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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning

and ending

B Check if applicable

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

Please use IRS label or print or type. See Specific Instructions

C Name of organization

The Knox Community Hospital Foundation

Number and street (or P.O. box, if mail is not delivered to street address)

1330 Coshocton Road

City or town, state or country, and ZIP + 4

Mount Vernon, OH 43050

D Employer identification number

31-1081020

E Telephone number

740-393-9814

F Group Exemption Number

▶

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

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ▶I Website: ▶ knoxcommhosp.org/kc.nsf/View/FoundationH Check ☐ if the organization is notJ Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 263,934.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

| | | | | |
|------------|---|--|----------|----------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 172,909. |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | 861. |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | 5b | Less: cost or other basis and sales expenses | 5b | |
| | 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> | | |
| | 6a | Gross revenue (not including \$ of contributions reported on line 1) | 6a | 90,164. |
| | 6b | Less: direct expenses other than fundraising expenses | 6b | 23,249. |
| 6c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | 66,915. | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| 7b | Less: cost of goods sold | 7b | | |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 | Other revenue (describe ▶) | 8 | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 240,685. | |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) Stmt 3 | 10 | 118,770. |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | |
| | 13 | Professional fees and other payments to independent contractors | 13 | 350. |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 | Printing, publications, postage, and shipping | 15 | |
| | 16 | Other expenses (describe ▶) (See Statement 1) | 16 | 367. |
| | 17 | Total expenses. Add lines 10 through 16 | 17 | 119,487. |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 121,198. |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 155,437. |
| | 20 | Other changes in net assets or fund balances (attach explanation) (See Statement 2) | 20 | 3,333. |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 279,968. |

Part II Balance Sheets. If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

(A) Beginning of year

(B) End of year

| | | | | |
|----|---|----------|----|----------|
| 22 | Cash, savings, and investments | 155,437. | 22 | 280,198. |
| 23 | Land and buildings | | 23 | |
| 24 | Other assets (describe ▶) | | 24 | |
| 25 | Total assets | 155,437. | 25 | 280,198. |
| 26 | Total liabilities (describe ▶ Accounts Payable) | 0. | 26 | 230. |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 155,437. | 27 | 279,968. |

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02-08-10

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

Form 990-EZ (2009)

824

| Part III Statement of Program Service Accomplishments (See the instructions for Part III.) | | Expenses |
|---|--|---|
| What is the organization's primary exempt purpose? <u>See Statement 5</u> | | (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others) |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | | |
| 28 | Contributions to Hospital for Digital Mammography Machine | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a 60,000. |
| 29 | Contributions to Hospital for Medical Equipment from Restricted Funds | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a 18,436. |
| 30 | Contributions to Hospital for Medical Equipment | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a 40,334. |
| 31 | Other program services (attach schedule) | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 118,770. |

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

| (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 & deferred compensation | (e) Expense account and other allowances |
|--|--|--|---|--|
| Tom Fosnaught, 1320 New Gambier Road, Mt Vernon, OH 43050 | Board Member 1.00 | 0. | 0. | 0. |
| Lynn Clapper 329 North Ridge Dr, Howard, OH 43028 | Board Member 1.00 | 0. | 0. | 0. |
| Jason Hall 113 Park Road, Mount Vernon, OH 43050 | Board Member 1.00 | 0. | 0. | 0. |
| Doug Leonard 791 Crestrose Dr, Howard, OH 43028 | Vice-Chair 1.00 | 0. | 0. | 0. |
| Phyllis Love 3000 Updike Rd, Centerburg, OH 43011 | Board Member 1.00 | 0. | 0. | 0. |
| Jeff Boucher 17361 Gambier Rd, Mt Vernon, OH 43050 | Treasurer 1.00 | 0. | 0. | 0. |
| Charles Brenneman, 1408 Greenbrier Dr, Mt Vernon, OH 43050 | Board Chair 1.00 | 0. | 0. | 0. |
| Jim Giles 109 East High St, Mt Vernon, OH 43050 | Secretary 1.00 | 0. | 0. | 0. |
| Brad Hunter 1201 Newark Rd, Mt Vernon, OH 43050 | Board Member 1.00 | 0. | 0. | 0. |
| Judy Klavins 108 Plum St, Danville, OH 43014 | Board Member 1.00 | 0. | 0. | 0. |
| Kristi Small 9459 Killduff Rd, Gambier, OH 43022 | Board Member 1.00 | 0. | 0. | 0. |
| Ann Schnormeier 8701 Laymon Rd, Gambier, OH 43022 | Board Member 1.00 | 0. | 0. | 0. |
| Andy Fox, 4 Delaware Dr, Fredericktown, OH 43019 | Board Member 1.00 | 0. | 0. | 0. |
| Gene Jackson 174 Houck St W, Centerburg, OH 43011 | Board Member 1.00 | 0. | 0. | 0. |
| Ian Watson PO Box 262, Mt Vernon, OH 43050 | Board Member 1.00 | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |

