Return of Private Foundation

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

ullet Do not enter social security numbers on this form as it may be made public. \mathcal{A} ♦Go to www.irs.gov/Form990PF for instructions and the latest information.

			of the Treasury enue Service Go to www.irs.	gov/For	m990PF for instruction	ons and the	latest info	ormation.	Open to Pubil	c Inspection
_			dar year 2019 or tax year beginning		and ending				<u></u>	
-	Nan T	ne of fou	indation SHOWERS FOUNDATION HEALT	Н				oyer identification number		
_		ENT:				oom/suite		-0454602		
_			d street (or P O box number if mail is not delivered to street addre	:SS)	R	oom/suite	1 .	hone number (see instruction $4-798-4830$	s)	
_	_	or town	, state or province, country, and ZIP or foreign postal code IN OH 43	017			C If exe	mption application is pending,	check here	• [(
(G C	heck a	all that apply Initial return I	nitial retu	ırn of a former public c	harity	D 1 F	oreign organizations, check he	ere	@ <u></u>
				mended lame ch			1	oreign organizations meeting to the street of the street of the street of the street or the street of the street o		
- 			type of organization \overline{X} Section 501(c)(3) exempt 4947(a)(1) nonexempt charitable trust			ny	1	ate foundation status was terr n 507(b)(1)(A) check here	ninated under	@ T
					X Cash Acc	rual	E If the	foundation is in a 60-month te	rmination	_
04	en	d of y	ear (from Part II, col (c), Other (s	pecify)		, dai		section 507(b)(1)(B), check h		. (a) . [·]
_		e 16)	•		1	1	1		(d) Disbur	romosts
	Pa	ırt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net in		(c) Adjusted net income	for char purpo (cash bas	ntable oses
_		1	Contributions, gifts, grants, etc., received (attach schedu	ıle)	72,072					
		2	Check ◆ ☐ if the foundation is not required to attack	h Sch B						
		3	Interest on savings and temporary cash investm	ents						
		4	Dividends and interest from securities							<u> </u>
		5a	Gross rents			<u> </u>				
	<u>e</u>	ь	Net rental income or (loss)					· · · · · · · · · · · · · · · · · · ·	·	
	ű	6a	Net gain or (loss) from sale or assets not on line 10							~
	Revenue	b	Gross sales price for all assets on line 6a			<u> </u>				
	۲ ⊠	7	Capital gain net income (from Part IV, line 2)				0			
		8	Net short-term capital gain			<u> </u>		0		
		9	Income modifications							
		10a	Gross sales less returns and allowances							
		b	Less Cost of goods sold							~~~
		С	Gross profit or (loss) (attach schedule)							
		11	Other income (attach schedule)				_			
_		12	Total. Add lines 1 through 11		72,072		0	0		
	ŝ	13	Compensation of officers, directors, trustees, et		0					
	ses	14	Other employee salaries and wages							
	ĕ	15	Pension plans, employee benefits							
	X	16a	Legal fees (attach schedule)					-051/517	1	
	e E	b	Accounting fees (attach schedule)				R	-CEIVED		
	≟ ∣	С	Other professional fees (attach schedule)							
((<u>1</u>	17	Interest		110		<u>181 </u>	AY 1 1 2020 19		
3	is	18	Taxes (attach schedule) (see instructions)	r. T	140			All	; <u> </u>	
Ž	Ξ	19	Depreciation (attach schedule) and depletion				 	GDEN UT		
ŕ	Ad	20	Occupancy		000		-	GUEIN OI	لــ	
A GANNED A	ا و	21	Travel, conferences, and meetings		200			*		
\triangleright	а	22	Printing and publications	2	80					
APR 2	Operating	23	Other expenses (att sch.) STMT		480				<u></u>	
8	ati	24	Total operating and administrative expenses		900		0	•		^
7	ا <u>چ</u>	0-	Add lines 13 through 23				U	0		<u> </u>
2	ŏl	25	Contributions, gifts, grants paid		52,206					52,206
202		26	Total expenses and disbursements Add lines 24 an	d 25	53,106	ļ	0	0		52,206
		27	Subtract line 26 from line 12		10.000					
		a	Excess of revenue over expenses and disburseme	nts	18,966		0			~
		b	Net investment income (if negative, enter -0-)				- 0	0		
	- 1	С	Adjusted net income (if negative, enter -0-)	_	Ī	l .			1.	

