

|                                                                                                                                                                                                                                                   |                         |                                                                                                                                                                                                 |                                     |                                                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 01 -                                                                                                                                                                                                                                              |                         |                                                                                                                                                                                                 |                                     | 12 -                                                                                                                                                                                  |  |
| For calendar year 2025, or tax year beginning 01                                                                                                                                                                                                  |                         |                                                                                                                                                                                                 |                                     | 2025, and ending 31                                                                                                                                                                   |  |
| Name of foundation<br>TENNESSEE MEDICAL FOUNDATION INC                                                                                                                                                                                            |                         |                                                                                                                                                                                                 |                                     | Employer identification number<br>62-0541813                                                                                                                                          |  |
| % JENNIFER RAINWATER                                                                                                                                                                                                                              |                         |                                                                                                                                                                                                 |                                     |                                                                                                                                                                                       |  |
| Number and street (or P.O. box number if mail is not delivered to street address)<br>5141 VIRGINIA WAY STE 110                                                                                                                                    |                         |                                                                                                                                                                                                 | Room/suite                          | B Telephone number (see instructions)<br>6154676411                                                                                                                                   |  |
| City or town<br>BRENTWOOD                                                                                                                                                                                                                         | State or province<br>TN | Country                                                                                                                                                                                         | ZIP or foreign postal code<br>37027 | C If exemption application is pending, check here <input type="checkbox"/>                                                                                                            |  |
| G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change                                |                         |                                                                                                                                                                                                 |                                     | D 1. Foreign organizations, check here..... <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/> |  |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation |                         |                                                                                                                                                                                                 |                                     | E If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>                                                                   |  |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 1,256,375                                                                                                                                                   |                         | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis.) |                                     | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input checked="" type="checkbox"/>                                                     |  |

| Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</small> |                                                                                                      | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| Revenue                                                                                                                                                                            | 1 Contributions, gifts, grants, etc., received (attach schedule)                                     | 1,626,178                          |                           |                         |                                                             |
|                                                                                                                                                                                    | 2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . . |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 3 Interest on savings and temporary cash investments                                                 | 14,259                             | 14,259                    | 14,259                  |                                                             |
|                                                                                                                                                                                    | 4 Dividends and interest from securities . . .                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 5a Gross rents . . . . .                                                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | b Net rental income or (loss) _____                                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 6a Net gain or (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 _____                                                    |                                    |                           |                         |                                                             |
| Operating and Administrative Expenses                                                                                                                                              | b Less: Cost of goods sold . . . . .                                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | c Gross profit or (loss) (attach schedule) . . . . .                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 11 Other income (attach schedule) . . . . .                                                          | 25,819                             |                           |                         |                                                             |
|                                                                                                                                                                                    | 12 Total. Add lines 1 through 11 . . . . .                                                           | 1,666,256                          | 14,259                    | 14,259                  |                                                             |
|                                                                                                                                                                                    | 13 Compensation of officers, directors, trustees, etc.                                               | 521,051                            |                           |                         | 521,051                                                     |
|                                                                                                                                                                                    | 14 Other employee salaries and wages . . . . .                                                       | 403,375                            |                           |                         | 403,375                                                     |
|                                                                                                                                                                                    | 15 Pension plans, employee benefits . . . . .                                                        | 117,291                            |                           |                         |                                                             |
|                                                                                                                                                                                    | 16a Legal fees (attach schedule) . . . . .                                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | b Accounting fees (attach schedule) . . . . .                                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | c Other professional fees (attach schedule) . . . . .                                                | 33,772                             |                           |                         |                                                             |
|                                                                                                                                                                                    | 17 Interest . . . . .                                                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 18 Taxes (attach schedule) (see instructions) . . .                                                  | 58,988                             |                           |                         | 58,988                                                      |
|                                                                                                                                                                                    | 19 Depreciation (attach schedule) and depletion . .                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 20 Occupancy . . . . .                                                                               | 87,110                             |                           |                         |                                                             |
|                                                                                                                                                                                    | 21 Travel, conferences, and meetings . . . . .                                                       | 25,408                             |                           |                         |                                                             |
|                                                                                                                                                                                    | 22 Printing and publications . . . . .                                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 23 Other expenses (attach schedule) . . . . .                                                        | 379,920                            |                           |                         |                                                             |
|                                                                                                                                                                                    | 24 Total operating and administrative expenses.<br>Add lines 13 through 23 . . . . .                 | 1,626,915                          | 0                         |                         | 983,414                                                     |
|                                                                                                                                                                                    | 25 Contributions, gifts, grants paid . . . . .                                                       | 0                                  |                           |                         | 0                                                           |
|                                                                                                                                                                                    | 26 Total expenses and disbursements. Add lines 24 and 25 . . . . .                                   | 1,626,915                          | 0                         |                         | 983,414                                                     |
|                                                                                                                                                                                    | 27 Subtract line 26 from line 12:                                                                    |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | a Excess of revenue over expenses and disbursements                                                  | 39,341                             |                           |                         |                                                             |
|                                                                                                                                                                                    | b Net investment income (if negative, enter -0-)                                                     |                                    | 14,259                    |                         |                                                             |
|                                                                                                                                                                                    | c Adjusted net income (if negative, enter -0-) . . .                                                 |                                    |                           | 14,259                  |                                                             |

