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BRENTWOOD, TN 37027
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Client TMF
June 19, 2008

TENNESSEE MEDICAL FOUNDATION
216 CENTERVIEW DRIVE #304
BRENTWOOD, TN 37027
615-467-6411

FEDERAL FORMS

Form 990-PF
Schedule B

2007 Return of Private Foundation
Schedule of Contributors

FEE SUMMARY

Preparation Fee

TENNESSEE MEDICAL FOUNDATION

62-0541813

	2007	2006	DIFF
REVENUE PER BOOKS			
CONTRIBUTIONS, GIFTS, AND GRANTS	999,939	1,001,378	-1,439
INTEREST ON SAVINGS/TEMP CASH INVEST	1,320	1,791	-471
OTHER INCOME	31,549	23,026	8,523
TOTAL REVENUE	1,032,808	1,026,195	6,613
EXPENSES PER BOOKS			
COMPENSATION OF OFFICERS, DIR, ETC	338,250	300,640	37,610
OTHER EMPLOYEE SALARIES AND WAGES	383,564	347,504	36,060
PENSION PLANS, EMPLOYEE BENEFITS	5,520	8,046	-2,526
OTHER PROFESSIONAL FEES	22,205	19,031	3,174
TAXES	0	48,132	-48,132
DEPRECIATION	16,754	20,322	-3,568
OCCUPANCY	53,272	56,460	-3,188
TRAVEL, CONFERENCES, AND MEETINGS	47,313	0	47,313
PRINTING AND PUBLICATIONS	8,966	8,912	54
OTHER EXPENSES	231,321	230,868	453
TOTAL OPERATING/ADMINISTRATIVE EXP	1,107,165	1,039,915	67,250
TOTAL EXPENSES	1,107,165	1,039,915	67,250
EXCESS OF REVENUE OVER EXPENSES	-74,357	-13,720	-60,637
NET INVESTMENT REVENUE			
INTEREST ON SAVINGS/TEMP CASH INVEST	1,320	1,791	-471
TOTAL REVENUE	1,320	1,791	-471
NET INVESTMENT EXPENSES			
TOTAL OPERATING/ADMINISTRATIVE EXP	0	0	0
TOTAL EXPENSES	0	0	0
NET INVESTMENT INCOME	1,320	1,791	-471
TAX COMPUTATION			
TAX ON NET INVESTMENT INCOME	13	18	-5
TAX ON INVESTMENT INCOME	13	18	-5
PAYMENTS AND CREDITS			
TOTAL PAYMENTS AND CREDITS	0	0	0
REFUND OR AMOUNT DUE			
OVERPAYMENT	0	0	0
TAX DUE	13	18	-5
TAX RATES			
MARGINAL TAX RATE	1.0%	1.0%	0.0%
EFFECTIVE TAX RATE	1.0%	1.0%	0.0%
ADJUSTED NET INCOME REVENUE			
INTEREST ON SAVINGS/TEMP CASH INVEST	1,320	1,791	-471
TOTAL REVENUE	1,320	1,791	-471
ADJUSTED NET INCOME EXPENSES			
TOTAL OPERATING/ADMINISTRATIVE EXP	0	0	0

TENNESSEE MEDICAL FOUNDATION

62-0541813

TOTAL EXPENSES.....	0	0	0
ADJUSTED NET INCOME.....	1,320	1,791	-471
CHARITABLE PURPOSES DISBURSEMENTS			
COMPENSATION OF OFFICERS, DIR, ETC.....	328,398	291,884	36,514
OTHER EMPLOYEE SALARIES AND WAGES.....	383,564	347,504	36,060
PENSION PLANS, EMPLOYEE BENEFITS.....	5,520	8,046	-2,526
OTHER PROFESSIONAL FEES.....	22,205	19,031	3,174
TAXES.....	0	48,132	-48,132
OCCUPANCY.....	53,272	56,460	-3,188
TRAVEL, CONFERENCES, AND MEETINGS.....	47,313	0	47,313
PRINTING AND PUBLICATIONS.....	8,966	8,912	54
OTHER EXPENSES.....	231,321	230,790	531
TOTAL OPERATING/ADMINISTRATIVE EXP.....	1,080,559	1,010,759	69,800
TOTAL EXPENSES AND DISBURSEMENTS.....	1,080,559	1,010,759	69,800
NET ASSETS OR FUND BALANCES			
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	282,715	302,335	-19,620
EXCESS OF REVENUE OVER EXPENSES.....	-74,357	-13,720	-60,637
OTHER DECREASES.....	0	5,900	-5,900
NET ASSETS/FUND BAL. AT END OF YEAR.....	208,358	282,715	-74,357