Part V Other Information (Note the statement requirements in the instructions for Part V.)

| | Yes | No |
|--|-----|----|
| 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | X |
| 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | X | |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | N/A | |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N | | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 0. | | |
| b Did the organization file Form 1120-POL for this year? | | X |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? | | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved N/A | | |
| 39 Section 501(c)(7) organizations. Enter: | | |
| a Initiation fees and capital contributions included on line 9 N/A | | |
| b Gross receipts, included on line 9, for public use of club facilities N/A | | |
| 40a Section 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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. | | |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0. | | |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | | X |
| 41 List the states with which a copy of this return is filed. OH | | |
| 42a The organization's books are in care of Knox Community Hospital Telephone no. 740-393-9814 Located at 1330 Coshocton Road, Mount Vernon, OH ZIP + 4 43050 | | |
| 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)? | | 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 Accounts. | | |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? | | X |
| If "Yes," enter the name of the foreign country: _____ | | |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here [] and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A | | |
| 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |

Form 990-EZ (2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| | Yes | No |
|-----|-----|----|
| 46 | | X |
| 47 | | X |
| 48 | | X |
| 49a | | X |
| 49b | | |

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE | | | | |
| | | | | |
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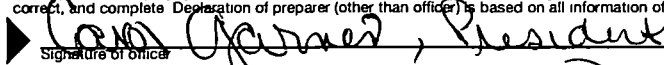

f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

NONE

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
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d Total number of other independent contractors each receiving over \$100,000

| | | | |
|--------------------------|---|------------------|---|
| 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. | | Date 7/17/2010 |
| | Signature of officer  Type or print name and title CAROL GARNER, President | | |
| Paid Preparer's Use Only | Preparer's signature  Sally A. Nelson | Date 06/16/10 | Check if self-employed <input type="checkbox"/> |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 Nelson & Nelson CPAs Inc 1684 Venture Drive, Suite B Mount Vernon, OH 43050 | | Preparer's identifying number (See instr.) EIN Phone no. 740-397-0779 |

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

The Knox Community Hospital Foundation

Employer identification number

31-1081020

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ 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 exempt 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).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | 22,575. | 78,504. | 299,174. | 172,909. | 573,162. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | 22,575. | 78,504. | 299,174. | 172,909. | 573,162. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 184,586. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 388,576. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | | 22,575. | 78,504. | 299,174. | 172,909. | 573,162. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 70. | 81. | 252. | 874. | 861. | 2,138. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 10,683. | 19,984. | 48,967. | 49,057. | 66,915. | 195,606. |
| 11 Total support. Add lines 7 through 10 | | | | | | 770,906. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|--|----|-------|---|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 50.41 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | | % |
| 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/> | | | |
| b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | |
| 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | |
| b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | | |

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11, and 12) | | | | | | |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

| | | | |
|---|----|--|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | | % |

Section D. Computation of Investment Income Percentage

| | | | |
|--|----|--|---|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | | % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | | % |

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2009

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

Open To Public Inspection

Employer identification number
31-1081020

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

- ☐ Yes ☐ No

- | (i) Name of individual
or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser
have custody
or control of
contributions? | | (iv) Gross receipts
from activity | (v) Amount paid
to (or retained by)
fundraiser
listed in col. (i) | (vi) Amount paid
to (or retained by)
organization |
|--|---------------|---|----|--------------------------------------|--|---|
| | | Yes | No | | | |
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| | | | | | | |
| Total | | | | | | |

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|--|-----------------------------|-----------------------------------|------------------------|--|
| | | Golf Outing (event type) | Special Events (event type) | None (total number) | |
| Revenue | 1 Gross receipts | 23,919. | 66,245. | | 90,164. |
| | 2 Less: Charitable contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 23,919. | 66,245. | | 90,164. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 10,630. | 12,619. | | 23,249. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | (23,249) |
| | 11 Net income summary. Combine line 3, column (d), and line 10 | | | | 66,915. |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ % | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ % | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ % | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | () |
| | 8 Net gaming income summary. Combine line 1, column (d), and line 7 | | | | |

