

KETTERING MEDICAL CENTER
FOUNDATION

FEDERAL 990

FOR THE YEAR ENDING DECEMBER 31, 2005

DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2005

Open to Public Inspection

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)

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

A For the 2005 calendar year, or tax year beginning , 2005, 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
instructions.**C Name of organization****KETTERING MEDICAL CENTER FOUNDATION**

Number and 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).**

G Web site: ▶ www.kmcnetwork.org**J Organization type (check only one)**▶ ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527**K 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 chooses to file a return, be sure to file a complete return. Some states require a complete return.****L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 6,255,327.**

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** Group Exemption Number ... ▶**M** Check ▶ ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)**

REVENUE

1 Contributions, gifts, grants, and similar amounts received:

a Direct public support	1a	4,078,505.
b Indirect public support	1b	
c Government contributions (grants)	1c	
d Total (add lines 1a through 1c) (cash \$ 4,042,838. noncash \$ 35,667.)	1d	4,078,505.

2 Program service revenue including government fees and contracts (from Part VII, line 93)**3 Membership dues and assessments****4 Interest on savings and temporary cash investments****5 Dividends and interest from securities****6a Gross rents****b Less: rental expenses****c Net rental income or (loss) (subtract line 6b from line 6a)****7 Other investment income (describe ▶ LIFE INSURANCE DIVIDENDS)**

	(A) Securities	(B) Other
8a Gross amount from sales of assets other than inventory	1,266,650.	8a
b Less: cost or other basis and sales expenses		149.
c Gain or (loss) (attach schedule)	1,266,650.	8c -149.
d Net gain or (loss) (combine line 8c, columns (A) and (B))		8d 1,266,501.

9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☒

a Gross revenue (not including \$ 607,268. of contributions reported on line 1a)	9a	154,115.
b Less: direct expenses other than fundraising expenses	9b	238,984.
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	-84,869.

10a Gross sales of inventory, less returns and allowances**b Less: cost of goods sold****c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)****11 Other revenue (from Part VII, line 103)****12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**

EXPENSES

13 Program services (from line 44, column (B))**14 Management and general (from line 44, column (C))****15 Fundraising (from line 44, column (D))****16 Payments to affiliates (attach schedule)****17 Total expenses (add lines 16 and 44, column (A))**

ASSETS

18 Excess or (deficit) for the year (subtract line 17 from line 12)**19 Net assets or fund balances at beginning of year (from line 73, column (A))****20 Other changes in net assets or fund balances (attach explanation)****21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)**

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 \$ 8,566,144. non-cash \$) If this amount includes foreign grants, check here <input type="checkbox"/>	22	8,566,144.	8,566,144.		
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	4,550.	0.	4,550.	0.
32 Legal fees	32				
33 Supplies	33	14,428.	2,886.	4,328.	7,214.
34 Telephone	34	1,092.	218.	328.	546.
35 Postage and shipping	35	419.	84.	126.	209.
36 Occupancy	36	2,591.	518.	777.	1,296.
37 Equipment rental and maintenance	37	418.	84.	125.	209.
38 Printing and publications	38	24,095.	8,401.	5,885.	9,809.
39 Travel	39	19,308.	3,862.	5,792.	9,654.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	679.	136.	204.	339.
43 Other expenses not covered above (itemize):					
a ALLOCATED EMPLOYEE BENEFITS	43a	100,023.	20,004.	30,007.	50,012.
b ALLOCATED SALARIES & WAGES	43b	352,177.	70,436.	105,653.	176,088.
c INVESTMENT MANAGEMENT FEES	43c	224,575.	0.	224,575.	0.
d OTHER BUSINESS EXPENSE	43d	372,485.	121,915.	47,064.	203,506.
e PURCHASED SERVICES	43e	410,169.	81,921.	123,446.	204,802.
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	10,093,153.	8,876,609.	552,860.	663,684.

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 \$

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Part III Statement of Program Service Accomplishments

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.

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) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and 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 \$ 8,566,144.) If this amount includes foreign grants, check here ☐

8,876,609.

b(Grants and allocations \$) If this amount includes foreign grants, check here ☐**c**(Grants and allocations \$) If this amount includes foreign grants, check here ☐**d**(Grants and allocations \$) If this amount includes foreign grants, check here ☐**e Other program services**(Grants and allocations \$) If this amount includes foreign grants, check here ☐**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) ☐

8,876,609.

