






For calendar year 2019, or tax year beginning 02-01-2019, and ending 01-31-2020

Name of foundation MAHONING VALLEY HOSPITAL FOUNDATION		A Employer identification number 34-1879100	
Number and street (or P O box number if mail is not delivered to street address) 1670 GULLY TOP LANE		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code CANFIELD, OH 44406		B Telephone number (see instructions) (330) 360-6453	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation	
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		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶\$ 2,670,546	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	59,397	59,397		
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 	-5,256			
	b Gross sales price for all assets on line 6a _____ 880,356				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	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	54,141	59,397		
	13 Compensation of officers, directors, trustees, etc	93,756	9,376		84,380
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	31,874	3,187		28,687
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule) 	3,600			3,600
	c Other professional fees (attach schedule) 	375			375
	17 Interest				
	18 Taxes (attach schedule) (see instructions) 	3,363			3,363
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy	1,258			1,258
	21 Travel, conferences, and meetings	6,013			6,013
	22 Printing and publications				
	23 Other expenses (attach schedule) 	22,727	11,499		11,198
	24 Total operating and administrative expenses. Add lines 13 through 23	162,966	24,062		138,874
	25 Contributions, gifts, grants paid	790,979			790,979
	26 Total expenses and disbursements. Add lines 24 and 25	953,945	24,062		929,853
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-899,804			
	b Net investment income (if negative, enter -0-)		35,335		
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
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	1,833,572	1,824,112	1,824,112
	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	626		
	10a Investments—U S and state government obligations (attach schedule)	983,702	425,344	425,344
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)	693,215	416,204	416,204
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	9,471	4,886	4,886	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	3,520,586	2,670,546	2,670,546	
Liabilities	17 Accounts payable and accrued expenses	1,564	2,367	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule).			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	1,564	2,367	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	3,519,022	2,668,179	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg, and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances (see instructions)	3,519,022	2,668,179	
30 Total liabilities and net assets/fund balances (see instructions) .	3,520,586	2,670,546		

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 29 (must agree with end-of-year figure reported on prior year's return)	1	3,519,022
2 Enter amount from Part I, line 27a	2	-899,804
3 Other increases not included in line 2 (itemize) ▶ _____	3	48,961
4 Add lines 1, 2, and 3	4	2,668,179
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 29 .	6	2,668,179

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)
1a			

(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			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
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	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 { }	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2018	672,372	3,585,336	0 187534
2017	602,166	4,020,895	0 149759
2016	653,891	4,369,055	0 149664
2015	518,966	4,987,462	0 104054
2014	484,482	5,427,178	0 089270

2 Total of line 1, column (d)	2	0 680281
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 136056
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	2,805,927
5 Multiply line 4 by line 3	5	381,763
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	353
7 Add lines 5 and 6	7	382,116
8 Enter qualifying distributions from Part XII, line 4 ,	8	929,853

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	353
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	353
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	353
6	Credits/Payments		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	3,000
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	3,000
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	2,647
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ 2,647 Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). 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	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	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? If "Yes," attach a conformed copy of the changes	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? If "Yes," attach the statement required by General Instruction T	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? If "Yes," complete Part II, col (c), and Part XV	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? If "No," attach explanation .	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 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9	No
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	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 LN CANFIELD OHZIP+4 **▶** 44406

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ▶ <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

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. ▶ <input type="checkbox"/>	1b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c	No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019).	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	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		Yes	No
(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.		5b	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
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? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870			
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	7b	
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?			
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MICHAEL S SENCHAK 1670 GULLY TOP LN CANFIELD, OH 44406	PRESIDENT AN 40 00	93,756	31,874	0
JAMES KEATING 1670 GULLY TOP LN CANFIELD, OH 44406	CHAIRPERSON 000 00	0	0	0
MICHAEL VALLAS 1670 GULLY TOP LN CANFIELD, OH 44406	SECRETARY 000 00	0	0	0
NED UNDERWOOD 1670 GULLY TOP LN CANFIELD, OH 44406	TREASURER 000 00	0	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		

Part IX-A

Summary of Direct Charitable Activities

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

	Expenses
1 <div></div>	
2 <div></div>	
3 <div></div>	
4 <div></div>	

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	
2 <div></div>	
All other program-related investments. See instructions.	
3 <div></div>	
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	1,533,763
b	Average of monthly cash balances.	1b	1,314,894
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	2,848,657
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	2,848,657
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	42,730
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,805,927
6	Minimum investment return. Enter 5% of line 5.	6	140,296

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	140,296
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	353
b	Income tax for 2019 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	353
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	139,943
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	139,943
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	139,943

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	929,853
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	929,853
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	353
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	929,500

