

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.

2017

Open to Public
Inspection

For calendar year 2017, or tax year beginning 02-01-2017, and ending 01-31-2018

<p>Name of foundation MAHONING VALLEY HOSPITAL FOUNDATION</p> <p>Number and street (or P O box number if mail is not delivered to street address) 1670 GULLY TOP LANE</p> <p>City or town, state or province, country, and ZIP or foreign postal code CANFIELD, OH 44406</p> <p>G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change</p> <p>H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation</p> <p>I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 4,248,684</p>		<p>A Employer identification number 34-1879100</p> <p>B Telephone number (see instructions) (330) 360-6453</p> <p>C If exemption application is pending, check here ► <input type="checkbox"/></p> <p>D 1. Foreign organizations, check here ► <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/></p> <p>E If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/></p> <p>F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/></p>		
		<p>J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____</p> <p>(Part I, column (d) must be on cash basis)</p>		
<p>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))</p>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)			
	2 Check ► <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B			
	3 Interest on savings and temporary cash investments	55,532	55,532	
	4 Dividends and interest from securities	50,540	50,540	
	5a Gross rents	12,000	12,000	
	b Net rental income or (loss)	12,000		
	6a Net gain or (loss) from sale of assets not on line 10	114,275		
	b Gross sales price for all assets on line 6a	1,547,247		
	7 Capital gain net income (from Part IV, line 2)		114,275	
	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	232,347	232,347		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	91,321	9,132	82,189
	14 Other employee salaries and wages			
	15 Pension plans, employee benefits	30,192	3,019	27,173
	16a Legal fees (attach schedule)	193	19	174
	b Accounting fees (attach schedule)	7,150	715	6,435
	c Other professional fees (attach schedule)			
	17 Interest			
	18 Taxes (attach schedule) (see instructions)	1,826	52	
	19 Depreciation (attach schedule) and depletion	27,452		
	20 Occupancy	15,580	148	15,432
	21 Travel, conferences, and meetings	6,597		6,597
	22 Printing and publications			
	23 Other expenses (attach schedule)	34,170	20,369	13,801
	24 Total operating and administrative expenses.			
Add lines 13 through 23	214,481	33,454	151,801	
25 Contributions, gifts, grants paid	452,354		452,354	
26 Total expenses and disbursements. Add lines 24 and 25	666,835	33,454	604,155	
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements	-434,488			
b Net investment income (if negative, enter -0-)		198,893		
c Adjusted net income (if negative, enter -0-)				

	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	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 Cash—non-interest-bearing				
	2 Savings and temporary cash investments		617,370	592,967	592,967
	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	2,024	2,024
	10a Investments—U S and state government obligations (attach schedule)		430,318	623,309	623,309
	b Investments—corporate stock (attach schedule)		802,911	919,118	919,118
	c Investments—corporate bonds (attach schedule)		1,648,067	1,135,260	1,135,260
	11 Investments—land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
	12 Investments—mortgage loans				
	13 Investments—other (attach schedule)		892,178	816,658	816,658
	14 Land, buildings, and equipment basis ►	270,551			
	Less accumulated depreciation (attach schedule) ►	125,688			
	15 Other assets (describe ►		17,593	14,485	14,485
	16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)		4,584,294	4,248,684	4,248,684
	17 Accounts payable and accrued expenses		5,976	2,001	
	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)		5,976	2,001	
	Foundations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24 Unrestricted		4,578,318	4,246,683	
	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)		4,578,318	4,246,683	
	31 Total liabilities and net assets/fund balances (see instructions)		4,584,294	4,248,684	

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	4,578,318
2	Enter amount from Part I, line 27a	2	-434,488
3	Other increases not included in line 2 (itemize) ►	3	102,853
4	Add lines 1, 2, and 3	4	4,246,683
5	Decreases not included in line 2 (itemize) ►	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	4,246,683

