2949113909520

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For	cal	enda	ar year 2017 or tax year beginning , a	and ending				
			ndation			A Employ	yer identification number	
		_	SHOWERS FOUNDATION HEALTH			26	0454600	
_		NTE					0454602	
			street (or P 0 box number if mail is not delivered to street address) WIGEON COURT	, Ro	om/suite		one number (see instructions ! -798-4830)
			state or province, country, and ZIP or foreign postal code			<u> </u>	770 4030	
		BL]				C If exem	ption application is pending,	check here
_				rn of a former public ch	arity	D 1. For	eign organizations, check he	re 🕨 📄
•	0	JUN 4	Final return Amended	· ·	•	2 For	eign organizations meeting th	ne
			Address change Name cha	inae			6 test, check here and attach	-
	<u> </u>		ype of organization X Section 501(c)(3) exempt private		TO 0 1	E If priva	te foundation status was tem	wasted wader
_ H		-		le private foundation	$O^{\mathcal{A}}$		i 507(b)(1)(A), check here	► Illiated tilidei
با			ket value of all assets at J Accounting method	X Cash Acc		F If the fo	oundation is in a 60-month te	omination.
_				A Casii Acc	uai		section 507(b)(1)(B), check h	
		•		he on cach hasis)				
_	ar		Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
	- a ı	l f	amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net into		(c) Adjusted net income	for charitable purposes
			the amounts in column (a) (see instructions))	books				(cash basis only)
2		1	Contributions, gifts, grants, etc , received (attach schedule)	55,359				
	,	2	Check ► ☐ If the foundation is not required to attach Sch B					
Or	11	3	Interest on savings and temporary cash investments	<u> </u>				
	` {	4	Dividends and interest from securities					
	-	5a	Gross rents					
9	וש	b	Net rental income or (loss)					
5		6a	Net gain or (loss) from sale of assets not on line 10					
011101100		b	Gross sales price for all assets on line 6a					
á	2	7	Capital gain net income (from Part IV, line 2)			0		
	- 1	8	Net short-term capital gain		ļ		0	
		9	Income modifications					
	- [10a	Gross sales less returns and allowances	<u> </u>	 			
	- }	b	Less Cost of goods sold	 				
		C	Gross profit or (loss) (attach schedule)		 			
	- 1	11	Other income (attach schedule)	55,359	ļ	0	0	
-	-+	12	Total. Add lines 1 through 11	33,339	 			1
8	S	13	Compensation of officers, directors, trustees, etc	ļ				
Ġ	≃ ∣	14	Other employee salaries and wages	<u> </u>				
		15	Pension plans, employee benefits Legal fees (attach schedule)		 			
; L	֡֡֞֞֞֞֞֞֓֞֓֓֓֡֓֜֡֓֡֓֡֡֡֓֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡	16a	Accounting fees (attach schedule)		 		RECEIVED	
9	ן פ	b	Other professional fees (attach schedule)		 		WECEIAED.	
ij		C 47	Interest		 	4		
_ ;		17	Taxes (attach schedule) (see instructions) STMT 1	140		- R	MAY 0 9 2018	
0107		18	Depreciation (attach schedule) and depletion		 		C	
5		19 20	Occupancy		 		DGDEN LIT	19
ے ہے	AC	21	Travel, conferences, and meetings				7C7/13, UT	
=======================================	2	22	Printing and publications	350	 			
5	<u> </u>	23	Other expenses (att. sch) STMT 2	460	+			
<u>ت</u>		24	Total operating and administrative expenses.					
2	Ĕ	-7	Add lines 13 through 23	950)	0	Ì	0
SCANNED JUL IL	e l	25	Contributions, grits, grants paid	57,260			,	57,260
夏	>	26	Total expenses and disbursements. Add lines 24 and 25	58,210		0	Ċ	
3		27	Subtract line 26 from line 12	,				1
ഗ്	- {	a a	Excess of revenue over expenses and disbursements	~2,851				
	ļ	b	Net investment income (if negative, enter -0-)			0		
	į	C	Adjusted net income (if negative, enter -0-)					