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

| | Yes | No |
|-----|-----|----|
| 9a | | |
| 10a | | |
| 11 | | |
| 12 | | |

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____**c** If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

| | | | |
|-------------|----------------|-----------|---|
| Form 990-EZ | Other Expenses | Statement | 1 |
|-------------|----------------|-----------|---|

| Description | Amount |
|-------------------------------|--------|
| Other Expenses | 267. |
| 990 Ohio Filing Fees | 100. |
| Total to Form 990-EZ, line 16 | 367. |

| | | | |
|-------------|--|-----------|---|
| Form 990-EZ | Other Changes in Net Assets or Fund Balances | Statement | 2 |
|-------------|--|-----------|---|

| Description | Amount |
|-------------------------------------|--------|
| Net Unrealized Gains on Investments | 3,333. |
| Total to Form 990-EZ, line 20 | 3,333. |

Form 990-EZ

Cash Grants and Allocations

Statement 3

| <u>Class of Activity/Grantee's Name and Address</u> | <u>Grantee's Relationship</u> | <u>Amount</u> |
|--|-------------------------------|-----------------|
| Knox Community Hospital 1330 Coshocton Road Mount Vernon, OH 43050 | None | 60,000. |
| Knox Community Hospital 1330 Coshocton Road Mount Vernon, OH 43050 | None | 58,770. |
| Total Included on Form 990-EZ, Line 10 | | <u>118,770.</u> |

FORM 990-EZ

Information Regarding Transfers
Associated with Personal Benefit Contracts

Statement 4

- A) Did the organization, during the year, receive any funds,
directly or indirectly, to pay premiums on a personal
benefit contract? [] Yes [X] No
- B) Did the organization, during the year, pay premiums,
directly or indirectly, on a personal benefit contract? . . [] Yes [X] No

Charitable Fundraiser for Knox Community Hospital

BY-LAWS OF
THE FOUNDATION FOR KNOX COMMUNITY HOSPITAL
Amended 06/2010

PREAMBLE

The Foundation is committed to raising and managing funds to support the worthy needs of Knox Community Hospital as determined by the Directors of The Foundation for Knox Community Hospital.

ARTICLE I - - MEMBERS

Section 1 – Members: The Corporation shall consist of two classes of membership: Voting Members and non-voting members.

There shall be no more than 45 Voting Members of The Foundation and no limit on non-voting members of The Foundation. Voting Members shall be appointed by majority vote of the Board of Directors of The Foundation. In appointing Voting Members, the Board of Directors shall:

1. Give due regard to the recommendations of The Foundation's Nominating Committee and the Nominating Committee shall seek to identify prospective Voting Members who have the talent and desire to help The Foundation achieve its goals as set forth in its Mission Statement.
2. Shall endeavor to maintain a geographic, ethnic and social diversity of its members so that all people of Knox County are duly represented. The Board shall give due regard to any recommendations for Voting Members made by Mayor or City Council of the municipal corporations of Knox County, Ohio; the Trustees of various townships located in Knox County; and the Board of Directors of the Apple Valley Property Owners Association Board. The Board shall attempt but is not required to have representatives from each of the county's municipal corporations and townships on The Foundation.
3. Give due regard to The Knox Community Hospital Medical Staff's nomination for a physician representative as a Voting Member to The Foundation.

Any individual 18 years old or older interested in the advancement of Knox Community Hospital shall upon request be designated a non-voting member of The Foundation for Knox Community Hospital by making a monetary contribution or voluntary service to The Foundation or Knox Community Hospital.

Voting Members of The Foundation shall be appointed from the following entities:

Each Township located in Knox County Ohio (22), the City of Mount Vernon, the Villages of Centerburg, Fredericktown, Danville, Gambier, Martinsburg, and Gann, The Apple Valley Property Owners Association, and the Knox Community Hospital Medical Staff shall be entitled to appoint a voting member to The Foundation for Knox Community Hospital. The Foundation for Knox Community Hospital Board may appoint at large voting members up to the limit of 45 total voting members.

Section 2 – Term: Each voting member shall be appointed for a two (2) year term from his or her appointing entity.

Section 3 – Term period: A term begins January 1 for a two-year period.

Section 4 – Meetings: The voting members shall meet no less than quarterly. At each quarterly meeting, the membership shall be addressed by a member of the Knox Community Hospital Administration concerning issues related to Knox Community Hospital and the community. Each meeting shall include a time period where issues of community importance can be discussed. Special meetings may be called by at least three members requesting a meeting of the Chairperson. Non- voting members may attend the quarterly meetings.