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 SECURITIES (SHORT TERM)			P		2018-01-31
b VARIOUS SECURITIES (LONG TERM)			P		2018-01-31
c LONG TERM CAPITAL GAIN DISTRIBUTIONS			P		2018-01-31
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 137,870		141,361	-3,491		
b 1,404,253		1,291,611	112,642		
c 5,124			5,124		
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					
(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	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
a			-3,491		
b			112,642		
c			5,124		
d					
e					
2 Capital gain net income or (net capital loss)			If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	114,275
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

 Yes No

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

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))
2016	653,891	4,369,055	0 149664
2015	518,966	4,987,462	0 104054
2014	484,482	5,427,178	0 089270
2013			
2012			
2 Total of line 1, column (d)			2 0 342988
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 114329
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			4 4,020,895
5 Multiply line 4 by line 3			5 459,705
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 1,989
7 Add lines 5 and 6			7 461,694
8 Enter qualifying distributions from Part XIII, line 4			8 604,155

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)	1	1,989
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		
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	
3	Add lines 1 and 2.	3	1,989
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	1,989
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	1,440
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	1,440
8	Enter any penalty for underpayment of estimated tax Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	15
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	564
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 2018 estimated tax ►	Refunded	11

Part VII-A Statements Regarding Activities

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	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>			
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	Yes	
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 2017 or the taxable year beginning in 2017 (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 LN CANFIELD OH			ZIP+4 ►44406
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year.	► 15	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ►	16	Yes No

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		
		Yes No
1a	During the year did the foundation (either directly or indirectly)	
	(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)? Organizations relying on a current notice regarding disaster assistance check here.	► <input type="checkbox"/>
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 2017?	1c <input type="checkbox"/> 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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years ► 20____, 20____, 20____, 20____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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) ►	2b <input type="checkbox"/>
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 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 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).	3b <input type="checkbox"/>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a <input type="checkbox"/> 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 2017?	4b <input type="checkbox"/> No

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

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<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)? Organizations relying on a current notice regarding disaster assistance check here. ►			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	
	<i>If "Yes," attach the statement required by Regulations section 53 4945-5(d)</i>			
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
	<i>If "Yes" to 6b, file Form 8870</i>			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?			7b

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

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

(a) Name and address	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
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	Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

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.

1 N/A	
2	
All other program-related investments See instructions	
3	

Total: Add lines 1 through 3

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	3,754,270
b	Average of monthly cash balances.	1b	327,857
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	4,082,127
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	4,082,127
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	61,232
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	4,020,895
6	Minimum investment return. Enter 5% of line 5.	6	201,045

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign

Part XI organizations check here ► and do not complete this part)

1	Minimum investment return from Part X, line 6.	1	201,045
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	1,989
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	1,989
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	199,056
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	199,056
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	199,056

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	604,155
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	604,155
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	1,989
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	602,166
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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				199,056
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2017				
a From 2012.				
b From 2013.				
c From 2014.	219,456			
d From 2015.	273,387			
e From 2016.	438,278			
f Total of lines 3a through e.	931,121			
4 Qualifying distributions for 2017 from Part XII, line 4 ► \$ _____	604,155			
a Applied to 2016, 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 2017 distributable amount.				199,056
e Remaining amount distributed out of corpus	405,099			
5 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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,336,220			
b Prior years' undistributed income Subtract line 4b from line 2b.				
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				
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				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)				
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	1,336,220			
10 Analysis of line 9				
a Excess from 2013.				
b Excess from 2014.	219,456			
c Excess from 2015.	273,387			
d Excess from 2016.	438,278			
e Excess from 2017.	405,099			

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

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ►			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.			
b	85% of line 2a.			
c	Qualifying distributions from Part XII, line 4 for each year listed.			
d	Amounts included in line 2c not used directly for active conduct of exempt activities.			
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c.			
3	Complete 3a, b, or c for the alternative test relied upon			
a	"Assets" alternative test—enter			
(1)	Value of all assets.			
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i)			
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.			
c	"Support" alternative test—enter			
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).			
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).			
(3)	Largest amount of support from an exempt organization			
(4)	Gross investment income			