| 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 . . . . .                                                                                                      |                                                                                                                      | 302,350           | 259,938        | 259,938               |
|                             | 2                                                                                                  | Savings and temporary cash investments . . . . .                                                                                         |                                                                                                                      | 643,343           | 656,002        | 656,002               |
|                             | 3                                                                                                  | Accounts receivable <u>63,572</u>                                                                                                        |                                                                                                                      |                   |                |                       |
|                             |                                                                                                    | Less: allowance for doubtful accounts _____                                                                                              |                                                                                                                      | 58,039            | 63,572         | 63,572                |
|                             | 4                                                                                                  | Pledges receivable _____                                                                                                                 |                                                                                                                      |                   |                |                       |
|                             |                                                                                                    | Less: allowance for doubtful accounts _____                                                                                              |                                                                                                                      |                   |                |                       |
|                             | 5                                                                                                  | Grants receivable . . . . .                                                                                                              |                                                                                                                      | 105,744           | 182,721        | 182,721               |
|                             | 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 . . . . .                                                                                          |                                                                                                                      | 18,585            | 8,496          | 8,496                 |
|                             | 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 <u>59,281</u>                                                |                                                                                                                                          |                                                                                                                      |                   |                |                       |
|                             | Less: accumulated depreciation (attach schedule) <u>56,022</u>                                     |                                                                                                                                          | 4,274                                                                                                                | 3,259             | 3,259          |                       |
| 15                          | Other assets (describe _____)                                                                      |                                                                                                                                          | 128,448                                                                                                              | 82,387            | 82,387         |                       |
| 16                          | <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) |                                                                                                                                          | 1,260,783                                                                                                            | 1,256,375         | 1,256,375      |                       |
| Liabilities                 | 17                                                                                                 | Accounts payable and accrued expenses . . . . .                                                                                          |                                                                                                                      | 4,020             | 6,332          |                       |
|                             | 18                                                                                                 | Grants payable . . . . .                                                                                                                 |                                                                                                                      |                   |                |                       |
|                             | 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 _____)                                                                                                       |                                                                                                                      | 128,448           | 82,387         |                       |
|                             | 23                                                                                                 | <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                             |                                                                                                                      | 132,468           | 88,719         |                       |
| Net Assets or Fund Balances |                                                                                                    | <b>Foundations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b> |                                                                                                                      |                   |                |                       |
|                             | 24                                                                                                 | Net assets without donor restrictions . . . . .                                                                                          |                                                                                                                      | 1,128,315         | 1,167,656      |                       |
|                             | 25                                                                                                 | Net assets with donor restrictions . . . . .                                                                                             |                                                                                                                      |                   |                |                       |
|                             |                                                                                                    | <b>Foundations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 26 through 30.</b>         |                                                                                                                      |                   |                |                       |
|                             | 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) . . . . .                                                                    |                                                                                                                      | 1,128,315         | 1,167,656      |                       |
|                             | 30                                                                                                 | <b>Total liabilities and net assets/fund balances</b> (see instructions) .                                                               |                                                                                                                      | 1,260,783         | 1,256,375      |                       |

| 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 | 1,128,315 |
| 2                                                           | Enter amount from Part I, line 27a . . . . .                                                                                                                       | 2 | 39,341    |
| 3                                                           | Other increases not included in line 2 (itemize) _____                                                                                                             | 3 |           |
| 4                                                           | Add lines 1, 2, and 3 . . . . .                                                                                                                                    | 4 | 1,167,656 |
| 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, line 29, column (b) . . . . .                                                      | 6 | 1,167,656 |