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				139,943
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2019				
a From 2014.	219,456			
b From 2015.	273,387			
c From 2016.	438,278			
d From 2017.	405,099			
e From 2018.	497,379			
f Total of lines 3a through e.	1,833,599			
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ 929,853				
a Applied to 2018, 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 2019 distributable amount.				139,943
e Remaining amount distributed out of corpus	789,910			
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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,623,509			
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 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).	219,456			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	2,404,053			
10 Analysis of line 9				
a Excess from 2015.	273,387			
b Excess from 2016.	438,278			
c Excess from 2017.	405,099			
d Excess from 2018.	497,379			
e Excess from 2019.	789,910			

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 2019, 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	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
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 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))	
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 <input type="checkbox"/> 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 e-mail address of the person to whom applications should be addressed MIKE SENCHAK 1670 GULLY TOP LN 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**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	790,979
b <i>Approved for future payment</i>				
Total			3b	

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	
Enter gross amounts unless otherwise indicated				
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	59,397	
4 Dividends and interest from securities.				
5 Net rental income or (loss) from real estate				
a Debt-financed property.				
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		14	-5,256	
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).			54,141	
13 Total. Add line 12, columns (b), (d), and (e).				54,141

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

[illegible]

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) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
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.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (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	*****	2020-08-06	*****	May the IRS discuss this return with the preparer shown below? (see instr.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	H SCOTT MASTERS		2020-08-06		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 XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN JUNIOR GOLF ASSOC 1980 SPORTS CLUB DR BRASELTON, GA 30517	N/A	PC	GENERAL OPERATING SUPPORT	2,200
AMERICAN CANCER SOCIETY ATTN RIKKI BATSON 525 NORTH BROAD ST CANFIELD, OH 44406	N/A	PC	MEDICAL RESEARCH	300
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	N/A	PC	MEDICAL RESEARCH	250
Total ▶ 3a				790,979

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ANTONINE VILLAGE 2675 NORTH LIPKEY RD NORTH JACKSON, OH 44451	N/A	PC	ASSISTED LIVING PROGRAM	1,500
AUSTINTOWN PTA225 IDAHO RD AUSTINTOWN, OH 44515	N/A	PC	NEEDY STUDENTS PROGRAM	1,000
AUSTINTOWN ROTARY CLUB P O BOX 4014 AUSTINTOWN, OH 44515	N/A	PC	GENERAL OPERATING SUPPORT	1,300
Total ▶ 3a				790,979

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BEATITUDE HOUSE238 TOD LANE YOUNGSTOWN, OH 44504	N/A	PC	IMMIGRATION OUTREACH PROGRAM	12,500
CARTER HOUSE108 W INDIANOLA AVE YOUNGSTOWN, OH 44507	N/A	PC	GENERAL OPERATING SUPPORT	2,500
COMMUNITY HOSPICE 2341 EAST STATE ST UNIT SALEM, OH 44460	N/A	PC	HOSPICE CARE SERVICES	500
Total ▶ 3a				790,979

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CUYAHOGA VALLEY SCENIC RAILROAD P O BOX 158 PENINSULA, OH 44264	N/A	PC	PRESERVATION OF HISTORIC RAILCARS	250
CYSTIC FIBROSIS FOUNDATION 8001 SWEET VALLEY DR SUI 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	1,000
Total ▶ 3a				790,979

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DISCOVERY CHURCH PSL 6801 SE LENNARD RD PORT SAINT LUCIE, FL 34952	N/A	PC	GENERAL OPERATING SUPPORT	2,000
ELISA'S ENTOURAGEP O BOX 28 CANFIELD, OH 44406	N/A	PC	DOWN SYNDROME EDUCATION	1,000
FOCUS HIPPO THERAPYP O BOX 772 CANFIELD, OH 44406	N/A	PC	GENERAL OPERATING SUPPORT	2,500
Total ▶ 3a				790,979

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FOUNDATION FUENTE DE AMOR 25 AUDUBON LANE POLAND, OH 44514	N/A	PC	AFTER SCHOOL PROGRAM	400
FREEDOM WARRIOR CHARITABLE FUND P O BOX 75 NORTH LIMA, OH 44452	N/A	PC	ASSIST SERVICE MEMBERS AND VETS	750
FRIENDS OF PLAYHOUSE SQUARE 1501 EUCLID AVE SUITE 20 CLEVELAND, OH 441152108	N/A	PC	ARTS EDUCATION	600
Total ▶ 3a				790,979