	Part I	Balance Sheets Attached schedules and amounts in the description columns and the description columns and the second of year amounts only (See Instructions	าก	Beginning of year	End o	f year
_	Palli	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing		32,061	51,027	51,027
	2	Savings and temporary cash investments				
	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 (att. schedule)				
		Less allowance for doubtful accounts ◆	0			
S	8	Inventories for sale or use			-	
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments – U.S. and state government obligations (attach schedule)				
	b	Investments – corporate stock (attach schedule)				
	С	Investments – corporate bonds (attach schedule)				
	11	Investments - land, buildings, and equipment basis •				
		Less accumulated depreciation (attach sch.) ◆				
	12	Investments – mortgage loans				
		Investments – other (attach schedule)				
		Land, buildings, and equipment basis ◆				
		Less accumulated depreciation (attach sch.)				
		Other assets (describe •)			
ı		Total assets (to be completed by all filers – see the	,			
		instructions. Also, see page 1, item I)		32,061	51,027	51,027
7		Accounts payable and accrued expenses			,	
		Grants payable				
es		Deferred revenue			-	
abilities		Loans from officers, directors, trustees, and other disqualified persons				
٩		Mortgages and other notes payable (attach schedule)				
ت		Other liabilities (describe ◆)	-		
		Total liabilities (add lines 17 through 22)	,	0	0	
\forall		Foundations that follow FASB ASC 958, check here	+ '			· · · · · · · · · · · · · · · · · · ·
es		and complete lines 24, 25, 29, and 30.	·			
	24	Net assets without donor restrictions			İ	
ā		Net assets with donor restrictions	•			
8		Foundations that do not follow FASB ASC 958, check here	◆ X			
밉		and complete lines 26 through 30.	· (<u></u>			
Net Assets or Fund Balanc		Capital stock, trust principal, or current funds				
히		Paid-in or capital surplus, or land, bldg, and equipment fund				
ş		Retained earnings, accumulated income, endowment, or other funds		32,061	51,027	
SS		Total net assets or fund balances (see instructions)		32,061	51,027	······
۲		Total liabilities and net assets/fund balances (see				
٤		instructions)		32,061	51,027	
\dashv	Part II		ces			
		net assets or fund balances at beginning of year – Part II, column (a), lin		st agree with		
1		f-year figure reported on prior year's return)	20 (iiiu	or agree mai	1	32,061
2		amount from Part I, line 27a			2	18,966
		Increases not included in line 2 (itemize) ◆			3	10,500
		nes 1, 2, and 3			4	51,027
		ases not included in line 2 (itemize) ◆			5	31,021
		net assets or fund balances at end of year (line 4 minus line 5) – Part II,	column (a). line 29	6	51,027
	- Clai	and described frame series and of the fine 4 mines mic of -1 art in		-,,		

Part IV Capital Gains ar	nd Losses for Tax on Investme	ent Income			rage
(a) List and describe t	the kind(s) of property sold (for example, real estate, irehouse, or common stock, 200 shs MLC Co)		(b) How acquired P – Purchase D – Donation	(c) Date acqui (mo , day, yi	
1a N/A					
b					
С					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		(h) Gain or (loss)) plus (f) minus (g))
а					
b					
С					
d		 			·
<u>e</u>		· · · · · · · · · · · · · · · · · · ·		· ·	
Complete only for assets showing	g gain in column (h) and owned by the fo	undation on 12/31/6	59		ns (Col. (h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		but not less than -0-) or sses (from col. (h))
а					
_ b		 			
<u>c</u>					
d				· · · · · · · · · · · · · · · · · · ·	
e				· · · · · · · · · · · · · · · · · · ·	
2 Capital gain net income or (net ca	apital loss) If gain, also enter in I If (loss), enter -0- in I			2	
	es) as defined in sections 1222(5) and (6) column (c). See instructions. If (loss), er	_			_· -
Part I, line 8				3	
Part V Qualification Un	der Section 4940(e) for Reduc	ed Tax on Net I	Investment Inco	me	
(For optional use by domestic private	foundations subject to the section 4940(a) tax on net invest	ment income)		
If section 4940(d)(2) applies, leave thi	ıs part blank				
		af and consequently a line in			¬ _{Yes} ▼ No
	ion 4942 tax on the distributable amount	, ,	oase period/		Yes A No
	under section 4940(e) Do not complete	<u></u>			
	each column for each year, see the instru	ictions before makir	ng any entries		
(a) Base penod years	(b) Adjusted qualifying distributions	Net value	(c) of nonchantable-use asset	s ,	(d) Distribution ratio
Calendar year (or tax year beginning in) 2018		560	22,:		2.329658
2017		260	26,		2.188169
2016		160	29,0		2.467537
2015		112	27,9		2.471021
2014		800	33,3		2.903506
2 Total of line 1, column (d)				2	12.359891
• • • • • • • • • • • • • • • • • • • •	5-year base period – divide the total on lii	ne 2 by 5 0 or by		-	
-	on has been in existence if less than 5 ye			3	2.471978
	,				
4 Enter the net value of noncharitab	ole-use assets for 2019 from Part X, line	5		4	40,577
5 Multiply line 4 by line 3				5	100,305
6 Enter 1% of net investment incom	ie (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	100,305
8 Enter qualifying distributions from				8	52,206
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 ra	ate See the	
Part VI instructions					