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 shs. MLC Co.)                                                                 |                                               | (b)<br>How acquired<br>P—Purchase<br>D—Donation    | (c)<br>Date acquired<br>(mo., day, yr.)                                                           | (d)<br>Date sold<br>(mo., day, yr.) |
| 1a                                                                                                                                                                                                 |                                               |                                                    |                                                                                                   |                                     |
| b                                                                                                                                                                                                  |                                               |                                                    |                                                                                                   |                                     |
| c                                                                                                                                                                                                  |                                               |                                                    |                                                                                                   |                                     |
| d                                                                                                                                                                                                  |                                               |                                                    |                                                                                                   |                                     |
| e                                                                                                                                                                                                  |                                               |                                                    |                                                                                                   |                                     |
| (e)<br>Gross sales price                                                                                                                                                                           | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g)                                                   |                                     |
| a                                                                                                                                                                                                  |                                               |                                                    |                                                                                                   |                                     |
| b                                                                                                                                                                                                  |                                               |                                                    |                                                                                                   |                                     |
| c                                                                                                                                                                                                  |                                               |                                                    |                                                                                                   |                                     |
| d                                                                                                                                                                                                  |                                               |                                                    |                                                                                                   |                                     |
| e                                                                                                                                                                                                  |                                               |                                                    |                                                                                                   |                                     |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69                                                                                                        |                                               |                                                    | (l)<br>Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col.(h)) |                                     |
| (i)<br>F.M.V. as of 12/31/69                                                                                                                                                                       | (j)<br>Adjusted basis<br>as of 12/31/69       | (k)<br>Excess of col. (i)<br>over col. (j), if any |                                                                                                   |                                     |
| a                                                                                                                                                                                                  |                                               |                                                    |                                                                                                   |                                     |
| b                                                                                                                                                                                                  |                                               |                                                    |                                                                                                   |                                     |
| c                                                                                                                                                                                                  |                                               |                                                    |                                                                                                   |                                     |
| d                                                                                                                                                                                                  |                                               |                                                    |                                                                                                   |                                     |
| e                                                                                                                                                                                                  |                                               |                                                    |                                                                                                   |                                     |
| 2 Capital gain net income or (net capital loss) <div>If gain, also enter in Part I, line 7<br/>If (loss), enter -0- in Part I, line 7</div>                                                        |                                               |                                                    | 2                                                                                                 |                                     |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0-<br>in Part I, line 8 |                                               |                                                    | 3                                                                                                 |                                     |

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

|                                                                                                                                            |    |    |     |
|--------------------------------------------------------------------------------------------------------------------------------------------|----|----|-----|
| 1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.            |    |    |     |
| Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)                                              |    | 1  | 198 |
| All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations enter 4% (0.04) of Part I, line 12, col. (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  | 198 |
| 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  | 198 |
| 6 Credits/Payments:                                                                                                                        |    |    |     |
| a 2025 estimated tax payments and 2024 overpayment credited to 2025                                                                        | 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  |     |
| 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  | 198 |
| 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 2026 estimated tax Refunded                                                              |    | 11 |     |
| For Refunded amount, also complete and attach Form 8050. See instructions.                                                                 |    |    |     |

