

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

2006

Department of the Treasury
Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2006, or tax year beginning , 2006, and ending

G Check all that apply Initial return Final return Amended return Address change Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.

TENNESSEE MEDICAL FOUNDATION
216 CENTERVIEW DRIVE #304
BRENTWOOD, TN 37027

A Employer identification number
62-0541813

B Telephone number (see instructions)
615-467-6411

C If exemption application is pending, check here

D 1 Foreign organizations, check here
2 Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, column (c), line 16)
\$ 297,715.

J Accounting method: Cash Accrual
 Other (specify) _____
(Part I, column (d) must be on cash basis.)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc, received (att sch)	1,001,378.			
2	ck <input type="checkbox"/> if the foundn is not req to att Sch B				
3	Interest on savings and temporary cash investments	1,791.	1,791.	1,791.	
4	Dividends and interest from securities				
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain/(loss) from sale of assets not on line 10				
b	Gross sales price for all assets on line 6a				
7	Capital gain net income (from Part IV, line 2)				
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less Cost of goods sold				
c	Gross profit/(loss) (att sch)				
11	Other income (attach schedule) SEE STATEMENT 1	23,026.			
12	Total. Add lines 1 through 11	1,026,195.	1,791.	1,791.	
13	Compensation of officers, directors, trustees, etc	300,640.			291,884.
14	Other employee salaries and wages	347,504.			347,504.
15	Pension plans, employee benefits	8,046.			8,046.
16a	Legal fees (attach schedule)				
b	Accounting fees (attach sch)				
c	Other prof fees (attach sch) SEE ST 2	19,031.			19,031.
17	Interest				
18	Taxes (attach schedule) SEE STMT 3	48,132.			48,132.
19	Depreciation (attach schedule) and depletion	20,322.			
20	Occupancy	56,460.			56,460.
21	Travel, conferences, and meetings				
22	Printing and publications	8,912.			8,912.
23	Other expenses (attach schedule) SEE STATEMENT 4	230,868.			230,790.
24	Total operating and administrative expenses. Add lines 13 through 23	1,039,915.			1,010,759.
25	Contributions, gifts, grants paid				
26	Total expenses and disbursements. Add lines 24 and 25	1,039,915.	0.	0.	1,010,759.
27	Subtract line 26 from line 12:				
a	Excess of revenue over expenses and disbursements	-13,720.			
b	Net investment income (if negative, enter -0-)		1,791.		
c	Adjusted net income (if negative, enter -0-)			1,791.	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
ASSETS	1	Cash -- non-interest-bearing	249,739.		
	2	Savings and temporary cash investments		259,814.	259,814.
	3	Accounts receivable			
		Less: allowance for doubtful accounts	5,900.		
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
		Less: allowance for doubtful accounts			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges		1,615.	1,615.
	10a	Investments -- U S and state government obligations (attach schedule)			
		b Investments -- corporate stock (attach schedule)			
		c Investments -- corporate bonds (attach schedule)			
	11	Investments -- land, buildings, and equipment, basis			
	Less: accumulated depreciation (attach schedule)				
12	Investments -- mortgage loans				
13	Investments -- other (attach schedule)				
14	Land, buildings, and equipment basis	123,950.			
	Less: accumulated depreciation (attach schedule) SEE STMT 5	91,690.			
15	Other assets (describe SEE STATEMENT 6)	9,115.	4,026.	4,026.	
16	Total assets (to be completed by all filers -- see instructions Also, see page 1, item I)	317,335.	297,715.	297,715.	
LIABILITIES	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue	15,000.	15,000.	
	20	Loans from officers, directors, trustees, & other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe)			
23	Total liabilities (add lines 17 through 22)	15,000.	15,000.		
NET ASSETS OR FUND BALANCES	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/>				
	24	Unrestricted	302,335.	282,715.	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, building, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
30	Total net assets or fund balances (see instructions)	302,335.	282,715.		
31	Total liabilities and net assets/fund balances (see instructions)	317,335.	297,715.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year -- Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	302,335.
2	Enter amount from Part I, line 27a	2	-13,720.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3.	4	288,615.
5	Decreases not included in line 2 (itemize) SEE STATEMENT 7	5	5,900.
6	Total net assets or fund balances at end of year (line 4 minus line 5) -- Part II, column (b), line 30	6	282,715.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a N/A			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss). [If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7]	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8]	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If 'Yes,' the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year; see instructions before making any entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2005	970,678.	245,993.	3.945958
2004	960,796.	163,977.	5.859334
2003	841,863.	272,746.	3.086619
2002	834,491.	226,222.	3.688815
2001	595,885.	281,630.	2.115843