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	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see in	istruc	tions	<u>}</u>	_
1a	Exempt operating foundations described in section 4940(d)(2), check here • and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				
	here ♦ i and enter 1% of Part I, line 27b				
С	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-)			0	<u>)</u>
3	Add lines 1 and 2	_			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-))
5	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-			0	<u>,</u>
6	Credits/Payments				_
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 6				
ь	Exempt foreign organizations – tax withheld at source 6b				
С	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				
8	Enter any penalty for underpayment of estimated tax. Check hereif Form 2220 is attached				-
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				-
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 2020 estimated tax Refunded 11				-
	ert 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		Yes	No	-
10	participate or intervene in any political campaign?	10	165	No X	-
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	1a			-
b					
	Instructions for the definition	1b	-	X	-
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	ļ			
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?	1c	ļ	X	-
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 ◆ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers • \$			İ	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	<u> </u>	X	-
	If "Yes," attach a detailed description of the activities			ĺ	
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? If "Yes," attach a conformed copy of the changes	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/P	45		<u> </u>	-
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				
	By language in the governing instrument, or			ĺ	
	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		X	_
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X		•
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. OH, OR				•
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? If "No," attach explanation	8ь	X	ĺ	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	1			
-	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV If "Yes,"		1		9
	complete Part XIV	9		х	8
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	ا ا		_ _	•
	names and addresses STMT 3	10	x		
	WALL U		On-PF	(2042)	

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<u> </u>	art VII-A Statements Regarding Activities (continued)					_
					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					
	person had advisory privileges? If "Yes," attach statement. See instructions			12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applications and exemption applications are the second and the second are the second and the second are the secon	ation?		13	X	
	Website address ◆ N/A		C1 4 -	^^	400	_
14		hone no 🔸	614-7	98-	483	U
	4615 SW 148 AVENUE	7 10.4.4	07070	,		
	Located at ♦ BEAVERTON OR	ZIP+4 ◆	97078)		_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here	. .				▼
40	and enter the amount of tax-exempt interest received or accrued during the year	•	15		V 1	- N-
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority			16	Yes	No X
	over a bank, securities, or other financial account in a foreign country?			16		. ^
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ◆					
D:	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.		-		Yes	No
1a	During the year, did the foundation (either directly)				-:	
ıa	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a					
	disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	_	_			
	the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	-				
	foundation agreed to make a grant to or to employ the official for a period after					
	termination of government service, if terminating within 90 days)	Yes	$\overline{\mathbf{X}}$ No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in	_	_			
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions		N/A	1b		
	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				- 1	
	were not corrected before the first day of the tax year beginning in 2019?		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))					
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines					
	6d and 6e) for tax year(s) beginning before 2019?	Yes	X No			
	If "Yes," list the years ♦ 20 , 20 , 20 , 20					
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		37/3		-	
	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					
_	◆ 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	□ v	X No			
	at any time during the year?	Yes	X No			
b	If "Yes," did it have excess business holdings in 2019 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 Form 4720, Schedule C, to determine if the		N/A	3b		
4-	foundation had excess business holdings in 2019.) Did the foundation invest during the year any amount in a manner that would leggardize its charitable oursesses.	c?	41/ A	-		x
4a h	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose.			4a		<u> </u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			Ah	ĺ	x