D	art II	Balance Sheets Attached schedules and amounts in the description column	1	Beginning of year	End of	year
_r 	an II	should be for end-of-year amounts only (See instructions)		(a) Book Value	(b) Book Value	(c) Fair Market Value
T	1	Cash - non-interest-bearing		24,065	21,214	21,214
	2	Savings and temporary cash investments				
1	3	Accounts receivable ▶				
-		Less allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
1	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see			1	
1		instructions)				
	7	Other notes and loans receivable (att. schedule)				
		Less allowance for doubtful accounts ▶	0			
S	8	Inventories for sale or use				
į	9	Prepaid expenses and deferred charges				
Assets	10a	Investments – U S and state government obligations (attach schedule)				
	b	Investments – corporate stock (attach schedule)				
	c	Investments – corporate bonds (attach schedule)				
- {	11	Investments – land, buildings, and equipment basis				
1	• • •	Less accumulated depreciation (attach sch.)				
}	12	Investments - mortgage loans				
- 1	13	Investments – other (attach schedule)				
- }	14	Land, buildings, and equipment basis				
1		Less accumulated depreciation (attach sch.)		1		
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers – see the	,			
		instructions Also, see page 1, item I)		24,065	21,214	21,214
7	17	Accounts payable and accrued expenses				
	18	Grants payable				
S	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons			<u> </u>	
Liabilities	21	Mortgages and other notes payable (attach schedule)				
Ë	22	Other liabilities (describe)			•
	23	Total liabilities (add lines 17 through 22)	,	0	0	
_		Foundations that follow SFAS 117, check here	>			
es		and complete lines 24 through 26 and lines 30 and 31.		· }		
		Unrestricted				
lar	25	Temporarily restricted				
B	26	Permanently restricted				
p		Foundations that do not follow SFAS 117, check here	► X)		
Ī	}	and complete lines 27 through 31.	·	' }		
ō	27	Capital stock, trust principal, or current funds				
sts	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
SS	29	Retained earnings, accumulated income, endowment, or other funds		24,065	21,214	
Net Assets or Fund Balanc	30	Total net assets or fund balances (see instructions)		24,065		
Š	31	Total liabilities and net assets/fund balances (see] · · · · · · ·
	} •	instructions)		24,065	21,214	,
-	Part		ices			<u> </u>
-1		inet assets or fund balances at beginning of year – Part II, column (a), in		nust agree with		
		of-year figure reported on prior year's return)	•	-	1_1_	24,065
•		er amount from Part I, line 27a			2	-2,851
		er increases not included in line 2 (itemize)			3	I
2		lines 1, 2, and 3			4	21,214
į		reases not included in line 2 (itemize)			5	
		al net assets or fund balances at end of year (line 4 minus line 5) - Part II	, column	1 (b), line 30	6	21,214
_					-	5 990 PE (0047)