2 Total of line 1, column (d)	2	18.696569
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	3.739314
4 Enter the net value of noncharitable-use assets for 2006 from Part X, line 5	4	250,992.
5 Multiply line 4 by line 3	5	938,538.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	18.
7 Add lines 5 and 6	7	938,556.
8 Enter qualifying distributions from Part XII, line 4	8	1,010,759.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1 Date of ruling letter: _____ (attach copy of ruling letter if necessary – see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	18.
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	18.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	18.
6 Credits/Payments:			
a 2006 estimated tax pmts and 2005 overpayment credited to 2006	6a		
b Exempt foreign organizations – tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7		0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		18.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2007 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? <i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation <input type="checkbox"/> \$ 0. (2) On foundation managers <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> TN		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If 'No,' attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2006 or the taxable year beginning in 2006 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>	X	
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses.</i>		X

Part VII-A Statements Regarding Activities Continued

11 a	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule. (see instructions)		X
b	If 'Yes', did the foundation have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, an annuities described in the attachment for line 11a?	N/A	
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract?		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>WWW.E-TMF.ORG</u>	X	
14	The books are in care of <u>MIKE TODD</u> Telephone no <u>615-467-6411</u> Located at <u>216 CENTERVIEW DRIVE, BRENTWOOD, TN,</u> ZIP + 4 <u>37027</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	N/A	<input type="checkbox"/>
		15	N/A

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

		Yes	No
1 a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1 b	N/A
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2006? <input type="checkbox"/>	1 c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2006, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2006? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years <u>20__ , 20__ , 20__ , 20__</u>		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see instructions)	2 b	N/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. <u>20__ , 20__ , 20__ , 20__</u>		
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If 'Yes,' did it have excess business holdings in 2006 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2006.)	3 b	N/A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2006?	4 b	X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *Continued*

5a During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No
- (4) Provide a grant to an organization other than a charitable, etc, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) Yes No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

5b N/A

6b X

7b N/A

b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

Organizations relying on a current notice regarding disaster assistance check here

c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A Yes No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If you answered 'Yes' to 6b, also file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 8		291,884.	8,756.	0.

2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If 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, other allowances
NONE				

Total number of other employees paid over \$50,000 0

BAA

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *Continued*

3 Five highest-paid independent contractors for professional services – (see instructions). If none, enter 'NONE'.

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶ 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 THE PHYSICIANS HEALTH PROGRAM ASSISTS PHYSICIANS IMPAIRED BY MENTAL/EMOTIONAL ILLNESS, CHEMICAL DEPENDENCY, OR BOTH	
-----	827,768.
2 -----	
3 -----	
4 -----	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2 -----	
All other program-related investments See instructions	
3 -----	

Total. Add lines 1 through 3 ▶ 0.

BAA

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	1a	
b Average of monthly cash balances	1b	254,814.
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1d	254,814.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	254,814.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	3,822.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	250,992.
6 Minimum investment return. Enter 5% of line 5	6	12,550.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1 Minimum investment return from Part X, line 6	N/A	1	
2a Tax on investment income for 2006 from Part VI, line 5	2a		
b Income tax for 2006 (This does not include the tax from Part VI)	2b		
c Add lines 2a and 2b	2c		
3 Distributable amount before adjustments. Subtract line 2c from line 1	3		
4 Recoveries of amounts treated as qualifying distributions	4		
5 Add lines 3 and 4	5		
6 Deduction from distributable amount (see instructions)	6		
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7		

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1a	1,010,759.
b Program-related investments — total from Part IX-B	1b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,010,759.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	18.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,010,741.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

