

KETTERING MEDICAL CENTER  
FOUNDATION

FEDERAL 990

FOR THE YEAR ENDING DECEMBER 31, 2002

DISCLOSURE COPY



## Return of Organization Exempt from Income Tax

OMB No. 1545-0047

2002

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)Open to Public  
Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2002 calendar year, or tax year beginning , 2002, and ending

B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use  
IRS label  
or print  
or type.  
See  
specific  
instruc-  
tions.

C Name of organization

KETTERING MEDICAL CENTER FOUNDATION

Number street (or P.O. box if mail is not delivered to street addr) Room/suite

3535 SOUTHERN BOULEVARD

City, town or country

KETTERING

State ZIP code + 4

OH 45429-1298

D Employer Identification Number

23-7419897

E Telephone number

(937) 395-8816

F Accounting method:

☐ Cash ☒ Accrual☐ Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? ... ☐ Yes ☒ No

H (b) If 'Yes,' enter number of affiliates ▶

H (c) Are all affiliates included? ... ☐ Yes ☐ No  
(If 'No,' attach a list. See instructions.)H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit GEN ▶

M Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: ▶

J Organization type

(check only one) ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 4,760,670.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1 Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	3,948,538.	
b	Indirect public support	1b		
c	Government contributions (grants)	1c		
d	Total (add lines 1a through 1c) (cash \$ 3,598,538. noncash \$ 350,000.)	1d	3,948,538.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		
5	Dividends and interest from securities	5	687,107.	
6a	Gross rents	6a	11,694.	
b	Less: rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	11,694.	
7	Other investment income (describe: )	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b	Less: cost or other basis and sales expenses	8a		
c	Gain or (loss) (attach schedule)	8b		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
8d		8d	-912,210.	
9	Special events and activities (attach schedule)			
a	Gross revenue (not including \$ 287,660. of contributions reported on line 1a)	9a	102,299.	
b	Less: direct expenses other than fundraising expenses	9b	268,834.	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	-166,535.	
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less: cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11	11,032.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	3,579,626.	
13	Program services (from line 44, column (B))	13	1,967,971.	
14	Management and general (from line 44, column (C))	14	385,528.	
15	Fundraising (from line 44, column (D))	15	672,831.	
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44, column (A))	17	3,026,330.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	553,296.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	29,118,163.	
20	Other changes in net assets or fund balances (attach explanation)	20	-2,750,111.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	26,921,348.	



**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ 1,803,395. non-cash \$ 0.)	22	1,803,395.	1,803,395.		
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	0.	0.	0.	0.
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	2,960.	0.	2,960.	0.
32 Legal fees	32	588.	118.	176.	294.
33 Supplies	33	16,554.	3,311.	4,966.	8,277.
34 Telephone	34				
35 Postage and shipping	35	299.	60.	90.	149.
36 Occupancy	36	2,605.	521.	782.	1,302.
37 Equipment rental and maintenance	37	170.	34.	51.	85.
38 Printing and publications	38	20,645.	4,996.	5,868.	9,781.
39 Travel	39	20,903.	4,181.	6,271.	10,451.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	3,531.	706.	1,059.	1,766.
43 Other expenses not covered above (itemize):					
a ALLOCATED EMPLOYEE BENEFITS	43a	72,933.	14,587.	21,880.	36,466.
b ALLOCATED SALARIES & WAGES	43b	253,498.	50,700.	76,049.	126,749.
c INVESTMENT MANAGEMENT FEES	43c	124,435.	0.	124,435.	0.
d OTHER BUSINESS EXPENSE	43d	400,319.	25,006.	48,693.	326,620.
e PURCHASED SERVICES	43e	303,495.	60,356.	92,248.	150,891.
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	3,026,330.	1,967,971.	385,528.	672,831.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ ; (ii) the amount allocated to program services \$ ; (iii) the amount allocated to management and general \$ ; and (iv) the amount allocated to fundraising \$

**Part III Statement of Program Service Accomplishments**What is the organization's primary exempt purpose? SEE STATEMENT

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) &amp; (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants &amp; allocations to others.)

Program Service Expenses  
(Required for 501(c)(3) and  
(4) organizations and  
4947(a)(1) trusts; but  
optional for others.)a SEE STATEMENT

(Grants and allocations \$ 1,803,395.)

1,967,971.

b

(Grants and allocations \$ )

c

(Grants and allocations \$ )

d

(Grants and allocations \$ )

e Other program services (Grants and allocations \$ )

f Total of Program Service Expenses (should equal line 44, column (B), program services) 1,967,971.