(a) List and describe	nd Losses for Tax on Investmenthe kind(s) of property sold (for example, real estate, arehouse, or common stock, 200 shs MLC Co)	ent inco	irie	(b) How acquired P - Purchase D - Donation		ate acquired	(d) Date sold (mo , day, yr)
1a N/A				D Donation			
b							
С							
d							<u> </u>
e			i		<u> </u>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) Cost or plus expen				n or (loss) f) minus (g))
<u>a</u>		 			 		
<u>b</u>		 		 			
<u>c</u>							
<u>d</u>	 	 			 		
Complete only for assets showing	ig gain in column (h) and owned by the f	oundation	on 12/31/6	9	 		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Excess	s of col (i)		col (k), but no	l (h) gain minus t less than -0-) or rom col (h))
<u> </u>		1			 		· · · · · · · · · · · · · · · · · · ·
<u>a</u> b	 	†					
<u>c</u>		1			1		
d							
e							
? Capital gain net income or (net o	capital loss) If gain, also enter in If (loss), enter -0- in	n Part I, line	e 7 e 7		2		
Net short-term capital gain or (lo	oss) as defined in sections 1222(5) and (_				
If gain, also enter in Part I, line 8	3, column (c) See instructions If (loss),	enter -0- ır					
Part I, line 8					3		
Part V Qualification U	nder Section 4940(e) for Redu	ced Tax	on Net I	Investment Inco	ome		
"Yes," the foundation does not qua	ction 4942 tax on the distributable amou alify under section 4940(e) Do not comp each column for each year, see the inst	olete this pa	art				Yes X N
(a)	(b)			(c)			(d)
Base period years Calendar year (or tax year beginning i	Advicted avalities a distribution	ns	Net value	e of nonchantable-use ass	ets		stribution ratio) divided by col. (c))
2016		3,160		29,	649		2.46753
2015		7,112			969		2.47102
2014	96	5,800		33,	339		2.90350
2013	33	3,550		21,	978		1.52652
2012	39	200		14,	352		2.73132
2 Total of line 1, column (d)						2	12.09991
•	e 5-year base period – divide the total on		5.0, or by th	ne	}		0 44000
number of years the foundation	has been in existence if less than 5 year	rs				3	2.41998
4 Enter the net value of noncharit	able-use assets for 2017 from Part X, lir	ne 5			ļ	4	26,16
5 Multiply line 4 by line 3						_5	63,32
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)					6	
7 Add lines 5 and 6						7	63,32
8 Enter qualifying distributions fro					l	8	57,26
If line 8 is equal to or greater the Part VI instructions	an line 7, check the box in Part VI, line 1	b, and cor	nplete that	part using a 1% tax	rate S	ee the	000 DE

3									
orm	330-F1 (2011) # 112 D210 WELLE TO THE TOTAL THE TOTAL TO THE TOTAL TOT	-0454602					Pa	ge 4	
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4		ons)						
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N		-11						
	Date of ruling or determination letter (attach copy of letter if necessary-	-see instructions)	- 1 1	1					
	Domestic foundations that meet the section 4940(e) requirements in Part V, check			_1_					
	here ▶ and enter 1% of Part I, line 27b		+1						
¢	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of		7						
	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		- 1	3					
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others	s, enter -0-)	-	4				_0	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		1	5				0	
6	Credits/Payments		1						
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a								
b	Exempt foreign organizations – tax withheld at source								
Ç	Tax paid with application for extension of time to file (Form 8868) 6c								
d	Backup withholding erroneously withheld 6d								
,	Total credits and payments Add lines 6a through 6d			7					
3	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	đ	ſ	8					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		▶ [9					
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		•	10					
1	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶	Refunded	>	11					
	rt VII-A Statements Regarding Activities				. '				
	During the tax year, did the foundation attempt to influence any national, state, or local legislat	ion or did if					Yes	No	
1a	- · · · · · · · · · · · · · · · · · · ·	on or did it				1a		X	
	participate or intervene in any political campaign?	Soo the			,	-14			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?	See the			,	1b		X	
	Instructions for the definition	nu matavala				10			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of a	ny materiais							
	published or distributed by the foundation in connection with the activities							v	
C	Did the foundation file Form 1120-POL for this year?					1c		X	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the ye								
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	·		_					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure	e tax imposed							
	on foundation managers 🕨 \$								
2	Has the foundation engaged in any activities that have not previously been reported to the IRS	52				2		X	_
	If "Yes," attach a detailed description of the activities								
3	Has the foundation made any changes, not previously reported to the IRS, in its governing ins	trument, articles of							
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the					3		X	_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?					4a		X	_
b	If "Yes," has it filed a tax return on Form 990-T for this year?				N/A	4b			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					5		X	
•	If "Yes," attach the statement required by General Instruction T								•
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	r							
O	By language in the governing instrument, or								
	By state legislation that effectively amends the governing instrument so that no mandatory of the state legislation in the state of the state o	firections that				1		1	
		inections that				6	ľ	X	
	conflict with the state law remain in the governing instrument?	nto Dort II and (a) a	nd Do	V\	,	7	X	1	-
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete		nu Pa	ut 🗛			A		-
8a	Enter the states to which the foundation reports or with which it is registered. See instructions	•				1.	1		
	OH, OR							-	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att	orney General							
	(or designate) of each state as required by General Instruction G? If "No," attach explanation					8b	X	 	_
9	Is the foundation claiming status as a private operating foundation within the meaning of sections	on 4942(j)(3) or					1		
	4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017? See instructions for F	Part XIV If "Yes,"				}	1		
						1	1	X	
	complete Part XIV					9	 _		_
10			MT			9	x		-`