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

- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

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

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

- a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
MIKE SENCHAK
1670 GULLY TOP LANE
CANFIELD, OH 44406
(330) 360-6453
MSENCHAK6453@GMAIL.COM
- b The form in which applications should be submitted and information and materials they should include
THE REQUEST SHOULD BE IN THE FORM OF A LETTER THAT INCLUDES THE NAME AND ADDRESS OF THE ORGANIZATION AND A BRIEF DESCRIPTION OF THE APPLICANT'S TAX-EXEMPT FUNCTION
- c Any submission deadlines
NONE
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

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

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Part XVI-A Analysis of Income-Producing Activities

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	55,532	
4 Dividends and interest from securities.			14	50,540	
5 Net rental income or (loss) from real estate					
a Debt-financed property.			16	12,000	
b Not debt-financed property.					
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	114,275	
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).				232,347	
13 Total Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)					232,347

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

Part XVII

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of

b Other transactions

(c) Performance of services or membership of advertising associations.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value

of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

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

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

b If "Yes," complete the following schedule

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

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

**Sign
Here**

* * * * *

2018-11-30

* * * * *

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

Paid Preparer Use Only	Print/Type preparer's name H SCOTT MASTERS	Preparer's Signature	Date 2018-12-02	Check if self-employed ► <input type="checkbox"/>	PTIN P00188770
	Firm's name ► BERKMANJORGENSENMASTERS & STAFMAN LLC				Firm's EIN ► 04-3602740
	Firm's address ► 1620 NILES CORTLAND RD NE STE B WARREN, OH 444841017				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 AN 40 00	91,321	23,206	0
1670 GULLY TOP LANE CANFIELD, OH 44406	CHAIRPERSON 0 00	0	0	0
JAMES KEATING	TRUSTEE 0 00	0	0	0
1670 GULLY TOP LANE CANFIELD, OH 44406	SECRETARY 0 00	0	0	0
ALICE GUERRA	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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
AKRON CHILDREN'S HOSPITAL 100 DEBARTOLO PLACE SUITE 115 BOARDMAN, OH 44512	N/A	PC	PEDIATRIC PALLIATIVE CARE PROGRAM	25,000
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	AFTER SCHOOL TUTORING PROGRAM	5,250
Total			►	452,354
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 Paid during the year				
BEATITUDE HOUSE 238 TOD LANE YOUNGSTOWN, OH 44504	N/A	PC	GENERAL OPERATING SUPPORT	2,500
CENTRAL YMCA 17 N CHAMPION ST YOUNGSTOWN, OH 44501	N/A	PC	YOUTH PROGRAMS	50
