



**BELLENFANT**

CERTIFIED PUBLIC ACCOUNTANTS

**2024 TAX RETURN**



# BELLENFANT PLLC

2919 BERRY HILL DR  
NASHVILLE, TN 37204  
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Phone: (615)370-8700 | Fax: (615)370-4475

November 14, 2025

Tennessee Medical Foundation, Inc.  
5141 Virginia Way Ste 110  
Brentwood, TN 37027

Tennessee Medical Foundation, Inc.:

Enclosed is the 2024 federal return for a tax-exempt organization, prepared for Tennessee Medical Foundation, Inc. from the information provided. The return was e-filed with the IRS and was accepted on November 14, 2025.

The organization's federal return reflects a balance due of \$448.

The payment was due on May 15, 2025. To minimize penalties and interest, make the payment as soon as possible. If the organization uses the Electronic Federal Tax Payment System (EFTPS) to make federal tax deposits, it must use EFTPS to make this tax payment. Do not send payments directly to an IRS office; otherwise, Tennessee Medical Foundation, Inc. may have to pay a penalty.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (615)370-8700.

Sincerely,

John Bellenfant CPA  
BELLENFANT PLLC

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NASHVILLE, TN 37204  
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5141 Virginia Way Ste 110  
Brentwood, TN 37027

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (615)370-8700.

Sincerely,

John Bellenfant CPA  
BELLENFANT PLLC

**Acknowledgement and General Information for  
Entities That File Returns Electronically**

**2024**

Name(s) as shown on return

**TENNESSEE MEDICAL FOUNDATION, INC.**

Tax ID Number

**\*\*--\*\*\*1813**

Entity address

**5141 VIRGINIA WAY**

**BRENTWOOD, TN 37027**

**Thank you for participating in IRS e-file.**

1.  2024 **990PF** income tax return for **Federal** was filed electronically.  
The electronic filing services were provided by **BELLENFANT PLLC**.
2.  **990PF** income tax return was accepted on **11-14-2025** using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.  
The submission ID assigned to this return is **6236552025318zshwz0**.

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE  
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

Client Copy

**Acknowledgement and General Information for  
Entities That File Returns Electronically**

**2024**

Name(s) as shown on return

**TENNESSEE MEDICAL FOUNDATION, INC.**

Tax ID Number

**\*\*--\*\*\*1813**

Entity address

**5141 VIRGINIA WAY**

**BRENTWOOD, TN 37027**

**Thank you for participating in IRS e-file.**

1.  2024 **8868-04** income tax return for **Federal** was filed electronically.  
The electronic filing services were provided by **BELLENFANT PLLC**.
2.  **8868-04** income tax return was accepted on **05-13-2025** using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.  
The submission ID assigned to this return is **6226642025133gki1au3**.

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE  
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

Client Copy

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

2024

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For calendar year 2024 or tax year beginning , 2024, and ending , 20

Name of foundation: TENNESSEE MEDICAL FOUNDATION, INC. A Employer identification number: 62-0541813. B Telephone number: (615) 467-6411. G Check all that apply: Initial return, Final return, Address change, etc. H Check type of organization: Section 501(c)(3) exempt private foundation. I Fair market value of all assets at end of year: \$1,260,783. J Accounting method: Accrual.

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12) and Operating and Administrative Expenses (13-26), leading to Total operating and administrative expenses of 1,523,652 and Adjusted net income of 32,204.

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	363,802	302,350	302,350
	2	Savings and temporary cash investments	614,067	643,343	643,343
	3	Accounts receivable	58,039		
		Less: allowance for doubtful accounts	64,461	58,039	58,039
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable	72,757	105,744	105,744
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	13,219	18,585	18,585
	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	57,580			
	Less: accumulated depreciation (attach schedule)	53,306			
15	Other assets (describe STM120)	2,734	4,274	4,274	
16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)	202,041	128,448	128,448	
Liabilities	17	Accounts payable and accrued expenses	1,333,081	1,260,783	1,260,783
	18	Grants payable	7,224	4,020	
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe STM121)	202,041	128,448	
23	<b>Total liabilities</b> (add lines 17 through 22)	209,265	132,468		
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30</b> <input checked="" type="checkbox"/>				
	24	Net assets without donor restrictions	1,123,816	1,128,315	
	25	Net assets with donor restrictions			
	<b>Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30</b> <input type="checkbox"/>				
	26	Capital stock, trust principal, or current funds			
	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
28	Retained earnings, accumulated income, endowment, or other funds				
29	<b>Total net assets or fund balances</b> (see instructions)	1,123,816	1,128,315		
30	<b>Total liabilities and net assets/fund balances</b> (see instructions)	1,333,081	1,260,783		

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 29 (must agree with end-of-year figure reported on prior year's return)	1	1,123,816
2	Enter amount from Part I, line 27a	2	35,053
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	1,158,869
5	Decreases not included in line 2 (itemize)	5	
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 29	6	1,158,869

Part IV Capital Gains and Losses for Tax on Investment Income

Table with columns (a) through (k) for listing assets, including sales price, depreciation, cost basis, and gain/loss.