Part VI-A

Statements Regarding Activities

|           |                                                                                                                                                                                                                                                                                                                                      |           |     |    |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|
| <b>1a</b> | 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?                                                                                                                                                                 |           | Yes | No |
| <b>1a</b> |                                                                                                                                                                                                                                                                                                                                      |           |     | No |
| <b>b</b>  | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition.                                                                                                                                                                                        |           |     | No |
|           | <i>If the answer is "Yes" to <b>1a</b> or <b>1b</b>, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>                                                                                                                   |           |     |    |
| <b>c</b>  | Did the foundation file <b>Form 1120-POL</b> for this year?.                                                                                                                                                                                                                                                                         | <b>1c</b> |     | No |
| <b>d</b>  | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br><b>(1)</b> On the foundation. \$ <b>(2)</b> On foundation managers. \$                                                                                                                                                         |           |     |    |
| <b>e</b>  | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$                                                                                                                                                                                             |           |     |    |
| <b>2</b>  | Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br><i>If "Yes," attach a detailed description of the activities.</i>                                                                                                                                                       | <b>2</b>  |     | No |
| <b>3</b>  | 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> . . . . .                                                                                          | <b>3</b>  |     | No |
| <b>4a</b> | Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                          | <b>4a</b> |     | No |
| <b>b</b>  | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?.                                                                                                                                                                                                                                                             | <b>4b</b> |     |    |
| <b>5</b>  | Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br><i>If "Yes," attach the statement required by General Instruction T.</i>                                                                                                                                                           | <b>5</b>  |     | No |
| <b>6</b>  | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>● By language in the governing instrument, or<br>● 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?   | <b>6</b>  |     | No |
| <b>7</b>  | Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XIV.</i>                                                                                                                                                                                           | <b>7</b>  | Yes |    |
| <b>8a</b> | Enter the states to which the foundation reports or with which it is registered (see instructions)<br>_____                                                                                                                                                                                                                          |           |     |    |
| <b>b</b>  | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .                                                                                                                 | <b>8b</b> | Yes |    |
| <b>9</b>  | 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 2025 or the taxable year beginning in 2025? See the instructions for Part XIII.<br><i>If "Yes," complete Part XIII</i> . . . . .                                                        | <b>9</b>  | Yes |    |
| <b>10</b> | Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> . . . . .                                                                                                                                                                                 | <b>10</b> |     | No |
| <b>11</b> | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," attach schedule. See instructions.</i> . . . . .                                                                                                                             | <b>11</b> |     | No |
| <b>12</b> | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? <i>If "Yes," attach statement. See instructions</i> . . . . .                                                                                                                             | <b>12</b> |     | No |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>ETMF.ORG</u>                                                                                                                                                                                  | <b>13</b> | Yes |    |
| <b>14</b> | The books are in care of <u>JENNIFER RAINWATER</u> Telephone no. <u>(615) 467-6411</u><br>Located at <u>5141 VIRGINIA WAY BRENTWOOD TN</u> ZIP+4 <u>37027</u>                                                                                                                                                                        |           |     |    |
| <b>15</b> | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . .<br>and enter the amount of tax-exempt interest received or accrued during the year . . . . .                                                                                                                     | <b>15</b> |     |    |
| <b>16</b> | At any time during calendar year 2025, 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?<br>See the instructions for exceptions and filing requirements for FinCEN Form 114. <i>If "Yes", enter the name of the foreign country</i> | <b>16</b> | 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.**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes          | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| <b>1a</b> During the year did the foundation (either directly or indirectly):                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |    |
| <b>(1)</b> Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1a(1)</b> | No |
| <b>(2)</b> Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .                                                                                                                                                                                                                                                                                                                                                                                               | <b>1a(2)</b> | No |
| <b>(3)</b> Furnish goods, services, or facilities to (or accept them from) a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a(3)</b> | No |
| <b>(4)</b> Pay compensation to, or pay or reimburse the expenses of, a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1a(4)</b> | No |
| <b>(5)</b> Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . .                                                                                                                                                                                                                                                                                                                                                                | <b>1a(5)</b> | No |
| <b>(6)</b> Agree to pay money or property to a government official? ( <b>Exception.</b> 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.)                                                                                                                                                                                                                                                                | <b>1a(6)</b> | No |
| <b>b</b> If any answer is "Yes" to 1a(1)–(6); did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions                                                                                                                                                                                                                                                                                            | <b>1b</b>    |    |
| <b>c</b> Organizations relying on a current notice regarding disaster assistance check here. . . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                 |              |    |
| <b>d</b> 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 2025? . . . . .                                                                                                                                                                                                                                                                                                                    | <b>1d</b>    |    |
| <b>2</b> 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)):                                                                                                                                                                                                                                                                                                                                       |              |    |
| <b>a</b> At the end of tax year 2025, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2025? . . . . .                                                                                                                                                                                                                                                                                                                                                           | <b>2a</b>    | No |
| If "Yes," list the years 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |    |
| <b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .                                                                                                                                                                                      | <b>2b</b>    | No |
| <b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                               |              |    |
| <b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .                                                                                                                                                                                                                                                                                                                                                                                | <b>3a</b>    | No |
| <b>b</b> If "Yes," did it have excess business holdings in 2025 as a result of <b>(1)</b> any purchase by the foundation or disqualified persons after May 26, 1969; <b>(2)</b> 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 <b>(3)</b> the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2025.) | <b>3b</b>    |    |
| <b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .                                                                                                                                                                                                                                                                                                                                                                                           | <b>4a</b>    | No |
| <b>b</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 2025?                                                                                                                                                                                                                                                                                    | <b>4b</b>    | No |



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- 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 PROFESSIONALS HEALTH PROGRAM ASSISTS HEALTH PROFESSIONALS IMPAIRED BY MENTALEMOTIONAL ILLNESS CHEMICAL DEPENDENCY OR BOTH                                                                                                                        | 1,290,582 |
| 2                                                                                                                                                                                                                                                      |           |
|                                                                                                                                                                                                                                                        |           |
|                                                                                                                                                                                                                                                        |           |
| 3                                                                                                                                                                                                                                                      |           |
|                                                                                                                                                                                                                                                        |           |
|                                                                                                                                                                                                                                                        |           |
| 4                                                                                                                                                                                                                                                      |           |
|                                                                                                                                                                                                                                                        |           |
|                                                                                                                                                                                                                                                        |           |

Part VIII- 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                                                                                                                 |        |
|                                                                                                                   |        |
|                                                                                                                   |        |
| All other program-related investments. See instructions.                                                          |        |
| 3                                                                                                                 |        |
|                                                                                                                   |        |
|                                                                                                                   |        |
| Total. Add lines 1 through 3 . . . . .                                                                            | 0      |