2	6	_	n	1	5	Λ	6	Λ	2	
_	О	_	IJ	4		-	O	u		

<u> </u>	100011 (2010)				-		90.
Pa	art VII-B Statements Regarding Activities for Which Form	4720 May Be F	Required (con	tinued)			
5a	During the year did the foundation pay or incur any amount to					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	1945(e))?		Yes $\overline{\mathbf{X}}$ No			
	(2) Influence the outcome of any specific public election (see section 4955), or to	to carry on,					
	directly or indirectly, any voter registration drive?			Yes 🗓 No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes \overline X No			
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in					
	section 4945(d)(4)(A)? See instructions		ſ;	Yes 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?			Yes 🗵 No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under	er the exceptions d	_				
	in Regulations section 53 4945 or in a current notice regarding disaster assistan	-		N/A	5b	Ī	
	Organizations relying on a current notice regarding disaster assistance, check his			♦ []			
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption fro				1		
•	because it maintained expenditure responsibility for the grant?		N/A	Yes 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 nremume					
va	on a personal benefit contract?	y premianis	<u> </u>	Yes X No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a per	reanal henefit contr		103 110	6ь	İ	х
D	If "Yes" to 6b. file Form 8870	Sorial Defield Cond	acti		-00		
7.		alter transaction?	\Box	Yes X No			
	At any time during the tax year, was the foundation a party to a prohibited tax sh		_	N/A	7b		
	If "Yes," did the foundation receive any proceeds or have any net income attribut		SHOTT	N/A	76		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,	000,000 in		Yes X No			
	remuneration or excess parachute payment(s) during the year?	undation Man					
Pa	art VIII Information About Officers, Directors, Trustees, Fo	undation Man	agers, Hignly	Paid Employ	ees,		
4 1	and Contractors						
1 L	ist all officers, directors, trustees, and foundation managers and their comp	ensation. See ins	structions	<u> </u>			
		(b) Title and average	(c) Compensation	(d) Contributions to employee benefit	(e) Exp	ense ac	count
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		allowan	
			,	compensation			
SE	E STATEMENT 4						
					Ì		
				<u> </u>			
2	Compensation of five highest-paid employees (other than those included o	n line 1 – see ins	tructions). If non	ne, enter			
	"NONE "		·	,			
		(b) Title, and average		(d) Contributions to			
	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		ense ac allowan	-
		devoted to position		compensation			
ио	NE			ĺ			
				<u> </u>			
							_
				· · · · · · · · · · · · · · · · · · ·			
					ļ		
otal	I number of other employees paid over \$50,000	l	L	J	 		0
υιal	number of other employees paid over \$50,000						

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Part VIII Information About Officers, Directors, Trustees, Foundation Manage and Contractors (continued)	ers, Highly Paid Empl	oyees,
3 Five highest-paid independent contractors for professional services. See instructions. If none, e	enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	, , , , , , , , , , , , , , , , , , ,	(1, 201
		
	··-	-
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 four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 FINANCIAL SUPPORT TO HEALTH CENTER FOR SUPPLIES,		
EQUIPMENT AND TRAINGIN PERTINENT TO THE HEALTH CEN	TER'S	
OPERATIONS.		52,206
2		
3		
·		
4		
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		, 4,0011
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	•	
TOTAL AND ILLES I THOUGH 3		

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

<u> FOIII</u>	1 990-PF (2019) THE BISONERS I CONSTITUTE IN THE ENGLISH I CONSTITUTE IN THE ENGLISH I CONSTITUTE IN THE ENGLISH I CONSTITUTE IN THE ENGLISH I CONSTITUTE IN THE ENGLISH I CONSTITUTE IN THE ENGLISH I CONSTITUTE IN THE ENGLISH I CONSTITUTE IN THE ENGLISH I CONSTITUTE IN THE ENGLISH I CONSTITUTE IN THE ENGLISH I CONSTITUTE IN THE ENGLISH I CONSTITUTE IN THE ENGLISH I CONSTITUTE IN THE ENGLISH I CONSTITUTE IN THE ENGLISH I CONSTITUTE IN THE ENGLISH I CONSTITUTE IN THE ENGLISH IN THE EN		rage (
P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	gn foundat	ions,
	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	C
b	Average of monthly cash balances	1b	41,195
С	Fair market value of all other assets (see instructions)	1c	C
d	Total (add lines 1a, b, and c)	1d	41,195
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	41,195
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	618
5	Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4	5	40,577
6	Minimum investment return. Enter 5% of line 5	6	2,029
Pa	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	foundation	าร
	and certain foreign organizations, check here ◆ ☐ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	2,029
2a	Tax on investment income for 2019 from Part VI, line 5	1	
b	Income tax for 2019 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,029
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,029
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	2,029
Pa	art XII Qualifying Distributions (see instructions)	,	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	52,206
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		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	<u>, , , , , , , , , , , , , , , , , , , </u>
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	52,206
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	52,206
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	dation	