Section 5 – Notice: Notice of the annual and special meetings shall be sent by regular mail to voting members from the secretary of the board at least seven days in advance of a called meeting.

Section 6 – Location: The voting members may meet where ever they so desire. The voting members may vote by telephone or electronically.

Section 7 – Quorum: A quorum shall be a majority of those voting members, but not less than fifteen (15).

Section 8 – Resignation and Vacancies: Any Voting Member of The Foundation may resign at anytime by giving written notice to the President or the Secretary of The Foundation. Such resignation shall take effect at the time specified in the written notice. Vacancies shall be filled by vote of the Executive Committee of the Board of Directors to fulfill the un-expired term.

ARTICLE II - - DIRECTORS and OFFICERS

Section 1 – General Powers: The powers of The Foundation shall be exercised, its business and affairs conducted, and its property controlled by the board of directors, except as otherwise provided by Ohio law, the Articles of Incorporation, By-laws, and other documents of governance of this corporation.

Section 2 – Number of Directors: The number of Directors shall be no more than fifteen (15) and no less than nine (9), and must be a voting member of The Foundation. The Director of Development of Knox Community Hospital, The Chief Executive Officer of Knox Community Hospital, and the Chairman of the Board of Directors of Knox Community Hospital may be non-voting ex-officio members of the Board of Directors

Section 3 – Terms: Each Director shall serve a term of two years.

Section 4 – Election of Directors: Directors shall be elected for a period of two (2) consecutive years commencing at the January meeting following election at an annual meeting, or commencing at the next scheduled meeting of the board if the elected director is completing the un-expired term of a resigned or deceased director.

Section 5 – Officers of the board of directors and executive committee: Officers of the board of directors shall be the chairman, vice chairman, secretary, and treasurer, who shall comprise the executive committee of the board of directors. Any power or authority herein, or by law, conferred upon the board of directors may, in the intervals between meetings of the board of directors, be exercised by the executive committee.

Section 6 – Chair: The chair shall preside at all meetings of the board of directors and entire voting membership and shall be a member of all committees.

Section 7 – Vice Chair: The vice chair shall act as chairperson in the absence of such chair and when so acting as chair shall perform all duties and shall have all powers of the chair.

Section 8 – Secretary: The secretary shall keep the minutes of all meetings of the members and all meetings of the board of directors and its committees. The secretary shall see that all notices are duly given in accordance with the provisions of this Code of Regulations and as required by Ohio law and, upon request of the board of directors, shall prepare agendas for all meetings. The secretary shall be the custodian of the corporate records and shall see that the books, records, membership records, statements, certificates, and all other documents and records required by law are properly kept and filed. In addition to the foregoing, but not limitation thereof, the secretary shall perform such other duties as from time to time may be assigned by the president or the board of directors.

Section 9 – Treasurer: The treasurer shall be responsible for maintaining the accounts of all monies for The Foundation and at least once a year reporting those expenditures and receipts to the membership at the annual meeting. The treasurer shall also perform such duties as from time to time may be assigned by the board of directors or the President.

Section 10 – President: The President shall be the Director of Development of Knox Community Hospital. The Director of Development will be employed by Knox Community Hospital and report directly to the CEO of Knox Community Hospital. The President shall be an *ex-officio* member of all committees with voting power. The President shall, in general, supervise and control all of the business and affairs of The Foundation. The President, together with any other designated officer or officers, shall have the authority to execute and deliver any and all instruments of writing authorized by the board of directors.

Section 11 – Removals of directors and officers: Any director or officer may be removed, with stated cause, at any time by a vote of a majority of members directors present and voting at any duly constituted meeting of directors called for the purpose of considering and acting upon such removal.

ARTICLE III - - ELECTION OF BOARD OF DIRECTORS

Section 1 – Nomination and election of Directors: Annually, fifty (50) percent of the directors shall be elected at an annual meeting in October of the Voting Members.

Section 2 – Nomination and election of Foundation Directors and Knox Community Hospital Directors: Prior to the annual meeting, the Nominating Committee shall present a slate of candidates to replace members of the Board of Directors whose terms are expiring. The Nominating Committee shall also designate, for each Foundation officer to be elected, at least one (1) nominee who will have completed at least one year of service on The Foundation board of directors before taking office. Additionally, the Nominating Committee shall designate for each Knox Community Hospital Director to be elected that they will have completed at least two (2) years of service on The Foundation Board of Directors before taking office, and whose nomination is in accordance with rules governing the election of Knox Community Hospital Directors as those rules now exist, or may be amended from time to time.