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

|          |                                                                                                                          |           |         |
|----------|--------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:              |           |         |
| <b>a</b> | Average monthly fair market value of securities. . . . .                                                                 | <b>1a</b> | 0       |
| <b>b</b> | Average of monthly cash balances. . . . .                                                                                | <b>1b</b> | 281,144 |
| <b>c</b> | Fair market value of all other assets (see instructions). . . . .                                                        | <b>1c</b> | 0       |
| <b>d</b> | <b>Total</b> (add lines 1a, 1b, and 1c). . . . .                                                                         | <b>1d</b> | 281,144 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .       | <b>1e</b> | 0       |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets                                                                     | <b>2</b>  | 0       |
| <b>3</b> | Subtract line 2 from line 1d. . . . .                                                                                    | <b>3</b>  | 281,144 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions). . . . . | <b>4</b>  | 4,217   |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3.. . . .                                        | <b>5</b>  | 276,927 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% (0.05) of line 5. . . . .                                                     | <b>6</b>  | 13,846  |

**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.)

|           |                                                                                                                   |           |  |
|-----------|-------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b>  | Minimum investment return from Part IX, line 6. . . . .                                                           | <b>1</b>  |  |
| <b>2a</b> | Tax on investment income for 2025 from Part V, line 5. . . . .                                                    | <b>2a</b> |  |
| <b>b</b>  | Income tax for 2025. (This does not include the tax from Part V.). . . . .                                        | <b>2b</b> |  |
| <b>c</b>  | Add lines 2a and 2b. . . . .                                                                                      | <b>2c</b> |  |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1. . . . .                                    | <b>3</b>  |  |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions. . . . .                                                | <b>4</b>  |  |
| <b>5</b>  | Add lines 3 and 4. . . . .                                                                                        | <b>5</b>  |  |
| <b>6</b>  | Deduction from distributable amount (see instructions). . . . .                                                   | <b>6</b>  |  |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1. . . . . | <b>7</b>  |  |

**Part XI Qualifying Distributions** (see instructions)

|          |                                                                                                                    |           |         |
|----------|--------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                         |           |         |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, line 26, column (d). . . . .                               | <b>1a</b> | 983,414 |
| <b>b</b> | Program-related investments—total from Part VIII-B                                                                 | <b>1b</b> |         |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . . | <b>2</b>  |         |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the:                                               |           |         |
| <b>a</b> | Suitability test (prior IRS approval required). . . . .                                                            | <b>3a</b> |         |
| <b>b</b> | Cash distribution test (attach the required schedule). . . . .                                                     | <b>3b</b> |         |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4.. . . .               | <b>4</b>  | 983,414 |

Part XII

Undistributed Income (see instructions)

|                                                                                                                                                                                |           | (a)<br>Corpus | (b)<br>Years prior to 2024 | (c)<br>2024 | (d)<br>2025 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2025 from Part X, line 7                                                                                                                            |           |               |                            |             |             |
| 2 Undistributed income, if any, as of the end of 2025:                                                                                                                         |           |               |                            |             |             |
| a Enter amount for 2024 only. . . . .                                                                                                                                          |           |               |                            |             |             |
| b Total for prior years: 20____, 20____, 20____                                                                                                                                |           |               |                            |             |             |
| 3 Excess distributions carryover, if any, to 2025:                                                                                                                             |           |               |                            |             |             |
| a From 2020. . . . .                                                                                                                                                           | 1,017,893 |               |                            |             |             |
| b From 2021. . . . .                                                                                                                                                           | 875,445   |               |                            |             |             |
| c From 2022. . . . .                                                                                                                                                           | 957,391   |               |                            |             |             |
| d From 2023. . . . .                                                                                                                                                           | 921,240   |               |                            |             |             |
| e From 2024. . . . .                                                                                                                                                           | 911,682   |               |                            |             |             |
| f Total of lines 3a through e . . . . .                                                                                                                                        |           | 4,683,651     |                            |             |             |
| 4 Qualifying distributions for 2025 from Part XI, line 4: \$ 983,414                                                                                                           |           |               |                            |             |             |
| a Applied to 2024, 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 2025 distributable amount                                                                                                                                         |           |               |                            |             |             |
| . . . . .                                                                                                                                                                      |           |               |                            |             |             |
| e Remaining amount distributed out of corpus                                                                                                                                   |           | 983,414       |                            |             |             |
| 5 Excess distributions carryover applied to 2025. (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                                                                                                                            |           | 5,667,065     |                            |             |             |
| 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 2024. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .                                                                      |           |               |                            |             |             |
| f Undistributed income for 2025. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2026                                                                  |           |               |                            |             |             |
| . . . . .                                                                                                                                                                      |           |               |                            |             |             |
| 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 2020 not applied on line 5 or line 7 (see instructions)                                                                                  |           | 1,017,893     |                            |             |             |
| . . . . .                                                                                                                                                                      |           |               |                            |             |             |
| 9 Excess distributions carryover to 2026. Subtract lines 7 and 8 from line 6a                                                                                                  |           | 4,649,172     |                            |             |             |
| . . . . .                                                                                                                                                                      |           |               |                            |             |             |
| 10 Analysis of line 9:                                                                                                                                                         |           |               |                            |             |             |
| a Excess from 2021                                                                                                                                                             | 875,445   |               |                            |             |             |
| . . . . .                                                                                                                                                                      |           |               |                            |             |             |
| b Excess from 2022                                                                                                                                                             | 957,391   |               |                            |             |             |
| . . . . .                                                                                                                                                                      |           |               |                            |             |             |
| c Excess from 2023                                                                                                                                                             | 921,240   |               |                            |             |             |
| . . . . .                                                                                                                                                                      |           |               |                            |             |             |
| d Excess from 2024                                                                                                                                                             | 911,682   |               |                            |             |             |
| . . . . .                                                                                                                                                                      |           |               |                            |             |             |
| e Excess from 2025                                                                                                                                                             | 983,414   |               |                            |             |             |
| . . . . .                                                                                                                                                                      |           |               |                            |             |             |