<u>Pa</u>	rt VII-A Statements Regarding Activities (continued)					
44	At any time display the season did the foundation directly or individually give a controlled entity within the		ŀ		Yes	No_
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		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		ł			
12	person had advisory privileges? If "Yes," attach statement. See instructions			12	ł	x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	n?	ł	13	x	 -
	Website address ► N/A		ı			
14	The books are in care of ▶ FATHER GODFRED F OCUN, AJ Telepho 4615 SW 148 AVENUE	пе по 🕨	614-7	98-	483	0
		ZIP+4 ▶	97078			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here				į	▶ □
	and enter the amount of tax-exempt interest received or accrued during the year	▶ _	15			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority				Yes	No
	over a bank, securities, or other financial account in a foreign country?			16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of				ļ	
	the foreign country ▶					
Pa	art 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.		j		Yes	No
1a	During the year, did the foundation (either directly or indirectly)	٦	₹₽			
	(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	7	₹			
	disqualified person?	Yes	X No X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes Yes				
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?(5) Transfer any income or assets to a disqualified person (or make any of either available for	_ res	X No			
	the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		140			
	foundation agreed to make a grant to or to employ the official for a period after				,	
	termination of government service, if terminating within 90 days)	Yes	X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulation		<u> </u>			
~	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions		N/A	1b		ĺ
	Organizations relying on a current notice regarding disaster assistance, check here		▶□			
С	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 2017?		N/A	1c		
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 2017, did the foundation have any undistributed income (lines 6d and					
	6e, Part XIII) for tax year(s) beginning before 2017?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
þ	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		NT / T			1
	all years listed, answer "No" and attach statement – see instructions)		N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.					1.1
•	► 20 , 20 , 20 , 20			1		1.00
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	7 ٧	X No	1	1	
L	at any time during the year?	_) Yes	ZA NO			
b	If "Yes," did it have excess business holdings in 2017 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			ľ		
	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 2017)		N/A	3ь	1	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	•	,	4a	\vdash	x
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			<u> </u>		† <u> </u>
_	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 201	72		4b		x
					90-PI	(2017)

Form	990-PF (2017) THE SHOWERS FOUNDATION HEALTH		454602			Page 6
Pa	nt VII-B Statements Regarding Activities for Which Form 4	720 May Be R	equired (conti	ınued)		
5a	During the year did the foundation pay or incur any amount to			[1	
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	945(e))?	<u> </u>	es 🗓 No		
	(2) Influence the outcome of any specific public election (see section 4955), or to	o carry on,				
	directly or indirectly, any voter registration drive?		Y	'es 🏻 No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			es X No		
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in				
	section 4945(d)(4)(A)? See instructions			es X 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?		□ Y	res X No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under	er the exceptions di				
b	Regulations section 53 4945 or in a current notice regarding disaster assistance			N/A	5b	, 1
	Organizations relying on a current notice regarding disaster assistance, check he					
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption fro	ill the tax	N/A 🗌	(00 🗆 No		i I
	because it maintained expenditure responsibility for the grant?		M/A []	res 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 pa	y premiums	.	. (50)		
	on a personal benefit contract?			res 🗓 No		
þ	Did the foundation, during the year, pay premiums, directly or indirectly, on a per	rsonal benefit contr	act?		6b	X
	If "Yes" to 6b, file Form 8870		,	_		
7a	At any time during the tax year, was the foundation a party to a prohibited tax sh			Yes 🗓 No		
_b		table to the transac	tion?	N/A	7b	
P:	art VIII Information About Officers, Directors, Trustees, Fo	undation Mana	agers, Highly	Paid Employe	ees,	
	and Contractors		·			
1	ist all officers, directors, trustees, and foundation managers and their comp	pensation. See ins	structions.			
		(b) Title, and average	(c) Compensation	(d) Contributions to		
	(a) Name and address	hours per week	(If not paid,	employee benefit plans and deferred		kpense account, er allowances
		devoted to position	enter -0-)	compensation	"	or anomanopo
SI	EE STATEMENT 4]]		
				}	}	
		T				
					1	
		 			1	
			1		}	
			 	 	┼	
		1	•		1	
		<u> </u>	<u> </u>	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	
2	Compensation of five highest-paid employees (other than those included of	on line 1 - see ins	tructions). If nor	ne, enter		
	"NONE."			γ	τ	
		(b) Title, and average		(d) Contributions to employee benefit	(e) F	xpense account,
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		ner allowances
		devoted to position	_	compensation	↓	
N	ONE			1	1	
		1		<u> </u>	1	
		1	1		1	
		}	}	j		
					1	
				1	1	
		 	 	 	+-	
		1		1		
		 	 	 	╂	
		1	}	1		
			<u> </u>	1	+-	
Tot	al number of other employees paid over \$50,000					0
				F	om 9	90-PF (2017)