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GOLDEN STRING INC16 S PHELPS ST YOUNGSTOWN, OH 44503	N/A	PC	GOLDEN STRING RADIO PROGRAM	245,480
HEALTH POLICY INSTITUTE OF OHIO 10 W BROAD ST SUITE 1050 COLUMBUS, OH 43215	N/A	PC	FORUM EVENT SERIES	5,000
HERITAGE MANOR JEWISH HOME FOR THE AGED517 GYPSY LANE YOUNGSTOWN, OH 44504	N/A	PC	ELDER CARE SERVICES	1,000
Total ► 3a				790,979

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HOWLAND COMMUNITY SCHOLARSHIPS FDN 8200 SOUTH STREET WARREN, OH 44484	N/A	PF	EDUCATIONAL ASSISTANCE	9,000
HOWLAND UNITED METHODIST CHURCH 730 HOWLAND WILSON RD NE WARREN, OH 44484	N/A	PC	HOWLAND TIGER BACKPACK PROGRAM	2,500
LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE 1858 WEST GRANDVIEW BLVD ERIE, PA 16509	N/A	PC	EDUCATIONAL ASSISTANCE	34,500
Total ▶ 3a				790,979

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MAH COUNTY MEDICAL SOCIETY ALLIANCE P O BOX 937 CANFIELD, OH 44406	N/A	PC	THE WALNUT GROVE	2,500
MAHONING COUNTY VETERANS 345 OAK HILL AVE SUITE 100 YOUNGSTOWN, OH 44502	N/A	PC	RECOGNITION DINNER	5,489
MAKING KIDS COUNT 7178 WEST BLVD SUITE E BOARDMAN, OH 44512	N/A	PC	AFTERSCHOOL TUTORING PROGRAM	5,000
Total ▶ 3a				790,979

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MERCY HEALTH FDN MAHONING VALLEY 250 DEBARTOLO PLACE SUIT BOARDMAN, OH 445126026	N/A	PF	ALCOHOL AND SUBSTANCE ABUSE PROGRAM	162,500
MILL CREEK METROPARKS FOUNDATION P O BOX 596 CANFIELD, OH 44406	N/A	PF	COMMUNITY DEVELOPMENT	91,500
NEIL KENNEDY RECOVERY CLINIC 5211 MAHONING AVE SUITE YOUNGSTOWN, OH 44515	N/A	PC	ADDICTION RECOVERY CENTER	1,300
Total ▶ 3a				790,979

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NILES COMMUNITY SERVICES 401 VIENNA AVE NILES, OH 44446	N/A	PC	GENERAL OPERATING SUPPORT	10,000
NORTH MAR CHURCH 3855 E MARKET STREET WARREN, OH 44484	N/A	PC	INDOOR COMMUNITY PLAYGROUND	1,000
NORTHEAST OHIO ADOPTION SERVICES 5000 E MARKET ST SUITE 2 WARREN, OH 44484	N/A	PC	CHILD ADOPTION	5,240
Total ▶ 3a				790,979

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OHIO LIVING HOME HEALTH AND HOSPICE 6715 TIPPECANOE RD CANFIELD, OH 44406	N/A	PC	HOSPICE CARE SERVICES	5,540
PARKINSON'S UNITY WALK 5578 LOGAN ARMS GIRARD, OH 44505	N/A	PC	MEDICAL RESEARCH	150
PRECIOUS MEMORIES FOREVER 9054 WILVERNE DR WINDHAM, OH 44288	N/A	PC	COUNSELING SUPPORT GROUPS	1,000
Total ▶ 3a				790,979

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RESCUE MISSION OF THE MAHONING VALLEY962 MARTIN LUTHER KING JR YOUNGSTOWN, OH 44501	N/A	PC	COMMUNITY SERVICES	65,000
RICHARD G SMALL MEMORIAL SCHOLARSHIP FUND8620 TYLER BLVD MENTOR, OH 44060	N/A	PC	EDUCATIONAL ASSISTANCE	2,000
SALEM REGIONAL MEDICAL CTR FDN 1995 EAST STATE STREET SALEM, OH 44460	N/A	PF	GENERAL OPERATING SUPPORT	2,250
Total ▶ 3a				790,979

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST ELIZABETH HOSPITAL 1044 BELMONT AVE YOUNGSTOWN, OH 44501	N/A	PC	DENTAL RESIDENCY	60
ST VINCENT DE PAUL SOCIETY 3165 SOUTH SCHENLEY YOUNGSTOWN, OH 44511	N/A	PC	GENERAL OPERATING SUPPORT	100
STUART SAILFISH CLUB FOUNDATION 3867 SE EVANS TERRACE STUART, FL 34997	N/A	PF	HURRICANE DORIAN RELIEF	2,000
Total ▶ 3a				790,979