N/A

	(a) Corpus	(b) Years prior to 2005	(c) 2005	(d) 2006
1 Distributable amount for 2006 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2005:				
a Enter amount for 2005 only				
b Total for prior years: 20 __, 20 __, 20 __				
3 Excess distributions carryover, if any, to 2006:				
a From 2001				
b From 2002				
c From 2003				
d From 2004				
e From 2005				
f Total of lines 3a through e				
4 Qualifying distributions for 2006 from Part XII, line 4: ▶ \$ _____				
a Applied to 2005, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2006 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2006 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount – see instructions				
e Undistributed income for 2005. Subtract line 4a from line 2a Taxable amount – see instructions				
f Undistributed income for 2006 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2007				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(E) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2001 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2007. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2002				
b Excess from 2003				
c Excess from 2004				
d Excess from 2005				
e Excess from 2006				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2006, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total	
(a) 2006	(b) 2005	(c) 2004	(d) 2003		
1,791.	2,125.	1,639.	1,432.	6,987.	
1,522.	1,806.	1,393.	1,217.	5,938.	
b 85% of line 2a					
1,010,759.	970,699.	960,812.	841,877.	3,784,147.	
c Qualifying distributions from Part XII, line 4 for each year listed					
				0.	
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	1,010,759.	970,699.	960,812.	841,877.	3,784,147.
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test - enter:					
(1) Value of all assets	297,715.	317,335.	308,054.	470,770.	1,393,874.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	297,715.	317,335.	308,054.	470,770.	1,393,874.
b 'Endowment' alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	8,367.	8,200.	5,466.	955.	22,988.
c 'Support' alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year - see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2))
NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include.

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
Total				▶ 3a
<i>b Approved for future payment</i>				
Total				▶ 3b

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2006

Name of organization

TENNESSEE MEDICAL FOUNDATION

Employer identification number

62-0541813

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(____) (enter number) organization
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
 4947(a)(1) nonexempt charitable trust treated as a private foundation
 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions)

General Rule –

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization

TENNESSEE MEDICAL FOUNDATION

Employer identification number

62-0541813

Part I Contributors (See Specific Instructions)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	TENNESSEE MEDICAL ASSOCIATION 2301 21ST AVENUE SOUTH NASHVILLE, TENNESSEE 37212,	\$ 133,320.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	STATE VOLUNTEER MUTUAL INS. CO 101 WESTPARK DRIVE STE 300 BRENTWOOD, TN 37027,	\$ 261,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3	TMF ENDOWMENT FUND, INC 216 CENTERVIEW DRIVE BRENTWOOD, TN 37027,	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4	JACKSON-MADISON CNTY GEN HOSP 708 WEST FOREST AVENUE JACKSON, TN 38301,	\$ 14,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5	METHODIST MED. CTR OAK RIDGE P.O. BOX 2529 OAK RIDGE, TN 37831,	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6	ST. FRANCIS P.O. BOX 171808 MEMPHIS, TN 38187,	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

TENNESSEE MEDICAL FOUNDATION

62-0541813

Part I Contributors (See Specific Instructions)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	VANDERBILT UNIV. MEDICAL HOSP 1161 21ST AVENUE SOUTH NASHVILLE, TN 37232-0012,	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	HCA FOUNDATION ONE PARK PLAZA, I-4 EAST NASHVILLE, TN 37203,	\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	MEMORIAL FOUNDATION 1000 NORTHCHASE DRIVE, STE 320 GOODLETTSVILLE, TN 37027, 5000	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	TN DEPT OF HEALTH BME 312 EIGHTH AVENUE NORTH, 14TH NASHVILLE, TN 37243,	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	SUMMITT MEDICAL CENTER 5655 FRIST BLVD. HERMITAGE, TN 37076,	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	BLOUNT MEMORIAL HOSPITAL 907 E LAMAR ALEXANDER PKWY MARYVILLE, TN 37804	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