**Part IV** Balance Sheets (See Instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	45 Cash — non-interest-bearing.....		45	
	46 Savings and temporary cash investments.....		46	
	47a Accounts receivable.....	47a		
	b Less: allowance for doubtful accounts.....	47b		47c
	48a Pledges receivable.....	48a	3,391,726.	
	b Less: allowance for doubtful accounts.....	48b		48c
	49 Grants receivable.....			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule).....			50
	51a Other notes & loans receivable (attach sch).....	51a	187,553.	
	b Less: allowance for doubtful accounts.....	51b		51c
	52 Inventories for sale or use.....			52
	53 Prepaid expenses and deferred charges.....			53
	54 Investments — securities (attach schedule) L-54 Stmt <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		26,209,528.	54
	55a Investments — land, buildings, & equipment: basis.....	55a		
	b Less: accumulated depreciation (attach schedule).....	55b		55c
	56 Investments — other (attach schedule).....			56
	57a Land, buildings, and equipment: basis.....	57a	385,695.	
	b Less: accumulated depreciation (attach schedule) L-57 Stmt.....	57b	31,155.	57c
58 Other assets (describe ▶ ).....			58	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74).....		29,807,815.	59	
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses.....		18,730.	60
	61 Grants payable.....			61
	62 Deferred revenue.....			62
	63 Loans from officers, directors, trustees, and key employees (attach schedule).....			63
	64a Tax-exempt bond liabilities (attach schedule).....			64a
	b Mortgages and other notes payable (attach schedule).....			64b
	65 Other liabilities (describe ▶ ANNUITY AGREEMENTS INTEREST PAYABLE).....		670,922.	65
	66 <b>Total liabilities</b> (add lines 60 through 65).....		689,652.	66
<b>NET ASSETS OR FUND BALANCES</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted.....		11,465,398.	67
	68 Temporarily restricted.....		13,462,962.	68
	69 Permanently restricted.....		4,189,803.	69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds.....			70
	71 Paid-in or capital surplus, or land, building, and equipment fund.....			71
	72 Retained earnings, endowment, accumulated income, or other funds.....			72
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21).....		29,118,163.	73
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73).....		29,807,815.	74

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA



**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	1,029,927.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		\$ -2,694,098.
(2)	Donated services and use of facilities		\$
(3)	Recoveries of prior year grants		\$
(4)	Other (specify):		
	SEE STATEMENT \$		-124,435.
	Add amounts on lines (1) through (4)	b	-2,818,533.
c	Line a minus line b	c	3,848,460.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		\$
(2)	Other (specify):		
	SEE STATEMENT \$		-268,834.
	Add amounts on lines (1) and (2)	d	-268,834.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	3,579,626.

**Part IV-B** Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	3,226,742.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		\$
(2)	Prior year adjustments reported on line 20, Form 990		\$
(3)	Losses reported on line 20, Form 990		\$
(4)	Other (specify):		
	SEE STATEMENT \$		324,847.
	Add amounts on lines (1) through (4)	b	324,847.
c	Line a minus line b	c	2,901,895.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		\$
(2)	Other (specify):		
	SEE STATEMENT \$		124,435.
	Add amounts on lines (1) and (2)	d	124,435.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	3,026,330.

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; 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 and other allowances
R GUMP, JR 3535 SOUTHERN BLVD KETTERING, OH 45429-1298	CHAIR PT	0.	0.	0.
W OHLMANN 3535 SOUTHERN BLVD KETTERING, OH 45429-1298	VICE CHAIR PT	0.	0.	0.
L LOMBARD 3535 SOUTHERN BLVD KETTERING, OH 45429-1298	SECRETARY PT	0.	0.	0.
R HARTMANN 3535 SOUTHERN BLVD KETTERING, OH 45429-1298	TREASURER PT	0.	0.	0.
J FRITZSCHE 3535 SOUTHERN BLVD KETTERING, OH 45429-1298	ASST TREASURER PT	0.	0.	0.
See List of Officers, Etc. Statement		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

☐ Yes

☒ No

If 'Yes,' attach schedule — see instructions.



**Part VI Other Information** (See instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.	79	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If 'Yes,' enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b Did the organization file Form 1120-POL for this year?	81b	X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members.	85c	
d Section 162(e) lobbying and political expenditures.	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e).	85f	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	
b Gross receipts, included on line 12, for public use of club facilities.	86b	
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders.	87a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 _____ 0. ; section 4912 _____ 0. ; section 4955 _____ 0.		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization.		0.
90a List the states with which a copy of this return is filed		OHIO
b Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)	90b	0
91 The books are in care of KEVIN LANG Telephone number (937) 395-8816 Located at 3535 SOUTHERN BOULEVARD; KETTERING OH ZIP + 4 45429-1298		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year.	92	



**Part VII Analysis of Income-Producing Activities** (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	687,107.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	11,694.	
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-912,210.	
101 Net income or (loss) from special events			01	-166,535.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b LOAN INCOME			14	11,032.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				-368,912.	
105 Total (add line 104, columns (B), (D), and (E))					-368,912.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
1	N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

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 officer) is based on all information of which preparer has any knowledge.