COMMUNITY HOSPICE 2341 EAST STATE ST UNIT B SALEM, OH 44460	N/A	PC	MEDICAL	1,600
Total ►				452,354
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 Paid during the year				
CYSTIC FIBROSIS FOUNDATION 8001 SWEET VALLEY DR SUITE 3 VALLEY VIEW, OH 44125	N/A	PF	MEDICAL RESEARCH	1,000
DANNY PRICE CHARITIES INC 1311 HUNTINGTON CT BOARDMAN, OH 44512	N/A	PC	GENERAL OPERATING SUPPORT	450
DISCOVERY CHURCH PSL 6801 SE LENNARD RD PORT SAINT LUCIE, FL 34952	N/A	PC	SUBSTANCE ABUSE RECOVERY	1,000
Total	►			452,354
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 Paid during the year				
DRUG AWARENESS AND PREVENTION INC 20800 CENTER RIDGE RD SUITE 316A ROCKY RIVER, OH 44116	N/A	PC	SUBSTANCE ABUSE PREVENTION PROGRAMS	7,671
DUSTIN HUFFMAN MEMORIAL SCHOLARSHIP P O BOX 102 SALEM, OH 44460	N/A	PC	EDUCATIONAL ASSISTANCE	1,000
ELISA'S ENTOURAGE P O BOX 28 CANFIELD, OH 44406	N/A	PC	DOWN SYNDROME EDUCATION	1,000
Total			►	452,354
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 Paid during the year				
FRIENDS OF PLAYHOUSE SQUARE 1501 EUCLID AVE SUITE 200 CLEVELAND, OH 441152108	N/A	PC	ARTS EDUCATION	300
GOLDEN STRING INC 16 S PHELPS ST YOUNGSTOWN, OH 44503	N/A	PC	GOLDEN STRING RADIO PROGRAM	20,000
HEALTH POLICY INSTITUTE OF OHIO 10 W BROAD ST SUITE 1050 COLUMBUS, OH 43215	N/A	PC	GENERAL OPERATING SUPPORT	5,000
Total				452,354
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 Paid during the year				
HOSPICE OF THE VALLEY 5190 MARKET STREET YOUNGSTOWN, OH 44512	N/A	PC	HOSPICE CARE SERVICES PROGRAM	1,500
HOSPICE OF TUSCARAWAS COUNTY 716 COMMERCIAL AVE SW NEW PHILADELPHIA, OH 44663	N/A	PC	HOSPICE CARE SERVICES PROGRAM	2,500
HOWLAND COMMUNITY SCHOLARSHIPS FDN 8200 SOUTH STREET WARREN, OH 44484	N/A	PF	EDUCATIONAL ASSISTANCE	11,500
Total	►			452,354
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)				
<i>a Paid during the year</i>				
HOWLAND UNITED METHODIST CHURCH 730 HOWLAND WILSON RD NE WARREN, OH 44484	N/A	PC	HOWLAND TIGER BACKPACK PROGRAM	2,500
INSPIRING MINDS 175 LAIRD AVE NE WARREN, OH 44483	N/A	PC	AFTER SCHOOL TUTORING PROGRAM	20,000
KIWANIS CLUB OF SALEM P O BOX 903 SALEM, OH 44460	N/A	PC	COMMUNITY SERVICE	2,500
Total				452,354
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 Paid during the year				
LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE 1858 WEST GRANDVIEW BLVD ERIE, PA 16509	N/A	PC	EDUCATIONAL ASSISTANCE	14,500
LEETONIA EXEMPTED VILLAGE SCHOOL DISTRICT 450 WALNUT ST LEETONIA, OH 44431	N/A	GOV	OPERATION STREET SMART PROGRAM	1,500
MAKING KIDS COUNT 7178 WEST BLVD SUITE E BOARDMAN, OH 44512	N/A	PC	GENERAL OPERATING SUPPORT	1,750
Total			►	452,354
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 Paid during the year				
MERCY HEALTH FDN MAHONING VALLEY 250 DEBARTOLO PLACE SUITE 2560 BOARDMAN, OH 445126026	N/A	PF	ORAL HEALTH WELLNESS PROGRAM	42,500
MIDLOTHIAN FREE HEALTH CLINIC 201 WICK AVENUE YOUNGSTOWN, OH 44503	N/A	PC	DIABETIC CLINIC	5,000
MILL CREEK METROPARKS FOUNDATION P O BOX 596 CANFIELD, OH 44406	N/A	PF	COMMUNITY DEVELOPMENT	8,825
Total			►	452,354
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 Paid during the year				
NEIL KENNEDY RECOVERY CLINIC 5211 MAHONING AVE SUITE 370 YOUNGSTOWN, OH 44515	N/A	PC	ADDICTION RECOVERY CENTER	116,000