Voting shall follow by secret ballot with candidates receiving the highest number of votes assuming office the following January 1, (or on a date determined by the rules governing election of Knox Community Hospital Directors).

Section 3 – Resignation and Vacancies: Any director or officer of The Foundation may resign at any time by giving written notice to the President or Secretary of The Foundation. Such resignation shall take effect at the time specified in the written notice. Vacancies shall be filled by vote of the Executive Committee of the board of directors to fulfill the term of vacant office.

Section 4 – Implementation: Public notice requirements, as well as minimum service requirements for Foundation officer candidates and for Knox Community Hospital board of director candidates shall also be modified, as required, to allow for timely elections.

ARTICLE IV - - COMMITTEES

Committees: There shall be three standing committees:

The three standing committees shall be the Nominating Committee, the Development Committee, and the Distribution Committee. Each of these Committees shall have no less than five (5) members.

The board of directors of The Foundation may create standing committees and ad-hoc committees as necessary.

Members of any committee may include individuals who are not members of the board of directors or voting members of The Foundation. Chairman of all standing committees must be a member of the board of directors.

The Board of Directors shall create the policy and procedures for each committee.

ARTICLE V - - MEETINGS OF THE DIRECTORS

Section 1 – Meetings: Meetings of The Foundation for Knox Community Hospital Board of Directors shall be held at least four times per year, including the annual meeting in October.

Section 2 – Place of meetings: All meetings of the board of trustees shall be open to the public.

Section 3 – Quorum: At all meetings of the board of directors, seven currently serving board members shall constitute a quorum for the transaction of business which may properly be brought before such a meeting.

Section 4 – Voting: Each director shall be entitled to one (1) vote per person on each matter properly submitted to the members for their vote, consent, wavier, release or other action. There shall be no voting by absentee ballot. Voting may be done by telephone or electronically.

**ARTICLE VI - - INDEMNIFICATION OF TRUSTEES, OFFICERS AND
EMPLOYEES, CONFLICT OF INTEREST POLICY, CODE OF
REGULATIONS**

Section 1 – Indemnification: A corporation may indemnify or agree to indemnify any director or officer or any former director or officer of The Foundation (and their heirs, executors and administrators), against expenses (including attorney's fees), judgments, decrees, fines, penalties, or amounts paid in settlement by said

person in connection with the defense of any pending or threatened action, suit, or proceeding, criminal or civil, to which said person is or may be made a party by reason of being or having been such director or officer, provided it is determined in the matter hereinafter set forth: (a) that, in any action or suit brought by or in the right of The Foundation, such a director or officer was not, and has not been adjudicated to have been, negligent or guilty of misconduct in the performance of his duty to The Foundation; (b) that said person acted in good faith in what he reasonably believed to be in or not opposed to the best interest of The Foundation; (c) that, in any matter the subject of a criminal action, suit or proceedings, said person had no reasonable cause to believe his conduct was unlawful; and (d) in the case of settlement, that the amount paid in the settlement was or is reasonable. Such determinations shall be made either (i) by the board of directors of The Foundation acting at a meeting at which a quorum consisting of the directors who are not parties to or threatened with any such action, suit or proceeding is present, (ii) by the board of directors of Knox Community Hospital, or (iii) if a majority of disinterested directors so directs, in a written opinion by independent legal counsel other than an attorney, or a firm having associated with it an attorney, who has been retained by or who has performed services for The Foundation or any other person to be indemnified within the past five (5) years. The indemnification provided by this section shall not be deemed to be exclusive of any other rights to which those seeking indemnification may be entitled to under applicable law.

Section 2 – Employees: The Foundation, in its absolute discretion, may indemnify any person who is or was an employee of The Foundation to the same extent and in the same situations and subject to the same determinations as are herein above set forth with respect to a director or officer.

Section 3 – Insurance: The indemnity provided for in this Article and any action taken under this Article shall not be deemed to be exclusive of any other rights to which any person may be entitled under the Articles, the Code of Regulations, any agreement, any insurance purchased by The Foundation or otherwise. The Foundation may purchase and maintain insurance on behalf of any person who is or was a director, officer, or employee of The Foundation against liability asserted against such person in any such capacity or arising out of such person's status as whether or not The Foundation would have the power to indemnify such person against such liability under the provisions of this Article.

Section 4 – Conflict of Interest: The board of directors shall establish and maintain in its Code of Regulations a conflict of interest policy, which is, and remains, compliant with all applicable local, state and federal statutes. Acceptance of said policy shall be required of all voting board members.