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 2025, enter the date of the ruling . . . . .

b

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

2a

Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed . . . . .

b

85% (0.85) of line 2a

c

Qualifying distributions from Part XI, line 4 for each year listed . . . . .

d

Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .

e

Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .

3

Complete 3a, 3b, or 3c for the alternative test relied upon:

a

"Assets" alternative test—enter:

(1)

Value of all assets . . . . .

(2)

Value of assets qualifying under section 4942(j)(3)(B)(i)

b

"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part IX, line 6 for each year listed . .

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

| Tax year | Prior 3 years |          |          |         | (e) Total |
|----------|---------------|----------|----------|---------|-----------|
| (a) 2025 | (b) 2024      | (c) 2023 | (d) 2022 |         |           |
| 13,846   | 16,404        | 18,578   | 13,679   | 62,507  |           |
| 11,769   | 13,943        | 15,791   | 11,627   | 53,131  |           |
| 983,414  |               |          |          | 983,414 |           |
|          |               |          |          |         |           |
| 983,414  |               |          |          | 983,414 |           |
|          |               |          |          |         |           |
|          |               |          |          |         |           |
| 9,231    |               |          |          | 9,231   |           |
|          |               |          |          |         |           |
|          |               |          |          |         |           |
|          |               |          |          |         |           |
|          |               |          |          |         |           |
|          |               |          |          |         |           |

Part

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.

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, 2b, 2c, and 2d. 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

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) |                                                                                                           |                                |                                  |        |
| a Paid during the year              |                                                                                                           |                                |                                  |        |
| Total . . . . .                     |                                                                                                           |                                | 3a                               | 0      |
| b Approved for future payment       |                                                                                                           |                                |                                  |        |
| Total . . . . .                     |                                                                                                           |                                | 3b                               | 0      |

Enter gross amounts unless otherwise indicated.

**1** Program service revenue:

**a** CADUCEUS RETREAT

**b** \_\_\_\_\_

**c** \_\_\_\_\_

**d** \_\_\_\_\_

**e** \_\_\_\_\_

**f** \_\_\_\_\_

**g** Fees and contracts from government agencies

**2** Membership dues and assessments . . . . .

**3** Interest on savings and temporary cash investments . . . . .

**4** Dividends and interest from securities . . . . .

**5** Net rental income or (loss) from real estate:

**a** Debt-financed property. . . . .

**b** Not debt-financed property. . . . .

**6** Net rental income or (loss) from personal property

**7** Other investment income . . . . .

**8** Gain or (loss) from sales of assets other than inventory . . . . .

**9** Net income or (loss) from special events:

**10** Gross profit or (loss) from sales of inventory

**11** Other revenue:

**a** \_\_\_\_\_

**b** \_\_\_\_\_

**c** \_\_\_\_\_

**d** \_\_\_\_\_

**e** \_\_\_\_\_

**12** Subtotal. Add columns (b), (d), and (e) . . . . .

**13 Total.** Add line 12, columns (b), (d), and (e). . . . .

(See worksheet in line 13 instructions to verify c

| Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(See<br>instructions.) |
|---------------------------|---------------|--------------------------------------|---------------|-----------------------------------------------------------------------|
| (a)<br>Business<br>code   | (b)<br>Amount | (c)<br>Exclusion code                | (d)<br>Amount |                                                                       |
|                           |               |                                      |               | 6,912                                                                 |
|                           |               |                                      |               |                                                                       |
|                           |               |                                      |               |                                                                       |
|                           |               |                                      |               |                                                                       |
|                           |               |                                      |               |                                                                       |
|                           |               |                                      |               |                                                                       |
|                           |               |                                      |               |                                                                       |
|                           |               |                                      |               |                                                                       |
|                           |               | 14                                   | 14,259        |                                                                       |
|                           |               |                                      |               |                                                                       |
|                           |               |                                      |               |                                                                       |
|                           |               |                                      |               |                                                                       |
|                           |               |                                      |               |                                                                       |
|                           |               |                                      |               |                                                                       |
|                           |               |                                      |               |                                                                       |
|                           |               |                                      |               |                                                                       |
|                           |               |                                      |               |                                                                       |
|                           |               |                                      |               |                                                                       |
|                           |               |                                      |               |                                                                       |
|                           |               |                                      |               |                                                                       |
|                           |               |                                      |               |                                                                       |
|                           |               |                                      |               |                                                                       |
|                           |               |                                      |               |                                                                       |
|                           |               |                                      |               |                                                                       |
|                           |               |                                      |               |                                                                       |
|                           |               |                                      |               |                                                                       |
|                           |               |                                      | 14,259        | 6,912                                                                 |
|                           |               |                                      | 13            | 21,171                                                                |