Summary rows for capital gain net income (line 2) and net short-term capital gain (line 3).

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

Table for excise tax calculations, including lines 1a through 11, with sub-sections 6a-6d for credits and payments.

Part VI-A Statements Regarding Activities

1a 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? 1a Yes No X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1b Yes No X
c Did the foundation file Form 1120-POL for this year? 1c Yes No X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ (2) On foundation managers. \$
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 Yes No 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? If "Yes," attach a conformed copy of the changes 3 Yes No X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a Yes No X
b If "Yes," has it filed a tax return on Form 990-T for this year? 4b Yes No
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. 5 Yes No 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? 6 Yes No X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV 7 Yes No X
8a Enter the states to which the foundation reports or with which it is registered. See instructions.
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? If "No," attach explanation 8b Yes No 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 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII 9 Yes No X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 Yes No X
11 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 Yes No X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions 12 Yes No X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address E-TMF.ORG 13 Yes No X
14 The books are in care of JENNIFER RAINWATER Telephone no. 615-467-6411 Located at 5141 VIRGINIA WAY, BRENTWOOD, TN ZIP+4 37027
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 15
16 At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country 16 Yes No

Part VI-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.

Table with columns for question ID, question text, Yes, and No. Rows include 1a(1) through 4b, with 'X' marks in the Yes/No columns for various items.

**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

	Yes	No
<b>5a</b> 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))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d) (4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
<b>b</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		
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
<b>d</b> 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? If "Yes," attach the statement required by Regulations section 53.4945-5(d).		
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

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

**1 List all officers, directors, trustees, and 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
<b>See 990 OFOV</b>				
JD ROSDEUTSCHER, MD 5141 VIRGINIA WAY STE 110 BRENTWOOD, TN 37027	CHAIR PHQIC 2.00	0	0	0
MICHAEL R MILLER, DO 5141 VIRGINIA WAY STE 110 BRENTWOOD, TN 37027	DIRECTOR 1.00	0	0	0
CLAY W RUNNELS, MD 5141 VIRGINIA WAY STE 110 BRENTWOOD, TN 37027	PRESIDENT 2.00	0	0	0
SUBHI D ALI, MD 5141 VIRGINIA WAY STE 110 BRENTWOOD, TN 37027	DIRECTOR 1.00	0	0	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 VII 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 . . . . .

**Part VIII-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.	1,231,276
2	
3	
4	

**Part VIII-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	
2	
3 All other program-related investments. See instructions.	

**Total.** Add lines 1 through 3 . . . . . **0**

**Part IX 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	0
b	Average of monthly cash balances	1b	333,076
c	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	333,076
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	333,076
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	4,996
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3	5	328,080
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5	6	16,404

**Part X 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 IX, line 6	1	
2a	Tax on investment income for 2024 from Part V, line 5	2a	
b	Income tax for 2024. (This does not include the tax from Part V.)	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	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	

**Part XI 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	911,682
b	Program-related investments - total from Part VIII-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	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4	4	911,682

**Part XII Undistributed Income** (see instructions)

		(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
1	Distributable amount for 2024 from Part X, line 7 . . . . .				
2	Undistributed income, if any, as of the end of 2024:				
a	Enter amount for 2023 only . . . . .				
b	Total for prior years: 20_____, 20_____, 20_____				
3	Excess distributions carryover, if any, to 2024:				
a	From 2019 . . . . .	505,344			
b	From 2020 . . . . .	1,017,893			
c	From 2021 . . . . .	875,445			
d	From 2022 . . . . .	957,391			
e	From 2023 . . . . .	921,240			
f	<b>Total</b> of lines 3a through e . . . . .	4,277,313			
4	Qualifying distributions for 2024 from Part XI, line 4: \$ <u>911,682</u>				
a	Applied to 2023, 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 2024 distributable amount . . . . .				
e	Remaining amount distributed out of corpus . . . . .	911,682			
5	Excess distributions carryover applied to 2024 (If an amount appears in column (d), the same amount must be shown in column (a).) . . . . .				
6	<b>Enter the net total of each column as indicated below:</b>				
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .	5,188,995			
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 2023. Subtract line 4a from line 2a. Taxable amount - see instructions . . . . .				
f	Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025 . . . . .				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . .				
8	Excess distributions carryover from 2019 not applied on line 5 or line 7 (see instructions) . . . . .	505,344			
9	<b>Excess distributions carryover to 2025.</b> Subtract lines 7 and 8 from line 6a . . . . .	4,683,651			
10	Analysis of line 9:				
a	Excess from 2020 . . . . .	1,017,893			
b	Excess from 2021 . . . . .	875,445			
c	Excess from 2022 . . . . .	957,391			
d	Excess from 2023 . . . . .	921,240			
e	Excess from 2024 . . . . .	911,682			

**Part XIII Private Operating Foundations** (see instructions and Part VI-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2024, 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)

	Tax year				(e) Total
	(a) 2024	(b) 2023	(c) 2022	(d) 2021	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed . . . . .	16,404	18,578	13,679	233	48,894
<b>b</b> 85% (0.85) of line 2a . . . . .	13,943	15,791	11,627	198	41,559
<b>c</b> Qualifying distributions from Part XI, line 4, for each year listed . . . . .	911,682				911,682
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	911,682				911,682
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed . . . . .	10,936				10,936
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> Gross investment income . . . . .					

**Part XIV Supplementary Information (Complete this part only if the foundation 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).)

---

**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.

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**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., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address 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 XIV** 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)				
<b>a</b> Paid during the year				
<b>Total</b> .....				<b>3a</b>
<b>b</b> Approved for future payment				
<b>Total</b> .....				<b>3b</b>

Client Copy



Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1a through 1d regarding transfers and transactions.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? [ ] Yes [X] No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. JENNIFER RAINWATER EXECUTIVE DIRECTOR

Paid Preparer Use Only Preparer's name JOHN BELLENFANT CPA Preparer's signature Date 11-14-2025 Check self-employed if PTIN XXXXXXXXXX Firm's name BELLENFANT PLLC Firm's EIN 47-4682450 Firm's address 2919 BERRY HILL DR NASHVILLE TN 37204 Phone no. 615-370-8700



Name of organization

Employer identification number

**TENNESSEE MEDICAL FOUNDATION, INC.**

**62-0541813**

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
—	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
—	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
—	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
—	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
—	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

Name of organization <b>TENNESSEE MEDICAL FOUNDATION, INC.</b>	Employer identification number <b>62-0541813</b>
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**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(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
_____ _____ _____	_____ _____ _____

(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
_____ _____ _____	_____ _____ _____

**Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. <b>TENNESSEE MEDICAL FOUNDATION, INC.</b>	Taxpayer identification number (TIN) <b>62-0541813</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>5141 VIRGINIA WAY STE 110</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BRENTWOOD, TN 37027</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 

0	4
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations** (see instructions)

The books are in the care of JENNIFER RAINWATER, 5141 VIRGINIA WAY BRENTWOOD, TN 37027  
 Telephone No. 615-467-6411 Fax No. \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box . . . . .

• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_ .

If this is for the whole group, check this box . . . . .

If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for . . . .

**1** I request an automatic 6-month extension of time until 11-17, 2025, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:  
 calendar year 2024 or  
 tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  
 Initial return     Final return     Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0

**IRS E-file Signature Authorization  
for a Tax Exempt Entity**

For calendar year 2024, or fiscal year beginning \_\_\_\_\_, 2024, and ending \_\_\_\_\_, 20

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

**2024**

Name of filer **TENNESSEE MEDICAL FOUNDATION, INC.** EIN or SSN **62-0541813**  
Name and title of officer or person subject to tax

**JENNIFER RAINWATER, EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here . . . . .	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b _____
2a Form 990-EZ check here . . . . .	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b _____
3a Form 1120-POL check here . . . . .	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b _____
4a Form 990-PF check here . . . . .	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . . . .	4b _____
5a Form 8868 check here . . . . .	<input checked="" type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b <u>0</u>
6a Form 990-T check here . . . . .	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b _____
7a Form 4720 check here . . . . .	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b _____
8a Form 5227 check here . . . . .	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . . . .	8b _____
9a Form 5330 check here . . . . .	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . . . .	9b _____
10a Form 8038-CP check here . . . . .	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . .	10b _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize BELLENFANT PLLC to enter my PIN 37027 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date 11-14-2025

**Part III Certification and Authentication**

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

623655 37027

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date 11-14-2025

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

**IRS E-file Signature Authorization  
for a Tax Exempt Entity**

For calendar year 2024, or fiscal year beginning \_\_\_\_\_, 2024, and ending \_\_\_\_\_, 20

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

**2024**

Name of filer **TENNESSEE MEDICAL FOUNDATION, INC.** EIN or SSN **62-0541813**  
Name and title of officer or person subject to tax

**JENNIFER RAINWATER, EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	_____
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here	<input checked="" type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	<b>448</b>
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	_____
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	_____
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	_____
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	_____
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize BELLENFANT PLLC to enter my PIN 37027 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date 11-14-2025

**Part III Certification and Authentication**

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

623655 37027

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date 11-14-2025

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

**Federal Supporting Statements**

**2024 PG01**

Name(s) as shown on return

Tax ID Number

TENNESSEE MEDICAL FOUNDATION, INC.