ARTICLE VII - - AMENDMENTS

These by-laws may be amended by a vote of a majority of the quorum of the voting members of The Foundation for Knox Community Hospital and voting at

Conformed copy of the changes to The Knox Community Hospital Foundation By-Laws
made on June, 2010.

280 any duly constituted meeting of the members called for the purpose of considering
281 and acting upon such amendment.

282

283

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Conformed copy of the changes to The Knox Community Hospital Foundation By-Laws
made on June, 2010.

BY-LAWS OF
THE FOUNDATION FOR KNOX COMMUNITY HOSPITAL
Amended 06/2010

PREAMBLE

The Foundation is committed to raising and managing funds to support the worthy
needs of Knox Community Hospital as determined by the Directors of The
Foundation for Knox Community Hospital.

ARTICLE I - - MEMBERS

Section 1 – Members: The Corporation shall consist of two classes of
membership: Voting Members and non-voting members.

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limit on non-voting members of The Foundation. Voting Members shall be
appointed by majority vote of the Board of Directors of The Foundation. In
appointing Voting Members, the Board of Directors shall:

1. Give due regard to the recommendations of The Foundation's Nominating
Committee and the Nominating Committee shall seek to identify
prospective Voting Members who have the talent and desire to help The
Foundation achieve its goals as set forth in its Mission Statement.
2. Shall endeavor to maintain a geographic, ethnic and social diversity of its
members so that all people of Knox County are duly represented. The
Board shall give due regard to any recommendations for Voting Members
made by Mayor or City Council of the municipal corporations of Knox
County, Ohio; the Trustees of various townships located in Knox County;
and the Board of Directors of the Apple Valley Property Owners
Association Board. The Board shall attempt but is not required to have
representatives from each of the county's municipal corporations and
townships on The Foundation.
3. Give due regard to The Knox Community Hospital Medical Staff's
nomination for a physician representative as a Voting Member to The
Foundation.

Any individual 18 years old or older interested in the advancement of Knox
Community Hospital shall upon request be designated a non-voting member of
The Foundation for Knox Community Hospital by making a monetary contribution
or voluntary service to The Foundation or Knox Community Hospital.

Voting Members of The Foundation shall be appointed from the following entities:

Each Township located in Knox County Ohio (22), the City of Mount Vernon, the Villages of Centerburg, Fredericktown, Danville, Gambier, Martinsburg, and Gann, The Apple Valley Property Owners Association, and the Knox Community Hospital Medical Staff shall be entitled to appoint a voting member to The Foundation for Knox Community Hospital. The Foundation for Knox Community Hospital Board may appoint at large voting members up to the limit of 45 total voting members.

Section 2 – Term: Each voting member shall be appointed for a two (2) year term from his or her appointing entity.

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Section 4 – Meetings: The voting members shall meet no less than quarterly. At each quarterly meeting, the membership shall be addressed by a member of the Knox Community Hospital Administration concerning issues related to Knox Community Hospital and the community. Each meeting shall include a time period where issues of community importance can be discussed. Special meetings may be called by at least three members requesting a meeting of the Chairperson. Non- voting members may attend the quarterly meetings.

Section 5 – Notice: Notice of the annual and special meetings shall be sent by regular mail to voting members from the secretary of the board at least seven days in advance of a called meeting.

Section 6 – Location: The voting members may meet where ever they so desire. The voting members may vote by telephone or electronically.

Section 7 – Quorum: A quorum shall be a majority of those voting members, but not less than fifteen (15).

Section 8 – Resignation and Vacancies: Any Voting Member of The Foundation may resign at anytime by giving written notice to the President or the Secretary of The Foundation. Such resignation shall take effect at the time specified in the written notice. Vacancies shall be filled by vote of the Executive Committee of the Board of Directors to fulfill the un-expired term.

ARTICLE II - - DIRECTORS and OFFICERS

Section 1 – General Powers: The powers of The Foundation shall be exercised, its business and affairs conducted, and its property controlled by the board of directors, except as otherwise provided by Ohio law, the Articles of Incorporation, By-laws, and other documents of governance of this corporation.

Conformed copy of the changes to The Knox Community Hospital Foundation By-Laws made on June, 2010.

Section 2 – Number of Directors: The number of Directors shall be no more than fifteen (15) and no less than nine (9), and must be a voting member of The Foundation. The Director of Development of Knox Community Hospital, The Chief Executive Officer of Knox Community Hospital, and the Chairman of the Board of Directors of Knox Community Hospital may be non-voting ex-officio members of the Board of Directors

Section 3 – Terms: Each Director shall serve a term of two years.

