

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019
▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

2018

Department of the Treasury
Internal Revenue Service

Name of exempt organization

**COOKEVILLE REGIONAL CHARITABLE
FOUNDATION, INC.**

Employer identification number

20-1550666

Name and title of officer
PAUL SWALLOW

TREASURER

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 one 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	1,055,297.
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 2018 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 acknowledgment 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 **PYA, P.C.**

ERO firm name

to enter my PIN

95612

Enter five numbers, but do not enter all zeros

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 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 2018 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

Paul Swallow Date **2-28-2020**

SIGN HERE

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.

62073216401

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4169, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Abraham Embrey CPA

Date **02/25/2020**

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

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2018.05050 COOKEVILLE REGIONAL CHARI 1895-FOI

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

B Check if applicable: Address Change Name Change Initial Return Final/terminal return Amended return Application pending	C Name of organization COOKEVILLE REGIONAL CHARITABLE FOUNDATION, INC.	D Employer identification number 20-1550666
	Doing business as COOKEVILLE REGIONAL MEDICAL CENT	
	Number and street (or P.O. box if mail is not delivered to street address) 1 MEDICAL CENTER BLVD	E Telephone number (931) 783-2037
	City or town, state or province, country, and ZIP or foreign postal code COOKEVILLE, TN 38501	G Gross receipts \$ 1,150,731.
	F Name and address of principal officer: PAUL SWALLOW 430 N. WASHINGTON AVENUE, SUITE C, COOKEVILLE	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.COOKEVILLEREGIONALCHARITY.ORG**

K Form of organization: Corporation Trust Association Other **▶** **L** Year of formation: **2007** **M** State of legal domicile: **TN**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **TO ENHANCE THE QUALITY AND AVAILABILITY OF HEALTHCARE WITHIN ITS COMMUNITY.**

Activities & Governance		Prior Year	Current Year
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3 Number of voting members of the governing body (Part VI, line 1a)		989,286.	1,061,233.
4 Number of independent voting members of the governing body (Part VI, line 1b)		0.	0.
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)		180,642.	89,498.
6 Total number of volunteers (estimate if necessary)		-103,296.	-95,434.
7 a Total unrelated business revenue from Part VIII, column (C), line 12		1,066,632.	1,055,297.
7 b Net unrelated business taxable income from Form 990-T, line 38		205,439.	170,242.

Revenue		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		989,286.	1,061,233.
9 Program service revenue (Part VIII, line 2g)		0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		180,642.	89,498.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-103,296.	-95,434.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,066,632.	1,055,297.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		205,439.	170,242.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
16 a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
16 b Total fundraising expenses (Part IX, column (D), line 25)		426,941.	581,873.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		632,380.	752,115.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		434,252.	303,182.
19 Revenue less expenses. Subtract line 18 from line 12			
20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)		2,950,123.	3,336,746.
22 Net assets or fund balances. Subtract line 21 from line 20		0.	48,850.
Part II Signature Block		2,950,123.	3,287,896.

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.

Sign Here
Signature of officer: **PAUL SWALLOW, TREASURER** Date: **2-28-2020**
Type or print name and title

Paid Preparer
Firm's name: **DEBORAH O. ERNSBERGER** Preparer's signature: *Deborah O. Ernsberger* Date: **02/25/20** Check if self-employed: PTIN: **P00364912**
Firm's address: **2220 SUTHERLAND AVENUE** Firm's EIN: **62-1517792**
Firm's address: **KNOXVILLE, TN 37922** Phone no. (865) **673-0844**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No
Form **990** (2018)