2007

GENERAL INFORMATION

PAGE 1

TENNESSEE MEDICAL FOUNDATION

62-0541813

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990-PF, SCH B

TAX RATES

<u>PRIVATE FOUNDATION</u>	<u>MARGINAL</u>	<u>EFFECTIVE</u>
FEDERAL	1.0 %	1.0 %

CARRYOVERS TO 2008

NONE

TENNESSEE MEDICAL FOUNDATION

62-0541813

**FORM 990, PART II, LINE 25A
 COMPENSATION OF OFFICERS, DIRECTORS, ETC.**

COMPENSATION RECEIVED	(A)	(B)	(C)	(D)
<u>NAME</u>	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT & GENERAL</u>	<u>FUNDRAISING</u>
MIKE TODD	99,270.	0.	0.	0.
ROLAND GRAY	229,128.	0.	0.	0.
TOTAL	<u>\$ 328,398.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

EMPLOYEE BENEFIT PLAN CONTRIBUTION	(A)	(B)	(C)	(D)
<u>NAME</u>	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT & GENERAL</u>	<u>FUNDRAISING</u>
MIKE TODD	2,978.	0.	0.	0.
ROLAND GRAY	6,874.	0.	0.	0.
TOTAL	<u>\$ 9,852.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

EXPENSE ACCT. & OTHER ALLOWANCES	(A)	(B)	(C)	(D)
<u>NAME</u>	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT & GENERAL</u>	<u>FUNDRAISING</u>
MIKE TODD	0.	0.	0.	0.
ROLAND GRAY	0.	0.	0.	0.
TOTAL	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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

2007

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 2007, or tax year beginning _____, **2007, 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 the instructions) 615-467-6411 C If exemption application is pending, check here. <input type="checkbox"/> D 1 Foreign organizations, check here. <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation. <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here. <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. <input type="checkbox"/>
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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)
 ▶ \$ 161,362.

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

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions).)</i>				
R E V E N U E	1 Contributions, gifts, grants, etc., received (att sch.)	999,939.		
	2 Ck ▶ <input type="checkbox"/> if the foundn is not req to att Sch B			
	3 Interest on savings and temporary cash investments	1,320.	1,320.	1,320.
	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 31,549.			
12 Total. Add lines 1 through 11	1,032,808.	1,320.	1,320.	
A D M I N I S T R A T I V E O P E R A T I N G A N D E X P E N S E S	13 Compensation of officers, directors, trustees, etc.	338,250.		328,398.
	14 Other employee salaries and wages	383,564.		383,564.
	15 Pension plans, employee benefits	5,520.		5,520.
	16a Legal fees (attach schedule)			
	b Accounting fees (attach sch.)			
	c Other prof fees (attach sch.)	SEE . ST. 2 22,205.		22,205.
	17 Interest			
	18 Taxes (attach schedule)			
	19 Depreciation (attach sch) and depletion	16,754.		
	20 Occupancy	53,272.		53,272.
	21 Travel, conferences, and meetings	47,313.		47,313.
22 Printing and publications	8,966.		8,966.	
23 Other expenses (attach schedule)				
	SEE STATEMENT 3 231,321.		231,321.	
24 Total operating and administrative expenses. Add lines 13 through 23	1,107,165.			1,080,559.
25 Contributions, gifts, grants paid				
26 Total expenses and disbursements. Add lines 24 and 25	1,107,165.	0.	0.	1,080,559.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-74,357.			
b Net investment income (if negative, enter -0-)		1,320.		
c Adjusted net income (if negative, enter -0-)			1,320.	

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			
	2 Savings and temporary cash investments	259,814.	133,149.	133,149.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable		62,396.	
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the 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.	8,682.	8,682.
	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 4	108,445.	32,260.	15,505.	
15 Other assets (describe SEE STATEMENT 5)	4,026.	4,026.	4,026.	
16 Total assets (to be completed by all filers — see instructions. Also, see page 1, item l)	297,715.	223,758.	161,362.	
LIABILITIES	17 Accounts payable and accrued expenses		3,400.	
	18 Grants payable			
	19 Deferred revenue	15,000.	12,000.	
	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.	15,400.	
NET ASSETS OR FUND BALANCES	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	282,715.	208,358.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	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 the instructions)	282,715.	208,358.		
31 Total liabilities and net assets/fund balances (see the instructions)	297,715.	223,758.		

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	282,715.
2	Enter amount from Part I, line 27a	2	-74,357.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	208,358.
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	208,358.