Section 4 – Election of Directors: Directors shall be elected for a period of two (2) consecutive years commencing at the January meeting following election at an annual meeting, or commencing at the next scheduled meeting of the board if the elected director is completing the un-expired term of a resigned or deceased director.

Section 5 – Officers of the board of directors and executive committee: Officers of the board of directors shall be the chairman, vice chairman, secretary, and treasurer, who shall comprise the executive committee of the board of directors. Any power or authority herein, or by law, conferred upon the board of directors may, in the intervals between meetings of the board of directors, be exercised by the executive committee.

Section 6 – Chair: The chair shall preside at all meetings of the board of directors and entire voting membership and shall be a member of all committees.

Section 7 – Vice Chair: The vice chair shall act as chairperson in the absence of such chair and when so acting as chair shall perform all duties and shall have all powers of the chair.

Section 8 – Secretary: The secretary shall keep the minutes of all meetings of the members and all meetings of the board of directors and its committees. The secretary shall see that all notices are duly given in accordance with the provisions of this Code of Regulations and as required by Ohio law and, upon request of the board of directors, shall prepare agendas for all meetings. The secretary shall be the custodian of the corporate records and shall see that the books, records, membership records, statements, certificates, and all other documents and records required by law are properly kept and filed. In addition to the foregoing, but not limitation thereof, the secretary shall perform such other duties as from time to time may be assigned by the president or the board of directors.

Section 9 – Treasurer: The treasurer shall be responsible for maintaining the accounts of all monies for The Foundation and at least once a year reporting those expenditures and receipts to the membership at the annual meeting. The treasurer shall also perform such duties as from time to time may be assigned by the board of directors or the President.

Section 10 – President: The President shall be the Director of Development of Knox Community Hospital. The Director of Development will be employed by Knox Community Hospital and report directly to the CEO of Knox Community Hospital. The President shall be an *ex-officio* member of all committees with voting power. The President shall, in general, supervise and control all of the business and affairs of The Foundation. The President, together with any other designated officer or officers, shall have the authority to execute and deliver any and all instruments of writing authorized by the board of directors.

Section 11 – Removals of directors and officers: Any director or officer may be removed, with stated cause, at any time by a vote of a majority of members directors present and voting at any duly constituted meeting of directors called for the purpose of considering and acting upon such removal.

ARTICLE III - - ELECTION OF BOARD OF DIRECTORS

Section 1 – Nomination and election of Directors: Annually, fifty (50) percent of the directors shall be elected at an annual meeting in October of the Voting Members.

Section 2 – Nomination and election of Foundation Directors and Knox Community Hospital Directors: Prior to the annual meeting, the Nominating Committee shall present a slate of candidates to replace members of the Board of Directors whose terms are expiring. The Nominating Committee shall also designate, for each Foundation officer to be elected, at least one (1) nominee who will have completed at least one year of service on The Foundation board of directors before taking office. Additionally, the Nominating Committee shall designate for each Knox Community Hospital Director to be elected that they will have completed at least two (2) years of service on The Foundation Board of Directors before taking office, and whose nomination is in accordance with rules governing the election of Knox Community Hospital Directors as those rules now exist, or may be amended from time to time.

Voting shall follow by secret ballot with candidates receiving the highest number of votes assuming office the following January 1, (or on a date determined by the rules governing election of Knox Community Hospital Directors).

Section 3 – Resignation and Vacancies: Any director or officer of The Foundation may resign at any time by giving written notice to the President or Secretary of The Foundation. Such resignation shall take effect at the time specified in the written notice. Vacancies shall be filled by vote of the Executive Committee of the board of directors to fulfill the term of vacant office.

Section 4 – Implementation: Public notice requirements, as well as minimum service requirements for Foundation officer candidates and for Knox Community Hospital board of director candidates shall also be modified, as required, to allow for timely elections.

ARTICLE IV - - COMMITTEES

Committees: There shall be three standing committees:

The three standing committees shall be the Nominating Committee, the Development Committee, and the Distribution Committee. Each of these Committees shall have no less than five (5) members.

The board of directors of The Foundation may create standing committees and ad-hoc committees as necessary.

Members of any committee may include individuals who are not members of the board of directors or voting members of The Foundation. Chairman of all standing committees must be a member of the board of directors.

The Board of Directors shall create the policy and procedures for each committee.