orm 990-PF (20	17) THE SHOWERS FOUNDATION HEALTH	26-0454602	Page 7
Part VIII	Information About Officers, Directors, Trustees, Found Contractors (continued)	indation Managers, Highly Paid Er	mployees,
3 Five highe	est-paid independent contractors for professional services. See in	structions. If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50 000	(b) Type of service	(c) Compensation
NONE			
			
		ļ	
Total number of	others receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
List the foundation's organizations and c	Expenses		
1 FINAN	CIAL SUPPORT TO HEALTH CENTER FOR	SUPPLIES,	
	MENT AND TRAINGIN PERTINENT TO THE	HEALTH CENTER'S	
	TIONS.		57,260
2			1
3			
			
4			
Part IX-B	Summary of Program-Related Investments (see in	structions)	
	argest program-related investments made by the foundation during the tax year on lines 1 and	2	Amount
1 N/A			
2			
All other programs	related investments. See instructions		
3	oraco mitovinolità. Gee maduonolia		
Total Add lines			
	1 Infolian (ı

qualifies for the section 4940(e) reduction of tax in those years

Forn	990-PF (2017) THE SHOWERS FOUNDATION HEALTH 26-0454602		Page 8
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foundations,	
	see instructions.)	,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	26,566
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	26,566
е	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	26,566
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	398
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	26,168
6	Minimum investment return. Enter 5% of line 5	6	1,308
P	art 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	1,308
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017 (This does not include the tax from Part VI)	1 1	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,308
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,308
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	1,308
			
P	art 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	57,260
b	Program-related investments – total from Part IX-B	1b	
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	57,260
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	-	<u> </u>
9	Enter 1% of Part I, line 27b See instructions	5	0
e	Adjusted qualifying distributions. Subtract line 5 from line 4	6	57,260
6	Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foun	·	31,200
	More. The amount on line o win be used in right v. column (D). In Subsequent years when calculating whether the 1901	uaiiUii	

Form 990-PF (2017)