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			(i) 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 the 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 the 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))
2006	1,010,741.	250,992.	4.026985
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
2 Total of line 1, column (d).			20.607711
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			4.121542
4 Enter the net value of noncharitable-use assets for 2007 from Part X, line 5.			131,152.
5 Multiply line 4 by line 3			540,548.
6 Enter 1% of net investment income (1% of Part I, line 27b)			13.
7 Add lines 5 and 6			540,561.
8 Enter qualifying distributions from Part XII, line 4.			1,080,559.

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 the 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	13.
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	13.
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	13.
6 Credits/Payments:			
a 2007 estimated tax pmts and 2006 overpayment credited to 2007	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	13.
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 2008 estimated tax .			
	Refunded	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 the instructions for definition)?		X
<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>		
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. . . . ▶ \$ <u>0.</u> (2) On foundation managers. . . . ▶ \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. . . . ▶ \$ <u>0.</u>		
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 the instructions) ▶ <u>TN</u>		
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 <i>General Instruction G</i> ? <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 2007 or the taxable year beginning in 2007 (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).....	11 a		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?	11 b	N/A	
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address..... ▶ WWW.E-TMF.ORG				
14	The books are in care of ▶ MIKE TODD Telephone no. ▶ 615-467-6411			
Located at ▶ 216 CENTERVIEW DRIVE, BRENTWOOD, TN ZIP + 4 ▶ 37027				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here.....	N/A	▶ <input type="checkbox"/>	
and enter the amount of tax-exempt interest received or accrued during the year..... ▶ 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 the instructions)?.....	1 b	N/A
Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>			
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 2007?.....	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 2007, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2007?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If 'Yes,' list the years ▶ 20__ , 20__ , 20__ , 20__ .			
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 the 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. ▶ 20__ , 20__ , 20__ , 20__ .		
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 2007 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2007.</i>).....	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 2007?.....	4 b	X

BAA

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

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)?

5b N/A

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?

6b X

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?

7b N/A

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
MIKE TODD 216 CENTERVIEW DRIVE #304 BRENTWOOD, TN 37027	ADMINISTRATO 0	99,270.	2,978.	0.
ROLAND GRAY 216 CENTERVIEW DR. #304 BRENTWOOD, TN 37027	MEDICAL DIRE 0	229,128.	6,874.	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

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	861,371.
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.

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	1 a	
b Average of monthly cash balances	1 b	133,149.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	133,149.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1 e	0.
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	133,149.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	1,997.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	131,152.
6 Minimum investment return. Enter 5% of line 5	6	6,558.

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	1	N/A
2a Tax on investment income for 2007 from Part VI, line 5	2 a	
b Income tax for 2007. (This does not include the tax from Part VI.)	2 b	
c Add lines 2a and 2b	2 c	
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	1 a	1,080,559.
b Program-related investments – total from Part IX-B	1 b	
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)	3 a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,080,559.
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	13.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,080,546.

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 2006	(c) 2006	(d) 2007
1 Distributable amount for 2007 from Part XI, line 7.....				
2 Undistributed income, if any, as of the end of 2006:				
a Enter amount for 2006 only.....				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2007:				
a From 2002.....				
b From 2003.....				
c From 2004.....				
d From 2005.....				
e From 2006.....				
f Total of lines 3a through e.....				
4 Qualifying distributions for 2007 from Part XII, line 4: ▶ \$ _____				
a Applied to 2006, 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 2007 distributable amount.....				
e Remaining amount distributed out of corpus ..				
5 Excess distributions carryover applied to 2007..... (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 2006. Subtract line 4a from line 2a. Taxable amount – see instructions.....				
f Undistributed income for 2007. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2008.....				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions).....				
8 Excess distributions carryover from 2002 not applied on line 5 or line 7 (see instructions) ..				
9 Excess distributions carryover to 2008. Subtract lines 7 and 8 from line 6a.....				
10 Analysis of line 9:				
a Excess from 2003.....				
b Excess from 2004.....				
c Excess from 2005.....				
d Excess from 2006.....				
e Excess from 2007.....				

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 2007, enter the date of the ruling.					
b Check box to indicate whether the foundation is a private operating foundation described in section <input checked="" type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 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) 2007	(b) 2006	(c) 2005	(d) 2004	
b 85% of line 2a.	1,320.	1,791.	2,125.	1,639.	6,875.
c Qualifying distributions from Part XII, line 4 for each year listed.	1,122.	1,522.	1,806.	1,393.	5,843.
d Amounts included in line 2c not used directly for active conduct of exempt activities.					0.
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.	1,080,559.	1,010,759.	970,699.	960,812.	4,022,829.
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test – enter:					
(1) Value of all assets	223,758.	297,715.	317,335.	308,054.	1,146,862.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i).	223,758.	297,715.	317,335.	308,054.	1,146,862.
b 'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.	4,372.	8,367.	8,200.	5,466.	26,405.
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				N/A
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

2007

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) (2007)

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
1	TENNESSEE MEDICAL ASSOCIATION ----- 2301 21ST AVENUE SOUTH ----- NASHVILLE, TENNESSEE 37212, -----	\$ 97,423.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2	STATE VOLUNTEER MUTUAL INS. CO ----- 101 WESTPARK DRIVE STE 300 ----- BRENTWOOD, TN 37027, -----	\$ 261,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3	TMF ENDOWMENT FUND, INC ----- 216 CENTERVIEW DRIVE ----- BRENTWOOD, TN 37027, -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
4	JACKSON-MADISON CNTY GEN HOSP ----- 708 WEST FOREST AVENUE ----- JACKSON, TN 38301, -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
5	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"/> <small>(Complete Part II if there is a noncash contribution.)</small>
6	MEMPHIS MEDICAL FOUNDATION ----- 1067 CRESTHAVEN ROAD ----- MEMPHIS, TN 38119, -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

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	WELLMONT HEALTH SYSTEM ----- 1905 AMERICAN WAY ----- KINGSPORT, TN 37660, -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
8	SUMMITT MEDICAL CENTER ----- 5655 FRIST BLVD. ----- HERMITAGE, TN 37076, -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
9	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"/> <small>(Complete Part II if there is a noncash contribution.)</small>
10	TMA IMPAIRED PHYS. LOAN FUND ----- 216 CENTERVIEW DRIVE ----- BRENTWOOD, TN 37027 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
11	METHODIST HEALTHCARE ----- 1211 UNION AVENUE, SUITE 700 ----- MEMPHIS, TN 38104 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
12	BAPTIST MEMORIAL HELATHCARE ----- 350 NORTH HUMPHREYS BLVD ----- MEMPHIS, TN 38120 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

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
13	ERLANGER HEALTH SYSTEM ----- 975 EAST THIRD STREET ----- CHATTANOOGA, TN 37403 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
14	TENET HEALTHCARE FOUNDATION ----- 13737 NOEL ROAD ----- DALLAS, TX 75240 -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
15	JAMES D. NELSON, MD ----- 149 WALNUT GROVE CHURCH ROAD ----- DAYTON, TN 37321 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
16	NAMA PHILANTHROPY CORPORATION ----- P.O. BOX 158464 ----- NASHVILLE, TN 37215 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

Employer identification number

TENNESSEE MEDICAL FOUNDATION

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 ----- ----- -----		

BAA

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

TENNESSEE MEDICAL FOUNDATION

62-0541813

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

MANAGEMENT FEE	\$	10,000.
PROGRAM SERVICE REVENUE		21,549.
TOTAL	\$	<u>31,549.</u>

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	\$ 22,205.			\$ 22,205.
TOTAL	\$ <u>22,205.</u>	\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>22,205.</u>

STATEMENT 3
FORM 990-PF, PART I, LINE 23
OTHER EXPENSES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK FEES	\$ 1,867.			\$ 1,867.
CADUCEUS RETREAT	14,661.			14,661.
COMMITTEE EXPENSE	17,034.			17,034.
CONTINUING EDUCATION	1,200.			1,200.
DUES AND SUBSCRIPTIONS	3,437.			3,437.
EMPLOYEE BENEFITS	79,302.			79,302.
EQUIPMENT MAINTENANCE	28,956.			28,956.
INSURANCE	21,789.			21,789.
LICENSES	2,455.			2,455.
OFFICE EXPENSE	9,211.			9,211.
OTHER EXPENSES	8,845.			8,845.
POSTAGE	7,634.			7,634.
PUBLIC RELATIONS	12,100.			12,100.
SOLICITATIONS	2,918.			2,918.
TELEPHONE	16,903.			16,903.
WEBSITE	3,009.			3,009.
TOTAL	\$ <u>231,321.</u>	\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>231,321.</u>

STATEMENT 4
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.	\$ 15,505.
MACHINERY AND EQUIPMENT	123,950.	108,445.	15,505.	0.
TOTAL	\$ <u>123,950.</u>	\$ <u>108,445.</u>	\$ <u>15,505.</u>	\$ <u>15,505.</u>

STATEMENT 5
FORM 990-PF, PART II, LINE 15
OTHER ASSETS

	<u>BOOK VALUE</u>	<u>FAIR MARKET VALUE</u>
DEPOSITS	\$ 4,026.	\$ 4,026.
TOTAL	<u>\$ 4,026.</u>	<u>\$ 4,026.</u>