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TABERNACLE EVANGELICAL PRESBYTERIAN 2432 S RACCOON RD AUSTINTOWN, OH 44515	N/A	PC	AFTERSCHOOL TUTORING PROGRAM	3,000
THE COMMUNITY FDN OF THE MAH VALLEY 201 E COMMERCE ST SUITE 150 YOUNGSTOWN, OH 44503	N/A	PF	COMMUNITY SERVICE	300
THE DIFFERENCE MAKERS 225 N MAIN ST HUBBARD, OH 44425	N/A	PC	GENERAL OPERATING SUPPORT	100
Total ▶ 3a				790,979

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE URSULINE CENTER 4280 SHIELDS RD CANFIELD, OH 44406	N/A	PC	GENERAL OPERATING SUPPORT	720
THE URSULINE SISTERS 4280 SHIELDS RD CANFIELD, OH 44406	N/A	PC	SENIOR LIVING MINISTRY	50,000
YELLOW BRICK PLACE P O BOX 9243 BOARDMAN, OH 44513	N/A	PC	CANCER WELLNESS CENTER	500
Total ▶ 3a				790,979

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YOUNGSTOWN ROTARY FOUNDATION P O BOX 479 YOUNGSTOWN, OH 44501	N/A	PF	COMMUNITY SERVICE	1,000
YOUNGSTOWN STATE UNIVERSITY 1 UNIVERSITY PLAZA YOUNGSTOWN, OH 44555	N/A	PC	EDUCATIONAL ASSISTANCE	200
YOUNGSTOWN STATE UNIVERSITY FOUNDATION606 WICK AVENUE YOUNGSTOWN, OH 44502	N/A	PF	EDUCATIONAL ASSISTANCE	43,500
Total ► 3a				790,979

TY 2019 Accounting Fees Schedule**Name:** MAHONING VALLEY HOSPITAL FOUNDATION**EIN:** 34-1879100

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING AND BOOKKEEPING	3,600			3,600

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

TY 2019 Gain/Loss from Sale of Other Assets Schedule

Name: MAHONING VALLEY HOSPITAL FOUNDATION

EIN: 34-1879100

Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
REDEMPTION - BB&T CORP 5 25% BOND	2011-01	PURCHASE	2019-11		50,000	52,192			-2,192	
REDEMPTION - DEERE & CO 4 375% BOND	2009-11	PURCHASE	2019-10		60,000	61,028			-1,028	
FEDERAL FARM CREDIT BANK 2 39% BOND	2017-10	PURCHASE	2019-08		50,000	50,000				
FEDERAL FARM CREDIT BANK 2 54% BOND	2016-04	PURCHASE	2019-08		50,000	50,000				
FEDERAL FARM CREDIT BANK 2 62% BOND	2016-03	PURCHASE	2019-08		50,000	50,000				
FNMA 1 50% BOND	2015-07	PURCHASE	2019-09		50,000	50,000				
INTER AMERN DEV BK 3 875% BOND	2009-11	PURCHASE	2019-09		60,000	60,564			-564	
PEPSICO INC 4 50% BOND	2010-01	PURCHASE	2019-09		50,356	50,718			-362	
MORGAN STANLEY 5 50% BOND	2016-01	PURCHASE	2020-01		60,000	61,110			-1,110	
FEDERAL HOME LOAN BANK 2 50% BOND	2017-09	PURCHASE	2020-01		75,000	75,000				
US TREASURY NOTE 2 00%	2018-06	PURCHASE	2020-01		325,000	325,000				

TY 2019 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	416,204	416,204

TY 2019 Investments Government Obligations Schedule**Name:** MAHONING VALLEY HOSPITAL FOUNDATION**EIN:** 34-1879100**US Government Securities - End
of Year Book Value:**

425,344

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

425,344

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

TY 2019 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	9,471	4,886	4,886

TY 2019 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	11,289	11,289		
SUBSCRIPTIONS AND MEMBERSHIPS	345			345
INSURANCE EXP	2,637			2,637
REPAIRS AND MAINTENANCE EXP	506			506
BANK SERVICE CHARGES	56			56
POSTAGE AND DELIVERY	323			323
OFFICE EXPENSE	1,340			1,340
TELEPHONE EXP	2,105	210		1,895
ADVERTISING AND PROMOTION	4,096			4,096

Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER EXPENSES	30			

TY 2019 Other Professional Fees Schedule**Name:** MAHONING VALLEY HOSPITAL FOUNDATION**EIN:** 34-1879100

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
RETIREMENT PLAN ADMINISTRATIVE F	375			375

TY 2019 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			200
EXCISE TAX ON INVESTMENT INC - 2	163			163
EXCISE TAX ON INVESTMENT INC - 2	3,000			3,000