TENNESSEE MEDICAL FOUNDATION

Employer identification number

62-0541813

Part I Contributors (See Specific Instructions)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	TN SOCIETY OF ADDICTION MEDICI P.O. BOX 10074 MURFREESBORO, TN 37129	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
14	MEMPHIS MEDICAL FOUNDATION 1067 CRESTHAVEN ROAD MEMPHIS, TN 38119	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization TENNESSEE MEDICAL FOUNDATION	Employer identification number 62-0541813
---	---

Part II. Noncash Property (See Specific Instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
	----- ----- -----	\$ -----	-----
	----- ----- -----	\$ -----	-----
	----- ----- -----	\$ -----	-----
	----- ----- -----	\$ -----	-----
	----- ----- -----	\$ -----	-----
	----- ----- -----	\$ -----	-----

2006

FEDERAL STATEMENTS

PAGE 1

CLIENT TMF

TENNESSEE MEDICAL FOUNDATION

62-0541813

8/02/07

03 39PM

STATEMENT 1
FORM 990-PF, PART I, LINE 11
OTHER INCOME

MANAGEMENT FEE		\$	5,000.
PROGRAM SERVICE REVENUE			18,026.
TOTAL	\$		23,026.

STATEMENT 2
FORM 990-PF, PART I, LINE 16C
OTHER PROFESSIONAL FEES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL FEES	\$ 19,031.			\$ 19,031.
TOTAL	\$ 19,031.	\$ 0.	\$ 0.	\$ 19,031.

STATEMENT 3
FORM 990-PF, PART I, LINE 18
TAXES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TOTAL	\$ 48,132.	\$ 0.	\$ 0.	\$ 48,132.

STATEMENT 4
FORM 990-PF, PART I, LINE 23
OTHER EXPENSES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
AMORTIZATION	\$ 78.			N/A
BANK FEES	2,203.			\$ 2,203.
CADUCEUS RETREAT	9,130.			9,130.
COMMITTEE EXPENSE	10,642.			10,642.
CONTINUING EDUCATION	629.			629.
DUES AND SUBSCRIPTIONS	2,433.			2,433.
EMPLOYEE BENEFITS	79,779.			79,779.
EQUIPMENT MAINTENANCE	3,937.			3,937.
INSURANCE	22,848.			22,848.
LICENSES	2,555.			2,555.
OFFICE EXPENSE	12,918.			12,918.
OTHER EXPENSES	33,840.			33,840.
POSTAGE	4,712.			4,712.
PUBLIC RELATIONS	13,300.			13,300.
SOLICITATIONS	9,040.			9,040.
TELEPHONE	16,421.			16,421.

CLIENT TMF

TENNESSEE MEDICAL FOUNDATION

62-0541813

8/02/07

03:39PM

STATEMENT 4 (CONTINUED)
FORM 990-PF, PART I, LINE 23
OTHER EXPENSES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
WEBSITE	\$ 6,403.			\$ 6,403.
TOTAL	\$ 230,868.	\$ 0.	\$ 0.	\$ 230,790.

STATEMENT 5
FORM 990-PF, PART II, LINE 14
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE	FAIR MARKET VALUE
AUTO./TRANSPORTATION EQUIP.	\$ 0.	\$ 0.	\$ 0.	\$ 32,260.
MACHINERY AND EQUIPMENT	123,950.	91,690.	32,260.	0.
TOTAL	\$ 123,950.	\$ 91,690.	\$ 32,260.	\$ 32,260.

STATEMENT 6
FORM 990-PF, PART II, LINE 15
OTHER ASSETS

	BOOK VALUE	FAIR MARKET VALUE
DEPOSITS	\$ 4,026.	\$ 4,026.
TOTAL	\$ 4,026.	\$ 4,026.

STATEMENT 7
FORM 990-PF, PART III, LINE 5
OTHER DECREASES

PRIOR YEAR ADJUSTMENT	\$ 5,900.
TOTAL	\$ 5,900.

STATEMENT 8
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MIKE TODD 216 CENTERVIEW DRIVE #304 BRENTWOOD, TN 37027	ADMINISTRATOR NONE	\$ 72,145.	\$ 2,164.	\$ 0.