Pa	art XIII Undistributed Income (see instructions)		_		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
Ť	line 7				2,029
2	Undistributed income, if any, as of the end of 2019				
	Enter amount for 2018 only			1	
b					
3	Excess distributions carryover, if any, to 2019				
	From 2014 96,800				
b	From 2015 69,112				
	From 2016 . 76,160				
	From 2017 55, 952				
	From 2018 50, 453				
f	Total of lines 3a through e	348,477			
4	Qualifying distributions for 2019 from Part XII,				
-	line 4 ◆ \$ 52,206		,		
а	Applied to 2018, but not more than line 2a		,		
	Applied to undistributed income of prior years		,		
	(Election required – see instructions)		,		
С	Treated as distributions out of corpus (Election				
	required – see instructions)				
d	Applied to 2019 distributable amount				2,029
	Remaining amount distributed out of corpus	. 50,177			
5	Excess distributions carryover applied to 2019				
	(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:	Ì		•	, '
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	398,654			
b	Prior years' undistributed income Subtract			,	
	line 4b from line 2b				
С	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				
е	Undistributed income for 2018 Subtract line				
	4a from line 2a Taxable amount – see				
	instructions				
f	Undistributed income for 2019 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2020				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 2014 not				
	applied on line 5 or line 7 (see instructions)	96,800		······································	
9	Excess distributions carryover to 2020.	222 223			
	Subtract lines 7 and 8 from line 6a	301,854			
0	Analysis of line 9	į			
а	Excess from 2015 69,112				
b	Excess from 2016 76,160		.		
С	Excess from 2017 55, 952				
d	Excess from 2018 50 , 453				
е	Excess from 2019 50,177				<u> </u>

(b) 2018

(c) 2017

(a) 2019

(d) 2016

- 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
- 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
 - 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 foundation 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))

<u> N/A</u>

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

N/A

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

Check here **X** 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., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

- a The name, address, and telephone number or email address of the person to whom applications should be addressed N/A
- b The form in which applications should be submitted and information and materials they should include **N/A**
- c Any submission deadlines

N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors.

N/A

3 Grants and Contributions Paid During	the Year c	r Approved for	Future Pay	nent		
Recipient	If recipie show a	nt is an individual, ny relationship to indation manager	Foundation Foundation Status o	on f	Purpose of grant or contribution	Amount
Name and address (home or business)		tantial contributor	recipien	<u> </u>		
a Paid during the year SUPPORT FOR HEALTH CENTER UGANDA AFRICA	NONE		NONE FOR THE	HEAL'	TH CENTER	52,206
						·
,						
	,					7
						,
	İ					·
Total					♦ 3a	52,206
b Approved for future payment						
N/A						
·						
Total					♦ 3b	