NILES COMMUNITY SERVICES 401 VIENNA AVE NILES, OH 44446	N/A	PC	GENERAL OPERATING SUPPORT	10,000
NORTHEAST OHIO MEDICAL UNIV FDN 4209 STATE ROUTE 44 ROOTSTOWN, OH 44272	N/A	PF	EDUCATIONAL ASSISTANCE	28,000
Total			►	452,354
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 Paid during the year				
OHIO LIVING HOME HEALTH AND HOSPICE 6715 TIPPECANOE RD CANFIELD, OH 44406	N/A	PC	HOSPICE CARE SERVICES	2,500
OHIO LIVING PARK VISTA 1216 FIFTH AVE YOUNGSTOWN, OH 44504	N/A	PC	ELDER CARE SERVICES	2,500
OUR LADY OF SORROWS PARISH 915 CORNELL ST YOUNGSTOWN, OH 445022765	N/A	PC	GENERAL OPERATING SUPPORT	220
Total			►	452,354
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)				
<i>a Paid during the year</i>				
POLAND HOMERUN CLUB 6640 JONES ST POLAND, OH 44514	N/A	PC	GENERAL OPERATING SUPPORT	50
REGIONAL CHAMBER 11 CENTRAL SQUARE SUITE 1 YOUNGSTOWN, OH 44503	N/A	PC	COMMUNITY DEVELOPMENT	1,500
RESCUE MISSION OF THE MAHONING VALLEY 962 MARTIN LUTHER KING JR YOUNGSTOWN, OH 44501	N/A	PC	GENERAL OPERATING SUPPORT	15,000
Total				452,354
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)				
<i>a Paid during the year</i>				
ROTARY CLUB OF AUSTINTOWN P O BOX 4104 AUSTINTOWN, OH 44515	N/A	PC	COMMUNITY SERVICE	1,600
ROTARY CLUB OF YOUNGSTOWN 201 EAST COMMERCE ST YOUNGSTOWN, OH 44503	N/A	PC	COMMUNITY SERVICE	1,500
SALEM REGIONAL MEDICAL CTR FDN 1995 EAST STATE STREET SALEM, OH 44460	N/A	PF	GENERAL OPERATING SUPPORT	3,200
Total	►			452,354
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 Paid during the year				
SHEPHERD OF THE VALLEY LUTHERAN RETIREMENT SERVICES 5525 SILICA RD YOUNGSTOWN, OH 44515	N/A	PC	ELDER CARE SERVICES	2,500
ST VINCENT DE PAUL SOCIETY 3165 SOUTH SCHENLEY YOUNGSTOWN, OH 44511	N/A	PC	GENERAL OPERATING SUPPORT	200
STUDENTS MOTIVATED BY THE ARTS 25 EAST BOARDMAN ST YOUNGSTOWN, OH 44503	N/A	PC	ART EDUCATION AND APPRECIATION	100
Total				452,354
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 Paid during the year				
TABERNACLE EVANGELICAL PRESBYTERIAN 2432 S RACCOON RD AUSTINTOWN, OH 44515	N/A	PC	AFTER SCHOOL TUTORING PROGRAM	5,000
THE COMMUNITY FDN OF THE MAHONING VALLEY201 E COMMERCE ST SUITE 150 YOUNGSTOWN, OH 44503	N/A	PF	GENERAL OPERATING SUPPORT	500
THE URSULINE CENTER 4280 SHIELDS RD CANFIELD, OH 44406	N/A	PC	GENERAL OPERATING SUPPORT	626
Total			►	452,354
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 Paid during the year				
THE URSULINE SISTERS 4280 SHIELDS RD CANFIELD, OH 44406	N/A	PC	GENERAL OPERATING SUPPORT	2,162
THE WALNUT GROVE P O BOX 674 CANFIELD, OH 44406	N/A	PC	HINE MEMORIAL FUND PLAYGROUND	5,000
YELLOW BRICK PLACE P O BOX 9243 BOARDMAN, OH 44513	N/A	PC	CANCER WELLNESS CENTER	10,000
Total				452,354
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 Paid during the year				
YOUNGSTOWN WARREN CHAMBER OF COMMERCE FOUNDATION 11 CENTRAL SQUARE SUITE 1600 YOUNGSTOWN, OH 44503	N/A	EOF	DRUG SCREENING PROGRAM	10,000
YOUNGSTOWN STATE UNIVERSITY FOUNDATION 606 WICK AVENUE YOUNGSTOWN, OH 44502	N/A	PF	EDUCATIONAL SCHOLARSHIPS	43,500
AMERICAN JUNIOR GOLF ASSOCIATION 1980 SPORTS CLUB DRIVE BRASELTON, GA 30517	N/A	PC	GENERAL OPERATING SUPPORT	1,800
Total				452,354
3a				