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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
ASSETS	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	3,193,883.	
	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	123,740.	
	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		28,756,404.	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			
b Less: accumulated depreciation (attach schedule)	57b	827.	57c	
58 Other assets (describe ► <u>See Line 58 Stmt</u>) ..		0.	58	
59 Total assets (must equal line 74). Add lines 45 through 58		31,162,546.	59	
LIABILITIES	60 Accounts payable and accrued expenses			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 ► <u>ANNUITY AGREEMENTS INTEREST PAYABLE</u>) ..		543,568.	65
66 Total liabilities. Add lines 60 through 65		543,568.	66	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		8,731,142.	67
	68 Temporarily restricted		17,698,309.	68
	69 Permanently restricted		4,189,527.	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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		30,618,978.	73
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		31,162,546.	74

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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	6,061,424.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	24,238.
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): SEE STATEMENT	b4	-218,142.
	Add lines b1 through b4	b	-193,904.
c	Subtract line b from line a	c	6,255,328.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): SEE STATEMENT	d2	-239,134.
	Add lines d1 and d2	d	-239,134.
e	Total revenue (Part I, line 12). Add lines c and d	e	6,016,194.

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

a	Total expenses and losses per audited financial statements	a	7,470,274.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): SEE STATEMENT	b4	-2,404,738.
	Add lines b1 through b4	b	-2,404,738.
c	Subtract line b from line a	c	9,875,012.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): SEE STATEMENT	d2	218,141.
	Add lines d1 and d2	d	218,141.
e	Total expenses (Part I, line 17). Add lines c and d	e	10,093,153.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 plans	(E) Expense account and other allowances
M CLARK 3535 SOUTHERN BLVD KETTERING, OH 45429-1298	PRESIDENT FT	0.	0.	0.
W OHLMANN 3535 SOUTHERN BLVD KETTERING, OH 45429-1298	CHAIR PT	0.	0.	0.
L LOMBARD 3535 SOUTHERN BLVD KETTERING, OH 45429-1298	VICE CHAIR PT	0.	0.	0.
S HOPF 3535 SOUTHERN BLVD KETTERING, OH 45429-1298	SECRETARY PT	0.	0.	0.
J FRITZSCHE 3535 SOUTHERN BLVD KETTERING, OH 45429-1298	TREASURER PT	0.	0.	0.
See List of Officers, Etc. Statement				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes	No
-----	----

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings . . . **15**

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)

75b		X
-----	--	---

c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?

75c	X	
-----	---	--

Note. Related organizations include section 509(a)(3) supporting organizations.

If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization

d Does the organization have a written conflict of interest policy?

75d	X	
-----	---	--

Part V-B	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other
-----------------	--

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
<u>NONE</u>				

Part VI Other Information (See the 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
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77 Were any changes made in the organizing or governing documents but not reported to the IRS?

77		X
----	--	---

If 'Yes,' attach a conformed copy of the changes.

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
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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?

80 a		X
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b If 'Yes,' enter the name of the organization ▶

and check whether it is ☐ exempt or ☐ nonexempt.

81 a Enter direct and indirect political expenditures. (See line 81 instructions.)

81 a	0
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b Did the organization file **Form 1120-POL** for this year?

81 b		X
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Part VI Other Information (continued)

	Yes	No
82 a 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	
83 a 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
84 a 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
89 a 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.
90 a List the states with which a copy of this return is filed ▶ OHIO	90b	0
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		
91 a The books are in care of ▶ RUSS WETHERELL Telephone number ▶ (937) 395-8816 Located at ▶ 3535 SOUTHERN BOULEVARD; KETTERING OH ZIP + 4 ▶ 45429-1298		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X
If 'Yes,' enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	X
If 'Yes,' enter the name of the foreign country ▶		
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	

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Part VII Analysis of Income-Producing Activities (See the 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	754,049.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income			14	2,008.	
100 Gain or (loss) from sales of assets other than inventory			18	1,266,501.	
101 Net income or (loss) from special events			01	-84,869.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				1,937,689.	
105 Total (add line 104, columns (B), (D), and (E))					1,937,689.

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 the 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
2	
3	
4	

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

N/A

(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 the 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).

Please Sign Here	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.	
	Signature of officer <i>R. Wetball</i>	Date 1/15/06
Paid Preparer's Use Only	Type or print name and title.	
	Preparer's signature <i>26-122-5 CPA</i>	Date 1/14/06
	Firm's name (or yours if self-employed), address, and ZIP + 4 CLARK, SCHAEFER, HACKETT & CO KETTERING TOWER SUITE 800 DAYTON OH 45423	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN (See General Instruction W) EIN Phone no. (937) 226-0070

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 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. 1545-0047

2005

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 - A 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

Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
GARY OSIER PRESENTS 4412 EATON CIRCLE; COLLEYVILLE, TX 76034	ENTERTAINMENT	53,500.
Total number of other contractors receiving over \$50,000 for other 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) 2005

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

See Part V, Form 990

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

- 3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

3c X

- 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

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). Check the box that describes the type of supporting organization: ☐ Type 1 ☒ Type 2 ☐ Type 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
KETTERING AFFILIATED HEALTH SERVICES, INC	13

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

Schedule A (Form 990 or 990-EZ) 2005 **KETTERING MEDICAL CENTER FOUNDATION**

23-7419897

Page 3

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) 2004	(b) 2003	(c) 2002	(d) 2001	(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					
26 Organizations described on lines 10 or 11:					
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 2001 through 2004 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 %
27 Organizations described on line 12:					
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: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
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 11b, 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: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
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 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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?	29		
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?	30		
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?	31		
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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
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?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
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?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
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.	35		

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 —		
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	
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	
Caution: 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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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

23-7419897

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Form 990, Page 5, Part V-A

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	MEMBER			
KETTERING, OH 45429-1298	PT	0.	0.	0.
T BURNS				
3535 SOUTHERN BLVD	MEMBER			
KETTERING, OH 45429-1298	PT	0.	0.	0.
A DANIS				
3535 SOUTHERN BLVD	MEMBER			
KETTERING, OH 45429-1298	PT	0.	0.	0.
R GUMP				
3535 SOUTHERN BLVD	MEMBER			
KETTERING, OH 45429-1298	PT	0.	0.	0.
R HARTMANN				
3535 SOUTHERN BLVD	MEMBER			
KETTERING, OH 45429-1298	PT	0.	0.	0.
F MANCHUR				
3535 SOUTHERN BLVD	MEMBER			
KETTERING, OH 45429-1298	PT	0.	0.	0.
F PEREZ				
3535 SOUTHERN BLVD	MEMBER			
KETTERING, OH 45429-1298	PT	0.	0.	0.
D REED				
3535 SOUTHERN BLVD	MEMBER			
KETTERING, OH 45429-1298	PT	0.	0.	0.
C ROSE				
3535 SOUTHERN BLVD	MEMBER			
KETTERING, OH 45429-1298	PT	0.	0.	0.
D SCHADE				
3535 SOUTHERN BLVD	MEMBER			
KETTERING, OH 45429-1298	PT	0.	0.	0.
C SCRIVEN				
3535 SOUTHERN BLVD	MEMBER			
KETTERING, OH 45429-1298	PT	0.	0.	0.

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	459,230.	385,745.	73,485.	162,858.	-89,373.
GOLF TOURNAMENT	131,512.	63,850.	67,662.	41,569.	26,093.
WOMEN'S WELLNESS WALK	170,641.	157,673.	12,968.	34,557.	-21,589.
Total	761,383.	607,268.	154,115.	238,984.	-84,869.

KETTERING MEDICAL CENTER FOUNDATION**EIN 23-7419897****2005 Form 990****Part III****Legacy and Leadership through the Kettering Medical Center Foundation**

The Kettering Medical Center Foundation (KMCF) serves donors by providing assistance in fulfilling philanthropic wishes and maintaining an efficient conduit for gifts to benefit the Kettering Medical Center (KMC) and all its affiliated programs and facilities.

The Foundation manages over 140 funds in support of programs, offering donors the confidence their donations will meaningfully influence the program they choose to support. Donors have made a significant impact on several programs which include:

- Kettering Cardiovascular Institute (KCVI)
- Wallace-Kettering Neuroscience Institute (WKNI)
- Kettering College of Medical Arts (KCMA)
- Oncology
- Kettering Breast Evaluations Centers (KBEC)
- Graduate Medical Education

The Foundation provided more than \$8.5 million in funding for Kettering Medical Center operations, programs and capital advancements. Through KBEC, the Foundation has provided free mammograms to 832 uninsured area women and funding for Wellness on Wheels (WOW), including funding for the prescriptions for WOW patients who would not otherwise receive their medications.

The Foundation has provided funding for free prostate cancer screenings to 350 uninsured men and administered a grant to provide smoking cessation programs through a number of KMC departments and collaborating agencies.

The Foundation provided scholarships to students to prepare for nursing and other health care careers at the Kettering College of Medical Arts (KCMA). It supported the health care and research programs at WKNI and funded the journal in which the WKNI research results are disseminated to the medical community. It also raised funds for the Boonshoft Center for Medical Sciences to house WKNI and portions of KCMA.

The Foundation offers individuals, corporations, partnerships and other foundations an opportunity to make a positive difference in the quality of life for people in the communities it serves. There are a variety of ways to donate to the Foundation:

- Outright Gifts
- Corporate Sponsorships
- Matching Gifts
- Life Income Gifts
- Life Insurance
- Volunteering
- Gift Commitments

KETTERING MEDICAL CENTER FOUNDATION

23-7419897

2

Form 990, Page 4, Part IV, Line 54
Investments - Securities Statement

Line 54 – Investments - Securities:	Beginning of Year	End of Year
CASH AND CASH EQUIVALENTS	739,853.	605,356.
CORPORATE STOCKS	20,548,320.	19,266,544.
CORPORATE BONDS	7,415,189.	6,518,190.
OTHER	53,042.	26,154.
Total	<u>28,756,404.</u>	<u>26,416,244.</u>

Form 990, Page 4, Part IV, Line 58
Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
PROPERTY HELD FOR SALE	0.	30,410.
Total	<u>0.</u>	<u>30,410.</u>

Explanation Statement

Form/Line: Form 990, Part V-A line 75c

Explanation of: Receipt of Compensation from Other Companies

Please see the Kettering Adventist Healthcare Federal 990, EIN 31-1051688, Part V-A & Schedule A Parts I, II-A, & II-B for the year ending December 31, 2005.

KETTERING MEDICAL CENTER FOUNDATION

23-7419897

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Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
NET UNREALIZED GAINS ON INVESTMENTS	24,238.
NET TRANSFERS FROM AFFILIATE	2,643,871.
Total	<u>2,668,109.</u>

Supporting Statement of:

Form 990 p 2/Line 42 column (B)

Description	Amount
EQUIPMENT	136.
Total	<u>136.</u>

Supporting Statement of:

Form 990 p 2/Line 42 column (C)

Description	Amount
EQUIPMENT	204.
Total	<u>204.</u>

Supporting Statement of:

Form 990 p 2/Line 42 column (D)

Description	Amount
EQUIPMENT	339.
Total	<u>339.</u>

Supporting Statement of:

Form 990 p 5/Part IV-A, Line b(4)

Description	Amount
INVESTMENT MANAGEMENT FEES	-224,575.
EXPENSE RECORDED AS REVENUE	6,433.
Total	<u>-218,142.</u>

KETTERING MEDICAL CENTER FOUNDATION

23-7419897

4

Supporting Statement of:

Form 990 p 5/Part IV-A, Line d(2)

Description	Amount
DIRECT EXPENSES OF SPECIAL EVENTS	-238,984.
LOSS ON SALES OF ASSETS OTHER THAN INVENTORY	-149.
ROUNDING	-1.
Total	<u>-239,134.</u>

Supporting Statement of:

Form 990 p 5/Part IV-B, Line b(4)

Description	Amount
DIRECT EXPENSES OF SPECIAL EVENTS	238,984.
LOSS ON SALES OF ASSETS OTHER THAN INVENTORY	149.
NET TRANSFERS FROM AFFILIATE	-2,643,871.
Total	<u>-2,404,738.</u>

Supporting Statement of:

Form 990 p 5/Part IV-B, Line d(2)

Description	Amount
INVESTMENT MANAGEMENT FEES	224,575.
EXPENSE RECORDED AS REVENUE	-6,433.
ROUNDING	-1.
Total	<u>218,141.</u>

Additional Information For Tax Return

KETTERING MEDICAL CENTER FOUNDATION

23-7419897

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

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

Form **8868**

(Rev. December 2004)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ 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).
- 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)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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	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 |

• The books are in the care of ▶ **RUSS WETHERELL**Telephone No. ▶ **937-395-8816**

FAX No. ▶

- 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.

- I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **AUGUST 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ▶ ☒ calendar year **2005** or
 - ▶ ☐ tax year beginning _____, and ending _____.
- If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 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 \$ _____
 - 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 \$ _____
 - 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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 12-2004)

Form 8868 (Rev. 12-2004)

Page 2

- 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.

- The books are in the care of **RUSS WETHERELL**
Telephone No. **937-395-8816** FAX No. _____
- 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 15, 2006**.
- 5 For calendar year **2005**, 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 **Clark Schaefer** Title _____ Date **8/15/06****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 a 10-day grace period.
- ☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other _____

Director

By: _____

EXTENSION APPROVED**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.**AUG 31 2006**

Type or print	Name CLARK, SCHAEFER, HACKETT & CO.	FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN
	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	

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