Part XVI-A	Analysis of income-Producing Ac	ti vitioo				
Enter gross amo	unts unless otherwise indicated	Unrelated (a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program ser	vice revenue					(See instructions)
a		.				
						· · · · · · · · · · · · · · · · · · ·
				ļ		
f						
g Fees and	d contracts from government agencies					
=	dues and assessments					
	avings and temporary cash investments					
	nd interest from securities					
	come or (loss) from real estate					····
	anced property			11		
	-financed property			1		
	come or (loss) from personal property			1		
7 Other investr					-	
		-				
•	from sales of assets other than inventory			 		
	or (loss) from special events	 				
	or (loss) from sales of inventory					<u> </u>
	ue a	 	<u></u>			
				+		
				+		
d						
e				-		
2 Subtotal Add	d columns (b), (d), and (e)			0	0	0
2 Subtotal Add	ne 12, columns (b), (d), and (e)			0	13	0
2 Subtotal Add 3 Total. Add lir See worksheet i	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations)				13	
2 Subtotal Add 3 Total. Add lir See worksheet i Part XVI-B	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A		ent of Exempt I	urpose	13	0
2 Subtotal Add 3 Total Add In See worksheet I Part XVI-B Line No	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in co	ent of Exempt I	Purpose I-A contrib	s uted importantly to the	0
2 Subtotal Add In See worksheet Part XVI-B	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A	e is reported in co	ent of Exempt I	Purpose I-A contrib	s uted importantly to the	0
2 Subtotal Add 3 Total Add In See worksheet I Part XVI-B Line No	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in co	ent of Exempt I	Purpose I-A contrib	s uted importantly to the	0
2 Subtotal Add In See worksheet Part XVI-B	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in co	ent of Exempt I	Purpose I-A contrib	s uted importantly to the	0
2 Subtotal Add In See worksheet Part XVI-B	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in co	ent of Exempt I	Purpose I-A contrib	s uted importantly to the	0
2 Subtotal Add In See worksheet Part XVI-B	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in co	ent of Exempt I	Purpose I-A contrib	s uted importantly to the	0
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2 Subtotal Add In See worksheet Part XVI-B	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in co	ent of Exempt I	Purpose I-A contrib	s uted importantly to the	0
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2 Subtotal Add In See worksheet Part XVI-B	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in co	ent of Exempt I	Purpose I-A contrib	s uted importantly to the	0
2 Subtotal Add In See worksheet Part XVI-B	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in co	ent of Exempt I	Purpose I-A contrib	s uted importantly to the	0
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2 Subtotal Add In See worksheet I Part XVI-B Line No	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in co	ent of Exempt I	Purpose I-A contrib	s uted importantly to the	0
2 Subtotal Add In See worksheet I Part XVI-B Line No	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in co	ent of Exempt I	Purpose I-A contrib	13s	0
2 Subtotal Add In See worksheet I Part XVI-B Line No	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in co	ent of Exempt I	Purpose I-A contrib	13s	0
2 Subtotal Add In See worksheet I Part XVI-B Line No	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in co	ent of Exempt I	Purpose I-A contrib	13s	0
2 Subtotal Add In See worksheet I Part XVI-B Line No	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in co	ent of Exempt I	Purpose I-A contrib	13s	0
2 Subtotal Add In See worksheet I Part XVI-B Line No	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in co	ent of Exempt I	Purpose I-A contrib	13s	0
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2 Subtotal Add In See worksheet I Part XVI-B Line No	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in co	ent of Exempt I	Purpose I-A contrib	13s	0
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2 Subtotal Add In See worksheet Part XVI-B	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	e is reported in co	ent of Exempt I	Purpose I-A contrib	s uted importantly to the	0

Part	: XVII	Information Reg. Organizations	arding Tra	ansfers To an	d Transaction	ons and Relationships V	Vith Noncharitab	le Ex	empt	<u> </u>
1 D	or the organic		rectly engag	e in any of the foll	lowing with any	other organization described			Yes	No
ır	section 5	01(c) (other than section								
	rganızatıor			I a stable assessed						į
		om the reporting found	lation to a no	ncharitable exemp	ot organization o	or .				37
	1) Cash							1a(1)		X
-	2) Other a							1a(2)		X
	Other trans									77
		f assets to a noncharit						1b(1)		X
-	-	ses of assets from a no			on			1b(2)		X
(;	3) Rental o	of facilities, equipment	or other ass	ets				1b(3)		X
•	•	rsement arrangements	6					1b(4)		X
•	•	r loan guarantees						1b(5)		X
_	•	ance of services or m						1b(6)		X
		acilities, equipment, m						1c		X
						ımn (b) should always show the				
						the foundation received less th				
						f the goods, other assets, or se				
	Line no	(b) Amount involved	(c) Name	of nonchantable exemp	ot organization	(d) Description of transfers	, transactions, and sharing ar	rangeme	nts	
1/A										
										
				_ 						
										
		<u> </u>						-		
			<u> </u>			1				
_										
									· · · ·	
									<u> </u>	
		L								
d	escribed in	ation directly or indired is section 501(c) (other inplete the following science is a section of the section of the following science is a section of the section o	than section			x-exempt organizations		Ye	s X	No.
	(;	a) Name of organization		(b) Type of o	rganization	(c) Desc	cription of relationship			
N/	/A									
						<u></u>				
	Under per correct, a	natties of perjury, I declare the not complete. Declaration of p	at I have examir preparer (other t	ned this return, including han taxpayer) is based	g accompanying sch on all information of	edules and statements, and to the best which preparer has any knowledge	May the IRS disc	uss this re	tum	\neg
ign		<i>A</i> ~	\				with the preparer See instructions		Yes	No
lere		[0.00]	2/λ.		. 5	10/200				
	—	Wagne	4.0h		ی		ASURER/SECI	RETA	RY	
	Signa	ature of officer or trustee			Date	Tille				
• . •	Pnnt/Ty	pe preparer's name			Preparer's symatu	ire /	Date	/	Check self-em	ıf ployed
aid		HEN A GREEN			1/15			070		
repar	Firm's c		L GREE				PTIN PO	L075		
se On	110-	ddress @ 3752	NORTH		EÉT		· · · · · · · · · · · · · · · · · · ·	444		
		COLUN	BUS, C	H 43214			Phone no 614	-26	1-1	494
-			•					orm 99	0-PF	(2019)