Please Sign Here:   
 Signature of officer: James L. Sailer   
 Date: 11/07/03   
 Type or print name and title: James L. Sailer President

Paid Preparer's Use Only:   
 Preparer's signature: [Signature]   
 Date: 10/25/03   
 Check if self-employed: ☐   
 Preparer's SSN or PTIN (see General Instruction W): P00039882   
 Firm's name (or yours if self-employed): CLARK, SCHAEFER, HACKETT & CO   
 Address: KETTERING TOWER SUITE 800   
 City, state, and ZIP + 4: DAYTON OH 45423   
 EIN: 31-0800053   
 Phone no.: (937) 226-0070

BAA

TEEA0106 10/10/02

Form 990 (2002)



**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under  
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No. 1545-004

**2002**

Name of the organization

KETTERING MEDICAL CENTER FOUNDATION

Employer identification number

23-7419897

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions. List each one. If there are 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 and other allowances
NONE				
Total number of other employees paid over \$50,000	NONE			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2002



**Part III** Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers; creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property? . . . . .	2a	X
b Lending of money or other extension of credit? . . . . .	2b	X
c Furnishing of goods, services, or facilities? . . . . .	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	X
e Transfer of any part of its income or assets? . . . . .	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.) . . . . .	3	X
4 Do you have a section 403(b) annuity plan for your employees? . . . . .	4	X
<b>Note:</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments.		

**Part IV** Reason for Non-Private Foundation Status (See instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☒ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
KETTERING MEDICAL CENTER	7

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

N/A

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) .....	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) ...					
16 Membership fees received .....					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose .....					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 .....					
19 Net income from unrelated business activities not included in line 18 .....					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .....					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge .....					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets .....					
23 Total of lines 15 through 22 .....					
24 Line 23 minus line 17 .....					
25 Enter 1% of line 23 .....					
<b>26 Organizations described on lines 10 or 11:</b>					
a Enter 2% of amount in column (e), line 24 .....					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts .....					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) .....					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total) .....					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) .....					26f %
<b>27 Organizations described on line 12:</b>					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2001) _____ (2000) _____ (1999) _____ (1998) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add: Line 27a total _____ and line 27b total .....					27d
e Public support (line 27c total minus line 27d total) .....					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ...					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) .....					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) .....					27h %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					



**Part V Private School Questionnaire** (See instructions.)  
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		



**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked 'a' and 'limited control' provisions apply.**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

(a)  
Affiliated group  
totals(b)  
To be completed  
for ALL electing  
organizations

36	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37		
38	Total lobbying expenditures (add lines 36 and 37) .....	38		
39	Other exempt purpose expenditures .....	39		
40	Total exempt purpose expenditures (add lines 38 and 39) .....	40		
41	Lobbying nontaxable amount. Enter the amount from the following table — If the amount on line 40 is —      The lobbying nontaxable amount is — Not over \$500,000 ..... 20% of the amount on line 40 ..... Over \$500,000 but not over \$1,000,000 ..... \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 ..... \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 ..... \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 ..... \$1,000,000 .....	41		
42	Grassroots nontaxable amount (enter 25% of line 41) .....	42		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44		
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.				

**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the instructions for lines 45 through 50.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount .....					
46 Lobbying ceiling amount (150% of line 45(e)) .....					
47 Total lobbying expenditures .....					
48 Grassroots non- taxable amount .....					
49 Grassroots ceiling amount (150% of line 48(e)) .....					
50 Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers .....		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....		X	
c Media advertisements .....		X	
d Mailings to members, legislators, or the public .....		X	
e Publications, or published or broadcast statements .....		X	
f Grants to other organizations for lobbying purposes .....		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body .....		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....		X	
i Total lobbying expenditures (add lines c through h.) .....			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.







KETTERING MEDICAL CENTER FOUNDATION  
EIN 23-7419897  
2002 Form 990

Part I, Line 8

Description	Date Sold	Sales Price	Cost/Expenses	Gain/ (Loss)
Publicly-Traded Securities	Various		912,210	(912,210)
TOTAL		0	912,210	(912,210)

Due to the number of transactions during the year, significant time and effort would be required to provide sales price and cost/expense detail for each transaction.