8/02/07

03:39PM

STATEMENT 8 (CONTINUED)
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
ROLAND GRAY 216 CENTERVIEW DR. #304 BRENTWOOD, TN 37027	MEDICAL DIRECTO NONE	\$ 219,739.	\$ 6,592.	\$ 0.
		TOTAL \$ <u>291,884.</u>	\$ <u>8,756.</u>	\$ <u>0.</u>

3/12/2007
10.11

TN MEDICAL FOUNDATION
Federal ID #
Asset Summary - Federal Tax Basis
Period Ended 12/31/06

Company TMF
Page 1

<u>Num</u>	<u>Loc</u>	<u>Property Description</u>	<u>Acquired</u>	<u>T</u>	<u>Method</u>	<u>Life</u>	<u>Cost/Basis</u>	<u>179 Exp/AFD</u>	<u>Add SDA</u>	<u>Prior Depr.</u>	<u>Current Depr.</u>	<u>Ending Depr.</u>	
Group # 1													
1	1	FORD AUTOMOBILE	08/24/04	N	SL	5	29,200 00	0 00	0 00	11,680 00	5,840 00	17,520 00	
							Group # 1 Total	<u>29,200 00</u>	<u>0 00</u>	<u>0 00</u>	<u>11,680 00</u>	<u>5,840 00</u>	<u>17,520 00</u>
Group # 2													
1	1	COMPUTER	01/19/95	N	SL	5	2,665 85	0 00	0 00	2,665 85	0 00	2,665 85	
2	1	ASSISTANT	10/21/98	N	SL	5	1,613 81	0 00	0 00	1,613 81	0 00	1,613 81	
3	1	INSIGHT LAPTOP	07/06/98	N	SL	5	1,960 46	0 00	0 00	1,960 46	0 00	1,960 46	
4	1	MS OFFICE PRO	02/24/97	N	SL	5	379 99	0 00	0 00	379 99	0 00	379 99	
5	1	TRANSCRIBER	04/29/97	N	SL	5	995 00	0 00	0 00	995 00	0 00	995 00	
6	1	DATA/VIDEO PROJEC	10/15/97	N	SL	5	4,279 00	0 00	0 00	4,279 00	0 00	4,279 00	
7	1	PRINTER	07/12/01	N	SL	5	478 00	0 00	0 00	454 10	24 00	478 10	
8	1	TELEPHONE SYSTEM	01/09/02	N	SL	7	8,500 00	0 00	0 00	4,857 16	1,214 29	6,071 45	
9	1	PRINTER/FAX	02/06/02	N	SL	5	842 00	0 00	0 00	659 57	168 40	827 97	
10	1	COMPUTER	02/06/02	N	SL	5	1,645 00	0 00	0 00	1,288 58	329 00	1,617 58	
11	1	2 COMPUTERS	03/18/02	N	SL	5	2,414 00	0 00	0 00	1,810 50	482 80	2,293 30	
12	1	COMPUTER/NETWOR	01/15/02	N	SL	5	13,629 00	0 00	0 00	10,903 20	2,725 80	13,629 00	
13	1	WINDOWS SERVER	01/19/03	N	SL	5	999 00	0 00	0 00	582 75	199 80	782 55	