Schedule B

CENTER

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

OMB No 1545-0047

Employer identification number

26-0454602

◆ Attach to Form 990, Form 990-EZ, or Form 990-PF.

◆ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE SHOWERS FOUNDATION HEALTH

Organization type (check one) Filers of: Section: 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 501(c)(3) exempt private foundation Form 990-PF 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 33 ¹ / ₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> 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) (2019)

PAGE 1 OF 1

Name of organization

Employer identification number

THE SHOWERS FOUNDATION HEALTH 26-0454602 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 1 KLAS LIVING TRUST Person 13283 SW SCOTT BRIDGE Payroll 5,000 \$ Noncash OR 97223 TIGARD (Complete Part II for noncash contributions) (c) (d) (a) (b) Total contributions Name, address, and ZIP + 4 Type of contribution No. 2 SHOWERS FAMILY FOUNDATION X Person 9838 STRAUSSER RD Payroll 25,250 \$ Noncash OH 44614 CANAL FULTON (Complete Part II for noncash contributions) (b) (c) (d) (a) Total contributions Type of contribution No. Name, address, and ZIP + 4 BARBARA NERON X 3 Person 13290 SW GLENHAVEN ST. Payroll 5,000 Noncash OR 97005 BEAVERTON (Complete Part II for noncash contributions) (c) (d) (a) (b) Name, address, and ZIP + 4 Total contributions Type of contribution No X 4 HOLY TRINITY CHURCH Person 13715 WALKER ROAD Payroll 5,000 Noncash OR 97005 BEAVERTON (Complete Part II for noncash contributions) (c) (d) (a) (b) Type of contribution Name, address, and ZIP + 4 Total contributions No. Person Payroll Noncash (Complete Part II for noncash contributions) (c) (d) (b) (a) Name, address, and ZIP + 4 Type of contribution No. Total contributions Person **Payroll** \$ Noncash (Complete Part II for noncash contributions)

1-3 Charitable Purpose Charitable Purpose City, State, Zip Adjusted Adjusted Net Statement 3 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors Ret Statement 2 - Form 990-PF, Part I, Line 23 - Other Expenses CANAL FULTON OH 44614 AREAVERTON OR 97005 BEAVERTON OR 97007 Statement 1 - Form 990-PF, Part I, Line 18 - Taxes TICARD OR 97223 Investment Investment Federal Statements Net 480 270 210 140 140 . Total Total 13290 SW GLENHAVEN ST. Address 13283 SW SCOTT BRIDGE 9838 STRAUSSER RD. 13715 WALKER ROAD 1023 THE SHOWERS FOUNDATION HEALTH Ś SHOWERS FAMILY FOUNDATION INDIRECT TAXES/LICENSES Description Description Name HOLY TRINITY CHURCH KLAS LIVING TRUST FYE: 12/31/2019 BARBARA NERON BANK FEES POSTAGE TOTAL TOTAL 26-0454602 EXPENSES

1023 THE SHOWERS FOUNDATION HEALTH 26-0454602 FYE: 12/31/2019

Federal Statements

Statement 4 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
DORTHY SANDOVAL 09280 FAIRWAY VIEW CHARLEVOIX MI 49720	CHAIRPERSON	0.25	0	0	.0
FATHER GODFRED F OCUN, AJ 4615 SW 148 AVENUE BEAVERTON OR 97078	TREASURER/SE	5.00	0	0	0
DAVE SHOWERS 9838 STRAUSSER ROAD CANAL FULTON OH 44614	MEMBER	2.00	0	0	0
ROBERT MAHONEY 4945 GREY OAKS VILLAS DRIVE GLEN ALLEN VA 23059	MEMBER	2.00	0	0	0
RICK JERIC . 6186 WIGEON COURT DUBLIN OH 43017	MEMBER	2.00	0	0	0