Form 990, Page 1, Part I, Line 9

## Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
HEART-TO-HEART	226,930.	145,532.	81,398.	157,475.	-76,077.
GOLF/TENNIS TOURNAMENTS	66,813.	46,928.	19,885.	59,266.	-39,381.
WOMEN'S WELLNESS WALK	96,216.	95,200.	1,016.	52,093.	-51,077.
Total	389,959.	287,660.	102,299.	268,834.	-166,535.

Form 990, Page 3, Part IV, Line 54

## Investments - Securities Statement

Line 54 – Investments - Securities:	Beginning of Year	End of Year
CASH AND CASH EQUIVALENTS	1,593,960.	1,702,657.
US GOVERNMENT SECURITIES	5,270,024.	3,372,926.
CORPORATE STOCKS	15,050,844.	12,748,826.
CORPORATE BONDS	3,747,349.	3,782,793.
OTHER	547,351.	2,023,163.
Total	26,209,528.	23,630,365.

Form 990, Page 3, Part IV, Lines 57a &amp; 57b

## Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
BUILDINGS	350,000.	0.	350,000.
MAJOR MOVABLE EQUIPMENT	35,695.	31,155.	4,540.
Total	385,695.	31,155.	354,540.

Form 990, Page 4, Part V

## List of Officers, Etc. Statement

(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 and other allowances
S BEALS 3535 SOUTHERN BLVD KETTERING, OH 45429-1298	TRUSTEE PT	0.	0.	0.



Form 990, Page 4, Part V

Continued

## List of Officers, Etc. Statement

(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 and other allowances
T BURNS 3535 SOUTHERN BLVD KETTERING, OH 45429-1298	TRUSTEE PT	0.	0.	0.
A DANIS 3535 SOUTHERN BLVD KETTERING, OH 45429-1298	TRUSTEE PT	0.	0.	0.
S HOPF 3535 SOUTHERN BLVD KETTERING, OH 45429-1298	TRUSTEE PT	0.	0.	0.
G KRAUS 3535 SOUTHERN BLVD KETTERING, OH 45429-1298	TRUSTEE PT	0.	0.	0.
F MANCHUR 3535 SOUTHERN BLVD KETTERING, OH 45429-1298	TRUSTEE PT	0.	0.	0.
K MCDONALD 3535 SOUTHERN BLVD KETTERING, OH 45429-1298	TRUSTEE PT	0.	0.	0.
F PEREZ 3535 SOUTHERN BLVD KETTERING, OH 45429-1298	TRUSTEE PT	0.	0.	0.
C ROSE 3535 SOUTHERN BLVD KETTERING, OH 45429-1298	TRUSTEE PT	0.	0.	0.
D SCHADE 3535 SOUTHERN BLVD KETTERING, OH 45429-1298	TRUSTEE PT	0.	0.	0.
C SCRIVEN 3535 SOUTHERN BLVD KETTERING, OH 45429-1298	TRUSTEE PT	0.	0.	0.

Total

0.      0.      0.



## Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
NET UNREALIZED GAINS ON INVESTMENTS	-2,694,098.
TRANSFER TO AFFILIATE	-56,013.
Total	<u>-2,750,111.</u>

## Supporting Statement of:

Form 990 p 2/Line 42 column (B)

Description	Amount
EQUIPMENT	706.
Total	<u>706.</u>

## Supporting Statement of:

Form 990 p 2/Line 42 column (C)

Description	Amount
EQUIPMENT	1,059.
Total	<u>1,059.</u>

## Supporting Statement of:

Form 990 p 2/Line 42 column (D)

Description	Amount
EQUIPMENT	1,766.
Total	<u>1,766.</u>

## Supporting Statement of:

Form 990 p 3/Line 51a

Description	Amount
STUDENT LOANS RECEIVABLE	187,553.



Continued

## Supporting Statement of:

Form 990 p 3/Line 51a

Description	Amount
Total	<u>187,553.</u>

## Supporting Statement of:

Form 990 p 4/Part IV-A, Line b(4)

Description	Amount
INVESTMENT MANAGEMENT FEES	-124,435.
Total	<u>-124,435.</u>

## Supporting Statement of:

Form 990 p 4/Part IV-A, Line d(2)

Description	Amount
SPECIAL EVENT DIRECT EXPENSES	-268,834.
Total	<u>-268,834.</u>

## Supporting Statement of:

Form 990 p 4/Part IV-B, Line b(4)

Description	Amount
SPECIAL EVENT DIRECT EXPENSES	268,834.
TRANSFER TO AFFILIATE	56,013.
Total	<u>324,847.</u>