62-0541813

**FORM 990PF - PART II - LINE 15  
OTHER ASSETS SCHEDULE**

STATEMENT #120

<u>DESCRIPTION</u>	<u>BOY BOOK</u>	<u>EOY BOOK</u>	<u>FMV</u>
RIGHT OF USE ASSET	202,041	128,448	128,448
<b>TOTAL</b>	<b>202,041</b>	<b>128,448</b>	<b>128,448</b>

**FORM 990PF - PART II - LINE 22  
OTHER LIABILITIES SCHEDULE**

PG01  
STATEMENT #121

<u>DESCRIPTION</u>	<u>BOY AMOUNT</u>	<u>EOY AMOUNT</u>
LEASE LIABILITIES	202,041	128,448
<b>TOTAL</b>	<b>202,041</b>	<b>128,448</b>

Client Copy

## Federal Supporting Statements

**2024** PG01

Name(s) as shown on return

Tax ID Number

TENNESSEE MEDICAL FOUNDATION, INC.

62-0541813

FORM 990PF - PART I - LINE 23 - OTHER EXPENSES SCHEDULE

STATEMENT #103~

DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE
WEBSITE	10,573	0	0	0
CADUCEUS	38,371	0	0	0
INSURANCE	42,025	0	0	0
TELEPHONE	11,239	0	0	0
REPAIRS AND MAINTENANCE	857	0	0	0
SOLICITATIONS	11,117	0	0	0
MISCELLANEOUS	17,872	0	0	0
OFFICE	46,472	0	0	0
COMMITTEE EXPENSES	26,363	0	0	0
PUBLIC RELATIONS CAMPAIGN	14,300	0	0	0
POSTAGE	1,783	0	0	0
DUES AND SUBSCRIPTIONS	7,629	0	0	0
LICENSES AND FEES	980	0	0	0
BANK FEES	5,777	0	0	0
DEPRECIATION	2,149	0	0	0
OPIOID ABATEMENT GRANT EXPENSE	99,551	0	0	0
<b>TOTALS</b>	<u>337,058</u>	<u>0</u>	<u>0</u>	<u>0</u>

Client Copy

**Federal Supporting Statements**

**2024** PG01

Name(s) as shown on return

Tax ID Number

TENNESSEE MEDICAL FOUNDATION, INC.

62-0541813

FORM 990PF - PART I - LINE 11 - OTHER INCOME SCHEDULE

STATEMENT #106~

DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME
CADUCEUS RETREAT	<u>21,375</u>	<u>0</u>	<u>0</u>
<b>TOTALS</b>	<u><u>21,375</u></u>	<u><u>0</u></u>	<u><u>0</u></u>

FORM 990PF - PART I - LINE 16(C) - OTHER PROFESSIONAL FEES SCHEDULE

PG01  
STATEMENT #109~

DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE
PROFESSIONAL FEES	<u>34,605</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTALS</b>	<u><u>34,605</u></u>	<u><u>0</u></u>	<u><u>0</u></u>	<u><u>0</u></u>

Client Copy

**Federal Supporting Statements**

**2024** PG01

Name(s) as shown on return

Tax ID Number

TENNESSEE MEDICAL FOUNDATION, INC.

62-0541813

FORM 990PF - PART I - LINE 18 - TAXES SCHEDULE

STATEMENT #110~

DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE
PAYROLL TAXES	55,879	0	0	55,879
<b>TOTALS</b>	<u>55,879</u>	<u>0</u>	<u>0</u>	<u>55,879</u>

FORM 990PF - PART II - LINE 14 - LAND ETC. SCHEDULE

PG01  
STATEMENT #119~

DESCRIPTION	BEGINNING OF YEAR BOOK VALUE	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	END OF YEAR BOOK VALUE	FMV
FURNITURE AND EQUIPMENT	2,734	57,580	53,306	4,274	4,274
<b>TOTAL</b>	<u>2,734</u>	<u>57,580</u>	<u>53,306</u>	<u>4,274</u>	<u>4,274</u>

Client Copy