	1990-PF (2017) THE SHOWERS FOUNDATION		26-04546	502	Page 9
Pa	urt XIII Undistributed Income (see instructions				
1	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
	line 7				1,308
2	Undistributed income, if any, as of the end of 2017				
	Enter amount for 2016 only			 	
	Total for prior years 20, 20, 20			ļ	
3	Excess distributions carryover, if any, to 2017				
_	From 2012 39,200				
	From 2013 33,550	·			
	From 2014 96,800 From 2015 69,112				
	From 2015 69,112 From 2016 76,160				
	Total of lines 3a through e	314,822			
4	Qualifying distributions for 2017 from Part XII,	314,622			
	line 4 ▶ \$ 57,260				
	Applied to 2016, but not more than line 2a				
b	Applied to undistributed income of prior years				
_	(Election required – see instructions)	ļ 			
C	Treated as distributions out of corpus (Election				
_	required – see instructions)				
	Applied to 2017 distributable amount Remaining amount distributed out of corpus	55,952		 	1,308
5	,	35,952			
3	Excess distributions carryover applied to 2017	 		 	
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				
	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	370,774			
þ	Prior years' undistributed income Subtract				
	line 4b from line 2b		<u> </u>		
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				
a	Subtract line 6c from line 6b Taxable				
_	amount – see instructions			 	
е	Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount – see	,			
	Instructions				
f	Undistributed income for 2017 Subtract lines	<u> </u>		 	
•	4d and 5 from line 1. This amount must be	,			
	distributed in 2018			,	0
7	Amounts treated as distributions out of corpus	<u> </u>	77 77 7 7 7		
	to satisfy requirements imposed by section		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 4 1 1 1 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2	
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)			, ,	
8	Excess distributions carryover from 2012 not				
-	applied on line 5 or line 7 (see instructions)	39,200			
9	Excess distributions carryover to 2018.		,		
	Subtract lines 7 and 8 from line 6a	331,574			1
10	Analysis of line 9				
а	Excess from 2013 33,550	:			
b	Excess from 2014 96,800		\$		1
С	Excess from 2015 69,112	,			· -
d	Excess from 2016 76, 160		,	*	1
_	Excess from 2017 55 952	·		1	†

Pa	rt XIV Private Operating For	undations (see in	structions and Par	t VII-A, question 9	3)	
1a	If the foundation has received a ruling or	determination letter th	at it is a private operat	ing		}
	foundation, and the ruling is effective for			▶		/
b	Check box to indicate whether the found		-	bed in section 7 49	942(j)(3) or 4942	2(1)(5).
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
#-U	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	investment return from Part X for ,	\	(11/ - 11/ -		\\	
	each year listed					
þ	85% of line 2a	 	 		 	
С	Qualifying distributions from Part XII,					
	line 4 for each year listed			ļ	[
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			1	1	
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the	1				
	alternative test relied upon	`			1	
а	"Assets" alternative test – enter				}	
_	(1) Value of all assets	Ì		1	ļ	
	(2) Value of assets qualifying under			 		
	section 4942(j)(3)(B)(i)			}	<u> </u>	
L	"Endowment" alternative test ~ enter 2/3		1			
b	of minimum investment return shown in		1		1	
	•		1		1	
	Part X, line 6 for each year listed	,	 			
С	"Support" alternative test – enter		}		j	
	(1) Total support other than gross				}	
	investment income (interest,			1		
	dividends, rents, payments on securities loans (section		}			
	512(a)(5)) or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
P	art XV Supplementary Infor	mation (Complete	e this part only if	the foundation h	ad \$5,000 or more	e in assets at
	any time during the	, ,	•			
1	Information Regarding Foundation N					
a	List any managers of the foundation wh	-	re than 2% of the total	contributions received	by the foundation	
_	before the close of any tax year (but on				•	
	N/A	iy ii tiloy havo contriba		(000 000 007 (0)(2	·, ,	
	List any managers of the foundation wh	a own 10% or more of	the stack of a corners	tion (or an equally larg	e nortion of the	
D	ownership of a partnership or other enti				o pornon or the	
	N/A	cy, or willon the louilda	Southes a 10/0 of glet	ator interest		
		Count Cife I C	halambia ata Ba			
2	Information Regarding Contribution,		·		d ·-· ·	
	Check here ► X if the foundation on	-				
	unsolicited requests for funds. If the following		rants, etc , to individua	als or organizations und	der other conditions,	
	complete items 2a, b, c, and d. See ins					
а	The name, address, and telephone nun	nber or email address	of the person to whom	applications should be	e addressed	
	N/A					
						·
b	The form in which applications should b	e submitted and inform	nation and materials th	ney should include		
	N/A					
c	Any submission deadlines					
	N/A					
ď		s, such as by geograph	nical areas, charitable	fields, kinds of institution	ons, or other	
_	factors:					
	N/A					
						- 000 BE

