	N/A	PF	GENERAL OPERATING SUPPORT	41,500
MIDLOTHIAN FREE CLINIC 388 EAST MIDLOTHIAN BLVD YOUNGSTOWN, OH 44507	N/A	PC	GENERAL OPERATING SUPPORT	5,000
MILL CREEK METROPARKS FOUNDATION P O BOX 596 CANFIELD, OH 44406	N/A	PF	COMMUNITY DEVELOPMENT	32,140
NEIL KENNEDY RECOVERY CLINIC 5211 MAHONING AVE SUITE 360 YOUNGSTOWN, OH 44515	N/A	PC	SPIRITUAL AND RECOVERY COMMUNITIES WORKING TOGETHER PROGRAM	117,500
NILES COMMUNITY SERVICES 401 VIENNA AVE NILES, OH 44446	N/A	PC	GENERAL OPERATING SUPPORT	10,000
Total 				505,541
3a				

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 <i>Paid during the year</i>				
OH WOW JONES CHILDRENS CENTER 11 W FEDERAL ST YOUNGSTOWN, OH 44503	N/A	PC	GENERAL OPERATING SUPPORT	20,000
OUR LADY OF SORROWS PARISH 915 CORNELL ST YOUNGSTOWN, OH 44502	N/A	PC	GENERAL OPERATING SUPPORT	740
RESCUE MISSION OF THE MAHONING VALLEY 962 MARTIN LUTHER KING JR BLVD YOUNGSTOWN, OH 44501	N/A	PC	GENERAL OPERATING SUPPORT	15,000
ROTARY CLUB OF AUSTINTOWN P O BOX 4104 AUSTINTOWN, OH 44515	N/A	PC	COMMUNITY SERVICE	1,000
SAHARA CLUB 2345 YOUNGSTOWN RD SE WARREN, OH 44484	N/A	PC	ALCOHOL AND SUBSTANCE ABUSE PREVENTION PROGRAM	2,500
Total 				505,541
3a				

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 <i>Paid during the year</i>				
SENIOR INDEPENDENCE OF MAHONING VALLEY 6715 TIPPECANOE RD CANFIELD, OH 44406	N/A	PC	EDUCATIONAL PROGRAMS	2,000
ST VINCENT DE PAUL SOCIETY 3165 SOUTH SCHENLEY YOUNGSTOWN, OH 44511	N/A	PC	COMMUNITY SERVICE	100
TABERNACLE EVANGELICAL PRESBYTERIAN 2432 S RACCOON RD AUSTINTOWN, OH 44515	N/A	PC	TABERNACLE AFTERSCHOOL TUTORING PROGRAM	3,000
THE URSULINE CENTER 4280 SHIELDS RD CANFIELD, OH 44406	N/A	PC	MOTHERHOUSE POOL MINISTRY RENOVATION PROJECT	416
THE URSULINE SISTERS 4280 SHIELDS RD CANFIELD, OH 44406	N/A	PC	GENERAL OPERATING SUPPORT	51,200
Total ► 3a				505,541

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 <i>Paid during the year</i>				
TOMMY SMITH JUNIOR GOLF 1121 SANDSTONE RD GREENSBURG, PA 15601	N/A	PC	EDUCATIONAL PROGRAM	200
YELLOW BRICK PLACE P O BOX 9243 BOARDMAN, OH 44513	N/A	PC	CANCER WELLNESS CENTER	10,000
YOUNGSTOWN STATE UNIVERSITY FOUNDATION 1 UNIVERSITY PLAZA YOUNGSTOWN, OH 44555	N/A	PC	EDUCATIONAL SCHOLARSHIPS	43,500
AMERICAN DIABETES ASSOCIATION 4500 ROCKSIDE RD INDEPENDENCE, OH 44131	N/A	PC	GENERAL OPERATING SUPPORT	425
BEATITUDE HOUSE 238 TOD LANE YOUNGSTOWN, OH 44504	N/A	PC	GENERAL OPERATING SUPPORT	500
Total ▶ 3a				505,541

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 <i>Paid during the year</i>				
MICHAEL JEPSEN 755 BOARDMAN CANFIELD RD K-2 BOARDMAN, OH 44512	NONE	I	CANCER TREATMENT	120
CAMELOT CENTER 3498 BARCLAY MESSERLY RD SOUTHINGTON, OH 44470	N/A	PC	GENERAL OPERATING SUPPORT	2,000
CUYAHOGA VALLEY SCENIC RAILROAD P O BOX 158 PENINSULA, OH 44264	N/A	PC	GENERAL OPERATING SUPPORT	50
CYSTIC FIBROSIS FOUNDATION 8001 SWEET VALLEY DR SUITE 3 VALLEY VIEW, OH 44125	N/A	PC	MEDICAL RESEARCH	1,000
ELISA'S ENTOURAGE P O BOX 28 CANFIELD, OH 44406	N/A	PC	GENERAL OPERATING SUPPORT	1,000
Total ▶ 3a				505,541

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 <i>Paid during the year</i>				
HOSPICE OF THE VALLEY 5190 MARKET STREET YOUNGSTOWN, OH 44512	N/A	PC	GENERAL OPERATING SUPPORT	700
HOWLAND COMMUNITY SCHOLARSHIPS FDN 8200 SOUTH STREET WARREN, OH 44484	N/A	PF	EDUCATIONAL SCHOLARSHIPS	12,250
HOWLAND UNITED METHODIST CHURCH 730 HOWLAND WILSON RD NE WARREN, OH 44484	N/A	PC	HOWLAND TIGER FOOD BACKPACK PROGRAM	2,500
NORTHEAST OH MEDICAL UNIVERSITY FOUNDATION 4209 STATE ROUTE 44 ROOTSTOWN, OH 44272	N/A	PC	SCHOLARSHIP FUND	28,000
SALEM REGIONAL MEDICAL CENTER FDN 1995 EAST STATE STREET SALEM, OH 44460	N/A	PC	COMMUNITY HEALTH IMPROVEMENT AND WELLNESS PROGRAMS	2,200
Total ► 3a				505,541