## Supporting Statement of:

Form 990 p 4/Part IV-B, Line d(2)

Description	Amount
INVESTMENT MANAGEMENT FEES	124,435.
Total	<u>124,435.</u>



**KETTERING MEDICAL CENTER FOUNDATION**  
**EIN 23-7419897**  
**2002 Form 990**

**Schedule A, Part III, Line 2c**

**See Line 93, Part VII, Form 990**

Trustees or officers of Kettering Medical Center Foundation (and employees of the organizations or corporations by which they are employed) may have availed themselves of the services or facilities provided by Kettering Medical Center Foundation during 2002. Further, trustees or officers of Kettering Medical Center Foundation are also officers and directors of entities with whom Kettering Medical Center Foundation may have entered into transactions during the year ended December 31, 2002. All such transactions, however, have been conducted on an arm's-length basis.

**Schedule A, Part III, Line 4**

Kettering Medical Center Foundation gives grants to organizations for the purpose of providing healthcare service to the general public. Grants are awarded on a non-discriminatory basis.



Additional Information For Tax Return

KETTERING MEDICAL CENTER FOUNDATION

23-7419897

Sch. A, 990 p 2: Line 3, No checkbox -----

Kettering Medical Center Foundation holds funds for student loans and scholarships which are granted by Kettering Medical Center.



KETTERING MEDICAL CENTER FOUNDATION  
EIN 23-7419897  
2002 Form 990

Part III

KETTERING MEDICAL CENTER FOUNDATION (KMCF) was founded in October 1987. It operates exclusively for the benefit and support of Kettering Medical Center by providing funds for health-related research, education, and related community activities to Charles F Kettering Memorial Hospital, Sycamore Hospital, Sycamore Glen Retirement Home and Community, Kettering Youth Services, and Kettering College of Medical Arts.

KMCF is located on the grounds of Charles F Kettering Memorial Hospital in the Polen Plaza building. KMCF is administered by the President under the direct supervision of the Executive Committee of the KMCF Board of Trustees. Legal authority is vested in the Board of Trustees.

KMCF accepts unrestricted and restricted gifts which are given for a specific purpose designated by the donor. Approval and acceptance is authorized by the Board of Directors for endowment purposes or special projects. In addition to cash donations, KMCF accepts marketable securities, property, in-kind, and planned gifts. Philanthropic support is sought regularly through an annual fund appeal to current, past, and future donors. This includes special event activities, special projects, capital, and planned giving campaigns.

Gift highlights for Kettering Medical Center Foundation consist of the following:

- contributions for special event activities including the annual Heart to Heart Benefit which funds cardiac programs, the Walk for Women's Wellness which funds free mammograms for indigent women, the Women's Wellness Luncheon which provides funds for women's wellness issues, the Golf and Tennis Tournament which funds free cancer screening programs, the Wellness on Wheels program, and the Precious Beginnings program.
- contributions for Kettering College of Medical Arts for its "Setting the Pace in Health Science Education Capital Campaign", scholarships and for the nursing and physician assistant programs.

In addition, the Employee Annual Fund provides assistance to employees who find themselves in crisis situations that result in serious financial hardship.



• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

**Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.**

Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	KETTERING MEDICAL CENTER FOUNDATION	23-7419897
	Number, street, and room or suite no. If a P.O. box, see instructions. 3535 SOUTHERN BOULEVARD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KETTERING, OH 45429-1298	

Check type of return to be filed (File a separate application for each return):

☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**STOP:** Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• If the organization does **not** have an office or place of business in the United States, check this box ☐  
 • If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box ☐. If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 17, 2003.

5 For calendar year 2002, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension  
ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_ N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Signature] Title CRA Date 8/2/03

**Notice to Applicant - To Be Completed by the IRS**

- ☒ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- ☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name CLARK, SCHAEFER, HACKETT & CO.	AUG 18 2003 LINDA WEISKOPF, FIELD DIRECTOR SUBMISSION PROCESSING, CC 311
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 40 N. MAIN ST, STE 800, KETTERING TOWER	
	City or town, province or state, and country (including postal or ZIP code) DAYTON, OH 45423	

223832  
05-22-02



Application for Extension of Time To File an  
Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Note:** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I** Automatic 3-Month Extension of Time - Only submit original (no copies needed)**Note:** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	KETTERING MEDICAL CENTER FOUNDATION	23-7419897
	Number, street, and room or suite no. If a P.O. box, see instructions. 3535 SOUTHERN BOULEVARD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KETTERING, OH 45429-1298	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until AUGUST 15, 2003 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year 2002 or
- ▶ ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

## Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [Signature] Title ▶ \_\_\_\_\_ Date ▶ 5/6/03

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)