Part XV Supplementary Information (co	ontinued)			1 490 11
3 Grants and Contributions Paid During the	Year or Approved for F	uture Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid duning the year SUPPORT FOR HEALTH CENTER UGANDA UGANDA AFRICA	NONE SUPPORT	NONE FOR THE HEAL'	TH CENTER	57,260
Total			▶ 3a	57,260
b Approved for future paymentN/A				
Total			▶ 3b	

Part XVI-A	Analysis of Income-Producing Ac	tivities				
	ounts unless otherwise indicated		d business income (b) Amount	(c) Exclusion	section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program ser	rvice revenue			code		(See instructions)
			<u> </u>			
		-			·	
			 			
			 			
		-				
	d contracts from government agencies	-				
_	dues and assessments				·	
•	savings and temporary cash investments					
	nd interest from securities					
Net rental in	ncome or (loss) from real estate					
a Debt-fin	anced property					
b Not deb	t-financed property					
Net rental ır	ncome or (loss) from personal property		 		·····	
7 Other inves	tment income					
B Gain or (los	s) from sales of assets other than inventory		ļ			<u> </u>
Net income	or (loss) from special events					
Gross profit	or (loss) from sales of inventory		 			
1 Other reven	nue a	_				
		-	ļ			
c		-				
d		_	 			
е		-	 	_		
	dd columns (b), (d), and (e)	L	L	0	0	
	line 12, columns (b), (d), and (e)				13 _	
Part XVI-B	t in line 13 instructions to verify calculations) Relationship of Activities to the	Accomplishe	ent of Exempt	Purnosas		
Line No.	Explain below how each activity for which incon	ne is reported in o	column (e) of Part X	VI-A contribu	ted importantly to th	
 N/A	accomplishment of the foundation's exempt pur	poses (other than	n by providing funds	s for such pur	ooses) (See instruc	tions)
N/A						
	 					
	 					
	 					~~ ~ ~~~~
						
						
						· · · · · · · · · · · · · · · · · · ·
						
						
 						
						

Part X	VII	Exempt Organiza	_	nsters to and	i ransactioi	is and Relation	isnips with	Noncharitable		
1 Did	the orga	anization directly or indi		e in any of the follo	wing with any o	ther organization de	escribed		Yes	No
		01(c) (other than section								
	anızatıor		, , , ,							
-		om the reporting found	ation to a nor	ncharitable exempt	organization of					į
	Cash				-			1a(1)[X
(2)	Other a	ssets						1a(2	,	X
• •	er trans									
(1)	Sales o	f assets to a noncharita	ble exempt o	organization				16(1)	X
٠,		ses of assets from a no	•	•	n			1b(2)	X
		of facilities, equipment,						1b(3	1	X
		rsement arrangements						16(4		X
, ,		or loan guarantees						1b(5		X
		nance of services or me	mbership or	fundraising solicita	ations			1b(6	4	X
٠,		facilities, equipment, ma	•	-				1c	1	X
	•	er to any of the above is	-			nn (b) should alway	s show the fair	 -		
		goods, other assets, o		_						
		y transaction or sharing	_		-					
(a) Lir		(b) Amount involved		of noncharitable exemp				sactions, and sharing arranger	nents	
I/A		 								
		 								
		 								
		 								
		 								
		 								
		 								
		 								