14	1	2 PALM PILOTS	11/25/03	N	SL	5	956 00	0 00	0 00	398 33	191 20	589 53	
15	1	DELL COMPUTER	11/23/03	N	SL	5	2,511 00	0 00	0 00	1,046 25	502 20	1,548 45	
16	1	FILE CABINET	05/09/02	N	SL	7	1,245 00	0 00	0 00	652 15	177 86	830 01	
17	1	SHELVES	11/25/02	N	SL	7	1,831 00	0 00	0 00	806 51	261 57	1,068 08	
18	1	DELL COMPUTER	03/25/05	N	SL	3	2,221 00	0 00	0 00	740 33	740 33	1,480 66	
20	1	DELL EQUIPMENT	08/30/05	N	SL	3	5,000 00	0 00	0 00	1,666 67	1,666 67	3,333 34	
							Group # 2 Total	<u>54,165 11</u>	<u>0 00</u>	<u>0 00</u>	<u>37,760 21</u>	<u>8,683 92</u>	<u>46,444 13</u>
Group # 3													
1	1	FURNITURE	02/20/02	N	SL	7	38,322 00	0 00	0 00	20,985 85	5,474 57	26,460 42	
2	1	ART/FRAMES	01/22/03	N	SL	7	2,264 00	0 00	0 00	943 34	323 43	1,266 77	
							Group # 3 Total	<u>40,586 00</u>	<u>0 00</u>	<u>0 00</u>	<u>21,929 19</u>	<u>5,798 00</u>	<u>27,727 19</u>
Group # 4													
1	1	DEVELOPMENT COST	04/01/00	N	SL	3	24,201 84	0 00	0 00	24,201 84	0 00	24,201 84	
							Group # 4 Total	<u>24,201 84</u>	<u>0 00</u>	<u>0 00</u>	<u>24,201 84</u>	<u>0 00</u>	<u>24,201 84</u>
Group # 5													
1	1	QUICKBOOKS	02/06/02	N	SL	3	580 00	0 00	0 00	579 88	0 00	579 88	
2	1	HP SOFTWARE	02/13/02	N	SL	3	674 00	0 00	0 00	674 00	0 00	674 00	
3	1	VERITAS	05/15/02	N	SL	3	487 00	0 00	0 00	486 88	0 00	486 88	
4	1	IMATION	09/16/02	N	SL	5	317 00	0 00	0 00	267 69	49 00	316 69	
5	1	ADOBE ACROBAT	09/18/02	N	SL	5	188 00	0 00	0 00	158 76	29 00	187 76	
6	1	SONIC WALL	10/18/02	N	SL	3	1,127 00	0 00	0 00	1,127 00	0 00	1,127 00	
7	1	PC SOFTWARE	01/16/03	N	SL	3	180 00	0 00	0 00	180 00	0 00	180 00	
8	1	ANTIVIRUS	01/20/03	N	SL	3	356 00	0 00	0 00	356 00	0 00	356 00	
							Group # 5 Total	<u>3,909 00</u>	<u>0 00</u>	<u>0 00</u>	<u>3,830 21</u>	<u>78 00</u>	<u>3,908 21</u>
							Grand Total	<u>152,061 95</u>	<u>0 00</u>	<u>0 00</u>	<u>99,401 45</u>	<u>20,399 92</u>	<u>119,801 37</u>