[illegible]

## Part XVI

## Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

**1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting foundation to a noncharitable exempt organization of:

(1) Cash. . . . .

(2) Other assets. . . . .

**b Other transactions:**

**(1) Sales of assets to a noncharitable exempt organization.** . . . . .

**(2) Purchases of assets from a noncharitable exempt organization**

**(3)\*** Rental of facilities, equipment, or other assets. . . . .

(4) Reimbursement arrangements. . . . .

(5) Loans or loan guarantees. . . . .

**(6)** Performance of services or membership or fundraising solicitations. . . . .

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .

**d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

[illegible]

**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 ☒ No

**b** If "Yes," complete the following schedule.

| (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.

|                                 |            |
|---------------------------------|------------|
|                                 | 2026-07-23 |
| Signature of officer or trustee | Date       |

2026-07-23

Title

May the IRS discuss this return with the preparer shown below?  
See instructions. ☐ Yes ☐ No

See instructions. ☐ Yes ☐ No

**Paid  
Preparer  
Use Only**

|                               |                                                          |                      |            |                                                 |                             |
|-------------------------------|----------------------------------------------------------|----------------------|------------|-------------------------------------------------|-----------------------------|
| <b>Paid Preparer Use Only</b> | Preparer's name                                          | Preparer's Signature | Date       | Check if self-employed <input type="checkbox"/> | PTIN                        |
|                               | JOHN BELLENFANT<br>CPA                                   |                      | 2026-07-23 |                                                 | P01625858                   |
|                               | Firm's name BELLENFANT PLLC                              |                      |            |                                                 | Firm's EIN 47-4682450       |
|                               | Firm's address 2919 BERRY HILL DR<br>NASHVILLE, TN 37204 |                      |            |                                                 | Phone no.<br>(615) 370-8700 |

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990PF - Special Condition Description:**

**Special Condition Description**

|                                                                                                                                  |                                                                                                                                                                                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Schedule B</b><br>(Form 990)<br>(Rev. January 2025)<br><small>Department of the Treasury<br/>Internal Revenue Service</small> | <b>Schedule of Contributors</b><br><br>Attach to Form 990, 990-EZ, or 990-PF.<br>Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information. | OMB No. 1545-0047                                   |
|                                                                                                                                  |                                                                                                                                                                                        |                                                     |
| Name of the organization<br>TENNESSEE MEDICAL FOUNDATION INC                                                                     |                                                                                                                                                                                        | <b>Employer identification number</b><br>62-0541813 |

Organization type (check one):

|                    |                                                                                                           |
|--------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Filers of:</b>  | <b>Section:</b>                                                                                           |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)( ) (enter number) organization                                            |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization                                                       |
| Form 990-PF        | <input checked="" type="checkbox"/> 501(c)(3) exempt private foundation                                   |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|                                                          |                                              |
|----------------------------------------------------------|----------------------------------------------|
| Name of organization<br>TENNESSEE MEDICAL FOUNDATION INC | Employer identification number<br>62-0541813 |
|----------------------------------------------------------|----------------------------------------------|

| Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. |                                     |                            |                                            |
|-------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------|--------------------------------------------|
| (a)<br>No.                                                                                            | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution                |
| 1                                                                                                     | STATE VOLUNTEER MUTUAL INSURANCE CO | \$ 231,500                 | <input checked="" type="checkbox"/> Person |
|                                                                                                       | MSC 30036 PO BOX 415000             |                            | <input type="checkbox"/> Payroll           |
|                                                                                                       | NASHVILLE, TN 37241                 |                            | <input type="checkbox"/> Noncash           |
| (Complete Part II for noncash contributions.)                                                         |                                     |                            |                                            |
| (a)<br>No.                                                                                            | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution                |
| 2                                                                                                     | TENNESSEE MEDICAL ASSOCIATION       | \$ 88,368                  | <input checked="" type="checkbox"/> Person |
|                                                                                                       | 2301 21ST AVE SOUTH                 |                            | <input type="checkbox"/> Payroll           |
|                                                                                                       | NASHVILLE, TN 37212                 |                            | <input type="checkbox"/> Noncash           |
| (Complete Part II for noncash contributions.)                                                         |                                     |                            |                                            |
| (a)<br>No.                                                                                            | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution                |
| 3                                                                                                     | HCA FOUNDATION                      | \$ 25,000                  | <input checked="" type="checkbox"/> Person |
|                                                                                                       | ONE PARK PLAZA                      |                            | <input type="checkbox"/> Payroll           |
|                                                                                                       | NASHVILLE, TN 37203                 |                            | <input type="checkbox"/> Noncash           |
| (Complete Part II for noncash contributions.)                                                         |                                     |                            |                                            |
| (a)<br>No.                                                                                            | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution                |
| 4                                                                                                     | VANDERBILT MEDICAL CENTER           | \$ 7,500                   | <input checked="" type="checkbox"/> Person |
|                                                                                                       | 1161 21ST AVENUE SOUTH              |                            | <input type="checkbox"/> Payroll           |
|                                                                                                       | NASHVILLE, TN 37232                 |                            | <input type="checkbox"/> Noncash           |
| (Complete Part II for noncash contributions.)                                                         |                                     |                            |                                            |
| (a)<br>No.                                                                                            | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution                |
| 5                                                                                                     | COMMUNITY HEALTH SYSTEMS            | \$ 5,000                   | <input checked="" type="checkbox"/> Person |
|                                                                                                       | 4000 MERIDIAN BLVD                  |                            | <input type="checkbox"/> Payroll           |
|                                                                                                       | FRANKLIN, TN 37067                  |                            | <input type="checkbox"/> Noncash           |
| (Complete Part II for noncash contributions.)                                                         |                                     |                            |                                            |
| (a)<br>No.                                                                                            | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution                |
| 6                                                                                                     | ERLANGER HEALTH SYSTEM              | \$ 10,000                  | <input checked="" type="checkbox"/> Person |
|                                                                                                       | 975 EAST THIRD ST                   |                            | <input type="checkbox"/> Payroll           |
|                                                                                                       | CHATTANOOGA, TN 37403               |                            | <input type="checkbox"/> Noncash           |
| (Complete Part II for noncash contributions.)                                                         |                                     |                            |                                            |

Schedule B (Form 990) (Rev. 1-2025)

|                                                          |                                              |
|----------------------------------------------------------|----------------------------------------------|
| Name of organization<br>TENNESSEE MEDICAL FOUNDATION INC | Employer identification number<br>62-0541813 |
|----------------------------------------------------------|----------------------------------------------|

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No.                                    | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution                |
|-----------------------------------------------|-------------------------------------|----------------------------|--------------------------------------------|
| 7                                             | JACKSON-MADISON COUNTY GENERAL HOSP | \$ 10,000                  | <input checked="" type="checkbox"/> Person |
|                                               | 620 SKYLINE DR                      |                            | <input type="checkbox"/> Payroll           |
|                                               | JACKSON, TN 38301                   |                            | <input type="checkbox"/> Noncash           |
| (Complete Part II for noncash contributions.) |                                     |                            |                                            |
| (a)<br>No.                                    | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution                |
| 8                                             | BALLAD HEALTH                       | \$ 5,000                   | <input checked="" type="checkbox"/> Person |
|                                               | 1905 AMERICAN WAY                   |                            | <input type="checkbox"/> Payroll           |
|                                               | KINGSPORT, TN 37660                 |                            | <input type="checkbox"/> Noncash           |
| (Complete Part II for noncash contributions.) |                                     |                            |                                            |
| (a)<br>No.                                    | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution                |
| 9                                             | JOHNSON CITY MEDICAL CENTER         | \$ 10,000                  | <input checked="" type="checkbox"/> Person |
|                                               | 400 N STATE OF FRANKLIN ROAD        |                            | <input type="checkbox"/> Payroll           |
|                                               | JOHNSON CITY, TN 37604              |                            | <input type="checkbox"/> Noncash           |
| (Complete Part II for noncash contributions.) |                                     |                            |                                            |
| (a)<br>No.                                    | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution                |
| 10                                            | TN MEDICAL EDUCATION FUND           | \$ 15,000                  | <input checked="" type="checkbox"/> Person |
|                                               | 701 BRADFORD AVENUE                 |                            | <input type="checkbox"/> Payroll           |
|                                               | NASHVILLE, TN 37204                 |                            | <input type="checkbox"/> Noncash           |
| (Complete Part II for noncash contributions.) |                                     |                            |                                            |
| (a)<br>No.                                    | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution                |
| 11                                            | HERB LADLEY                         | \$ 10,330                  | <input checked="" type="checkbox"/> Person |
|                                               | 5141 VIRGINIA WAY                   |                            | <input type="checkbox"/> