

Forms 990 / 990-EZ Return Summary

For calendar year 2016, or tax year beginning _____, and ending _____

-*2919

McKee Medical Center Foundation

Net Asset / Fund Balance at Beginning of Year		<u>5,279,726</u>
Revenue		
Contributions	<u>974,125</u>	
Program service revenue	<u> </u>	
Investment income	<u>114,110</u>	
Capital gain / loss	<u>34,148</u>	
Fundraising / Gaming:		
Gross revenue	<u>303,296</u>	
Direct expenses	<u>223,912</u>	
Net income	<u>79,384</u>	
Other income	<u>0</u>	
Total revenue		<u>1,201,767</u>
Expenses		
Program services	<u>475,391</u>	
Management and general	<u>268,371</u>	
Fundraising	<u>254,186</u>	
Total expenses		<u>997,948</u>
Excess / (deficit)		<u>203,819</u>
Changes		<u>301,256</u>
Net Asset / Fund Balance at End of Year		<u>5,784,801</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>1,755,695</u>
Less:	
Unrealized gains	<u>303,237</u>
Donated services	<u>28,760</u>
Recoveries	<u> </u>
Other	<u>-1,981</u>
Plus:	
Investment expenses	<u> </u>
Other	<u>-223,912</u>
Total revenue per return	<u>1,201,767</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,250,620</u>
Less:	
Donated services	<u>28,760</u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u>-223,912</u>
Total expenses per return	<u>997,948</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>5,313,371</u>	<u>5,806,928</u>	
Liabilities	<u>33,645</u>	<u>22,127</u>	
Net assets	<u>5,279,726</u>	<u>5,784,801</u>	<u>505,075</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/17
 Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning _____, 2016, and ending _____, 20

2016

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

McKee Medical Center Foundation

Employer identification number

****-***2919**

Name and title of officer

**Allis Gilbert
Executive Director**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,201,767</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Anderson & Whitney, P.C. to enter my PIN 13204 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____

Date ▶ 06/26/17

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____

Date ▶ 06/26/17

ERO Must Retain This Form — See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2016)