TENNESSEE MEDICAL FOUNDATION, INC.
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2005-2006

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Donald L. Gaines, M.D.
Bill Scott Portis, M.D.

TMF Board of Directors Finance Committee

Michael S. Kinnard, M.D.
Bill Scott Portis, M.D.

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Affidavit of Publication

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The Tennessean

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TEAR SHEETS
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RE: 2006 Annual Report (Gerkin)

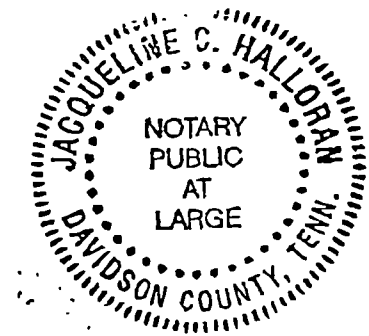
I, Clair Lee, Advertising Assistant for the above
mentioned newspaper, hereby certify that the attached advertisement
appeared in said newspaper on the following dates:

June 21 2007

Clair B. Lee

Subscribed and sworn to me this 12th day of July, 2007

Jacqueline C. Halloran
NOTARY PUBLIC



My Commission Expires JULY 21, 2007

being Lot(s) 39, as shown on the map enclosed. Local plat of record in Plat Book 1900, Page(s) 230, register's office for Davidson County, Tennessee. The street address of the above described property is believed to be 213 Lynn Drive, Goodlettsville, TN 37072, but such address is not part of the legal description of the property sold herein and in the event of any discrepancy, the legal description herein shall control. Terms of sale will be public auction, for cash, free and clear of the rights of home-owners, redemption and other, and the rights of Steve Carney and wife, Yun Carney, and those deriving through them, and subject to the right of redemption of the DEPARTMENT OF REVENUE, STATE OF TENNESSEE, by reason of tax liens of record in Volume 2762, Page 263 and Volume 2293 Page 108, Register's Office, Sumner County, Tennessee, subject to any accrued taxes and restrictions. Terms of sale will be public auction, for cash, free and clear of the rights of home-owners, redemption and other, and the rights of Steve Carney and wife, Yun Carney, and those deriving through them, and subject to the right of redemption of the DEPARTMENT OF REVENUE, STATE OF TENNESSEE, by reason of tax liens of record in Volume 2773, Page 694, Register's Office, Sumner County, Tennessee, subject to any accrued taxes and restrictions. The right is reserved to adjourn the day of the sale to another day, time, and place certain without further publication, upon announcement at the time and place for the sale set forth above. If the highest bidder cannot pay the bid within twenty-four (24) hours of the sale, the next highest bidder, at their highest bid, will be deemed the successful bidder. This property is being sold with the express reservation that the sale is subject to confirmation by the lender or trustee. The sale may be rescinded at any time. This office is a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose. Shapiro & Kirsh, LLP, Substitute Trustee, www.kirsh.com

Owner(s) of Property: Steve Carney and wife, Yun Carney. Other interested parties: Tennessee Restaurant Group, LLC and Woodwyn Hills Homeowner's Association. The street address of the above described property is believed to be 213 Lynn Drive, Goodlettsville, TN 37072, but such address is not part of the legal description of the property sold herein and in the event of any discrepancy, the legal description herein shall control. Terms of sale will be public auction, for cash, free and clear of the rights of home-owners, redemption and other, and the rights of Steve Carney and wife, Yun Carney, and those deriving through them, and subject to the right of redemption of the DEPARTMENT OF REVENUE, STATE OF TENNESSEE, by reason of tax liens of record in Volume 2762, Page 263 and Volume 2293 Page 108, Register's Office, Sumner County, Tennessee, subject to any accrued taxes and restrictions. Terms of sale will be public auction, for cash, free and clear of the rights of home-owners, redemption and other, and the rights of Steve Carney and wife, Yun Carney, and those deriving through them, and subject to the right of redemption of the DEPARTMENT OF REVENUE, STATE OF TENNESSEE, by reason of tax liens of record in Volume 2773, Page 694, Register's Office, Sumner County, Tennessee, subject to any accrued taxes and restrictions. The right is reserved to adjourn the day of the sale to another day, time, and place certain without further publication, upon announcement at the time and place for the sale set forth above. If the highest bidder cannot pay the bid within twenty-four (24) hours of the sale, the next highest bidder, at their highest bid, will be deemed the successful bidder. This property is being sold with the express reservation that the sale is subject to confirmation by the lender or trustee. The sale may be rescinded at any time. This office is a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose. Shapiro & Kirsh, LLP, Substitute Trustee, www.kirsh.com

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ADMIT ONE

at any other liens or encumbrances as well as any priority created by a future filing and by any matter that an accurate survey of the premises might disclose. S U B O R D I N A T E LIENHOLDERS: N/A OTHER INTERESTED PARTIES: N/A All right and equity of redemption, statutory or otherwise, and power are expressly waived in said deed of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Substitute Trustee. The right is reserved to adjourn the day of the sale to another day, time, and place certain without further publication, upon announcement at the time and place for the sale set forth above. THIS LAW FIRM IS ATTEMPTING TO COLLECT A DEBT. ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE. Priority Trustee Services of TN, L.L.C., Substitute Trustee c/o Stephanie B. Solomon, Attorney at Law, 1587 Northeast Expressway, Atlanta, GA 30329 (770) 234-9181 (ext.) MSP File No. 353 0713542TR

AD No. 0100552160-01
NOTICE OF PUBLIC HEARING

Notice is hereby given of the intent of the Tennessee Housing Development Agency to hold a public hearing on THDA's proposed issuance of draw down bonds in one or more series, in an aggregate principal amount not to exceed \$430,000,000 and the proposed issuance of tax-exempt mortgage revenue bonds, in one or more series, in an aggregate principal amount not to exceed \$130,000,000, to make monies available to a single family homes located in the State of Tennessee for qualified families and to return certain previously expended bonds of THDA. The hearing will be held on:

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