ARTICLE V - - MEETINGS OF THE DIRECTORS

Section 1 – Meetings: Meetings of The Foundation for Knox Community Hospital Board of Directors shall be held at least four times per year, including the annual meeting in October.

Section 2 – Place of meetings: All meetings of the board of trustees shall be open to the public.

Section 3 – Quorum: At all meetings of the board of directors, seven currently serving board members shall constitute a quorum for the transaction of business which may properly be brought before such a meeting.

Section 4 – Voting: Each director shall be entitled to one (1) vote per person on each matter properly submitted to the members for their vote, consent, wavier, release or other action. There shall be no voting by absentee ballot. Voting may be done by telephone or electronically.

ARTICLE VI - - INDEMNIFICATION OF TRUSTEES, OFFICERS AND EMPLOYEES, CONFLICT OF INTEREST POLICY, CODE OF REGULATIONS

Section 1 – Indemnification: A corporation may indemnify or agree to indemnify any director or officer or any former director or officer of The Foundation (and their heirs, executors and administrators), against expenses (including attorney's fees), judgments, decrees, fines, penalties, or amounts paid in settlement by said

person in connection with the defense of any pending or threatened action, suit, or proceeding, criminal or civil, to which said person is or may be made a party by reason of being or having been such director or officer, provided it is determined in the matter hereinafter set forth: (a) that, in any action or suit brought by or in the right of The Foundation, such a director or officer was not, and has not been adjudicated to have been, negligent or guilty of misconduct in the performance of his duty to The Foundation; (b) that said person acted in good faith in what he reasonably believed to be in or not opposed to the best interest of The Foundation; (c) that, in any matter the subject of a criminal action, suit or proceedings, said person had no reasonable cause to believe his conduct was unlawful; and (d) in the case of settlement, that the amount paid in the settlement was or is reasonable. Such determinations shall be made either (i) by the board of directors of The Foundation acting at a meeting at which a quorum consisting of the directors who are not parties to or threatened with any such action, suit or proceeding is present, (ii) by the board of directors of Knox Community Hospital, or (iii) if a majority of disinterested directors so directs, in a written opinion by independent legal counsel other than an attorney, or a firm having associated with it an attorney, who has been retained by or who has performed services for The Foundation or any other person to be indemnified within the past five (5) years. The indemnification provided by this section shall not be deemed to be exclusive of any other rights to which those seeking indemnification may be entitled to under applicable law.

Section 2 – Employees: The Foundation, in its absolute discretion, may indemnify any person who is or was an employee of The Foundation to the same extent and in the same situations and subject to the same determinations as are herein above set forth with respect to a director or officer.

Section 3 – Insurance: The indemnity provided for in this Article and any action taken under this Article shall not be deemed to be exclusive of any other rights to which any person may be entitled under the Articles, the Code of Regulations, any agreement, any insurance purchased by The Foundation or otherwise. The Foundation may purchase and maintain insurance on behalf of any person who is or was a director, officer, or employee of The Foundation against liability asserted against such person in any such capacity or arising out of such person's status as whether or not The Foundation would have the power to indemnify such person against such liability under the provisions of this Article.

Section 4 – Conflict of Interest: The board of directors shall establish and maintain in its Code of Regulations a conflict of interest policy, which is, and remains, compliant with all applicable local, state and federal statutes. Acceptance of said policy shall be required of all voting board members.

ARTICLE VII - - AMENDMENTS

These by-laws may be amended by a vote of a majority of the quorum of the voting members of The Foundation for Knox Community Hospital and voting at

Conformed copy of the changes to The Knox Community Hospital Foundation By-Laws
made on June, 2010.

280 any duly constituted meeting of the members called for the purpose of considering
281 and acting upon such amendment.

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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 ☒ **Part I**
 • 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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

| | | | |
|--|---|--|--|
| Type or print File by the due date for filing your return. See instructions. | Name of Exempt Organization The Knox Community Hospital Foundation | Employer identification number 31 1081020 | |
| | Number, street, and room or suite no. If a P O. box, see instructions. 1330 Coshocton Road | | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. Mount Vernon, OH 43050 | | |

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

- | | | |
|---|---|------------------------------------|
| <input 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 checked="" 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 ► **Knox Community Hospital 1330 Coshocton Road - Mt Vernon, OH 43050**

Telephone No. ▶ (740) 393-9814 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.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year 20**09** or
- ▶ ☐ tax year beginning _____, 20____, and ending _____, 20_____.

- 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. | 3a | \$ | |
| 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. | 3b | \$ | |
| 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. | 3c | \$ | 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.