		 			- 					
		 						· 		
		 	 							
		 								
		 	 						·	
		+						· · · · · · · · · · · · · · · · · · · 		
		dation directly or indirection section 501(c) (other	•			e-exempt organization	ons		Yes 2	No
		mplete the following so		, , , , ,					-	_
		(a) Name of organization		(b) Type of o	rganization		(c) Descript	on of relationship		
N/	A									
	Under p	enalties of perjury, I declare than complete Declaration of	at I have exami	ned this return, including	accompanying sch	edules and statements, a	and to the best of n	ny knowledge and belief, it is t	rue,	
	correct,	and complete Declaration of	preparer (other t	man taxpayer) is baseu	on all information of	which prepares has any r	Micage	May the IRS discuss th	s return	
Sign			1					with the preparer show	n below? Yes	٦
Here		11,-16	/ <i>\text{\ti}\text{\ti}}\text{\tin}}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\tint{\text{\text{\text{\text{\text{\text{\texi}}\tint{\text{\text{\text{\ti}}\tint{\text{\text{\text{\text{\text{\text{\texi}\tint{\text{\text{\texi}\text{\texit{\ti}}\tint{\text{\texi}\titith{\text{\text{\text{\text{\texi}\tint{\text{\tii}}\texi</i>			15/2018		<u> </u>	=	No
	_	wapy 1	· 0 m		5	1-1/2018	TREA	SURER/SECRE	CARY	
	Sig	nature of officer or trustee			Date		Title			
	Print/	Type preparer's name			Preparer's signatu	rge		Date	Checi	
					1.1	7		4/6.1.		mployed
Paid	STE	PHEN A GREEN			1/ASK	<u> </u>		4/30/18		
Prepare	l Fume	name WINK	EL GREE	EN & COMPA	ANY LLP			PTIN P010	1595	5
Use Onl	v			HIGH STRI	EET			Firm's EIN ► 31-44	4242	23
			ABUS, C	OH 43214				Phone no 614-2	61-:	1494
									222	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization Employer identification number THE SHOWERS FOUNDATION HEALTH

26-0454602 CENTER Organization type (check one) Section: Filers of: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

PAGE 1 OF 1

Name of organization

Employer identification number

THE	SHOWERS FOUNDATION HEALT	H		26-0454602
Part I	Contributors (see instructions). Us	se duplicate copies of Pa	art I if additional space	is needed.
(a) No.	(b) Name, address, and ZIP	· + 4	(c) Total contributions	(d) Type of contribution
1	AKRON CHILDRENS HOSPIT 214 W BOWERY ST AKRON	OH 44308	\$ 25,00	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIF	2 + 4	(c) Total contributions	(d) Type of contribution
140.	Nume, audiess, and En		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZII	2+4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)		(c)	(d)
No.	Name, address, and ZII	F T 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZI	P + 4	(c) <u>Total contributions</u>	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and Zi	P + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Expenses Charitable Charitable Purpose Purpose 0 ረን Statement 4 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. Benefits City, State, Zip Statement 3 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors Adjusted Adjusted Set Net Statement 2 - Form 990-PF, Part I, Line 23 - Other Expenses 0 Compensation Statement 1 - Form 990-PF, Part I, Line 18 - Taxes Ś **AKRON OH 44308** 0 Investment Investment Federal Statements Net Ret Average 0.25 5.00 Hours ⟨⟨⟩ ŝ S TREASURER/SE CHAIRPERSON 460 140 140 360 Title Total Total Address 1023 THE SHOWERS FOUNDATION HEALTH 214 W BOWERY ST S Ś FATHER GODFRED F OCUN, AJ 4615 SW 148 AVENUE AKRON CHILDRENS HOSPITAL INDIRECT TAXES/LICENSES Name and 1904 WINGED FOOT DRIVE NIXA MO 65714 Address Description Description Name DORTHY SANDOVAL FYE: 12/31/2017 BANK FEES POSTAGE TOTAL TOTAL 26-0454602 EXPENSES

0

1

5

1023 THE SHOWERS FOUNDATION HEALTH 26-0454602 FYE: 12/31/2017

Federal Statements

Statement 4 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)	0-PF, Part VIII, Line 1 - List Etc. (continued)	tinued)	Officers, Directors	, Trustees,	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
BEAVERTON OR 97078					
DAVE SHOWERS 9838 STRAUSSER ROAD CANAL FULTON OH 44614	MEMBER	2.00	0	0	0
ROBERT MAHONEY 3781 NW BANFF DRIVE PORTLAND OR 97229	MEMBER	2.00	0	0	0
RICK JERIC 6186 WIGEON COURT DUBLIN OH 43017	MEMBER	2.00	0	0	0