TY 2017 Accounting Fees Schedule

Name: MAHONING VALLEY HOSPITAL FOUNDATION

EIN: 34-1879100

Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING AND BOOKKEEPING	7,150	715		6,435

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

TY 2017 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	20,654	S/L	27 5000	5,633			
OFFICE FURNITURE	2013-06-01	22,000	16,133	S/L	5 0000	4,400			
OFFICE FURNITURE	2013-06-01	5,179	3,799	S/L	5 0000	1,036			
COPY MACHINES	2013-06-01	4,068	2,984	S/L	5 0000	814			
TELEVISION	2013-06-01	1,548	1,136	S/L	5 0000	310			
OFFICE FURNITURE	2013-11-21	22,623	14,329	S/L	5 0000	4,525			
COMPUTER SYSTEM	2013-06-01	31,998	23,466	S/L	5 0000	6,400			
HVAC IMPROVEMENTS	2013-06-01	6,150	1,129	S/L	20 0000	308			
FLOORING	2013-06-01	9,674	7,095	S/L	5 0000	1,935			
SOUND SYSTEM	2013-06-01	5,673	3,468	S/L	6 0000	946			
ALARM SYSTEM	2013-06-01	2,940	1,797	S/L	6 0000	490			
IMPROVEMENTS	2013-06-01	3,133	1,914	S/L	6 0000	522			
DESK	2014-07-20	664	332	S/L	5 0000	133			

TY 2017 Investments Corporate Bonds Schedule

Name: MAHONING VALLEY HOSPITAL FOUNDATION

EIN: 34-1879100

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	1,135,260	1,135,260

TY 2017 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	919,118	919,118

TY 2017 Investments Government Obligations Schedule

Name: MAHONING VALLEY HOSPITAL FOUNDATION

EIN: 34-1879100

**US Government Securities - End
of Year Book Value:** 623,309

**US Government Securities - End
of Year Fair Market Value:** 623,309

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

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

TY 2017 Investments - Other Schedule

Name: MAHONING VALLEY HOSPITAL FOUNDATION
EIN: 34-1879100

Investments Other Schedule 2

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
BOND MUTUAL FUNDS	FMV	389,629	389,629
EQUITY MUTUAL FUNDS	FMV	427,029	427,029

**TY 2017 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
BUILDINGS	270,551	125,688	144,863	144,863

TY 2017 Legal Fees Schedule

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

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	193	19		174

TY 2017 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	17,593	14,485	14,485

TY 2017 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
EXPENSES				
INVESTMENT MANAGEMENT FEES	20,369	20,369		
SUBSCRIPTIONS AND MEMBERSHIPS	1,252			1,252
INSURANCE EXP	2,809			2,809
REPAIRS AND MAINTENANCE EXP	4,481			4,481
BANK SERVICE CHARGES	48			48
POSTAGE AND DELIVERY	83			83
OFFICE EXPENSE	3,784			3,784
ADVERTISING AND PROMOTION	1,344			1,344

TY 2017 Other Increases Schedule

Name: MAHONING VALLEY HOSPITAL FOUNDATION

EIN: 34-1879100

Description	Amount
UNREALIZED GAIN/(LOSS) ON INVESTMENTS	102,853

TY 2017 Taxes Schedule

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

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STATE AND LOCAL TAXES	200			
FOREIGN TAXES WITHHELD FROM INVE	52	52		
EXCISE TAX ON INVESTMENT INC - 2	134			
EXCISE TAX ON INVESTMENT INC - 2	1,440			