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 <i>Paid during the year</i>				
THE ALS ASSOCIATION NORTHERN OH CHAPTER 6155 ROCKSIDE RD SUITE 403 INDEPENDENCE, OH 44131	N/A	PC	MEDICAL RESEARCH	4,000
THE ARC OF OHIO NE BRANCH 3040 CENTER RD POLAND, OH 44514	N/A	PC	DEVELOPMENTAL DISABILITY PROGRAM	250
YOUNGSTOWN WARREN CHAMBER OF COMMERCE FDN 11 CENTRAL SQUARE SUITE 1600 YOUNGSTOWN, OH 44503	N/A	EOF	WORKFORCE DEVELOPMENT AND CAREER CONNECTION PROGRAM	10,000
SENIOR INDEPENDENCE SENIOR CENTER 1110 FIFTH AVE YOUNGSTOWN, OH 44504	N/A	PC	EDUCATION PROGRAMS	2,750
Total ▶ 3a				505,541

TY 2016 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	10,100	1,010		9,090

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

TY 2016 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	15,021	SL	27 5000000000000	5,633	0		
OFFICE FURNITURE	2013-06-01	22,000	11,733	SL	5 0000000000000	4,400	0		
OFFICE FURNITURE	2013-06-01	5,179	2,763	SL	5 0000000000000	1,036	0		
COPY MACHINES	2013-06-01	4,068	2,170	SL	5 0000000000000	814	0		
TELEVISION	2013-06-01	1,548	826	SL	5 0000000000000	310	0		
OFFICE FURNITURE	2013-11-21	22,623	9,804	SL	5 0000000000000	4,525	0		
COMPUTER SYSTEM	2013-06-01	31,998	17,066	SL	5 0000000000000	6,400	0		
HVAC IMPROVEMENTS	2013-06-01	6,150	821	SL	20 0000000000000	308	0		
FLOORING	2013-06-01	9,674	5,160	SL	5 0000000000000	1,935	0		
SOUND SYSTEM	2013-06-01	5,673	2,522	SL	6 0000000000000	946	0		
ALARM SYSTEM	2013-06-01	2,940	1,307	SL	6 0000000000000	490	0		
IMPROVEMENTS	2013-06-01	3,133	1,392	SL	6 0000000000000	522	0		
DESK	2014-07-20	664	199	SL	5 0000000000000	133	0		

TY 2016 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	1,648,067	1,648,067

TY 2016 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	802,911	802,911

TY 2016 Investments Government Obligations Schedule**Name:** MAHONING VALLEY HOSPITAL FOUNDATION**EIN:** 34-1879100**US Government Securities - End
of Year Book Value:**

430,318

**US Government Securities - End
of Year Fair Market Value:**

430,318

**State & Local Government
Securities - End of Year Book
Value:**

0

**State & Local Government
Securities - End of Year Fair
Market Value:**

0

TY 2016 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	609,852	609,852
EQUITY MUTUAL FUNDS	AT COST	282,326	282,326

**TY 2016 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	20,654	134,247	
OFFICE FURNITURE	22,000	16,133	5,867	
OFFICE FURNITURE	5,179	3,799	1,380	
COPY MACHINES	4,068	2,984	1,084	
TELEVISION	1,548	1,136	412	
OFFICE FURNITURE	22,623	14,329	8,294	
COMPUTER SYSTEM	31,998	23,466	8,532	
HVAC IMPROVEMENTS	6,150	1,129	5,021	
FLOORING	9,674	7,095	2,579	
SOUND SYSTEM	5,673	3,468	2,205	
ALARM SYSTEM	2,940	1,797	1,143	
IMPROVEMENTS	3,133	1,914	1,219	
DESK	664	332	332	

TY 2016 Other Assets Schedule

Name: MAHONING VALLEY HOSPITAL FOUNDATION

EIN: 34-1879100

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
INTEREST RECEIVABLE	18,679	17,593	17,593

TY 2016 Other Expenses Schedule**Name:** MAHONING VALLEY HOSPITAL FOUNDATION**EIN:** 34-1879100**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	22,050	22,050		0
SUBSCRIPTIONS AND MEMBERSHIPS	2,417	0		2,417
INSURANCE EXP	3,100	0		3,100
REPAIRS AND MAINTENANCE EXP	2,214	0		2,214
BANK SERVICE CHARGES	221	0		221
POSTAGE AND DELIVERY	302	0		302
OFFICE EXPENSE	1,348	0		1,348
ADVERTISING AND PROMOTION	2,126	0		2,126

TY 2016 Other Increases Schedule

Name: MAHONING VALLEY HOSPITAL FOUNDATION

EIN: 34-1879100

Description	Amount
UNREALIZED GAIN/(LOSS) ON INVESTMENTS	84,356

TY 2016 Taxes Schedule**Name:** MAHONING VALLEY HOSPITAL FOUNDATION**EIN:** 34-1879100

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	6,969	697		6,272
STATE AND LOCAL TAXES	200	0		0
FOREIGN TAXES WITHHELD FROM INVESTMENT INCOME	63	63		0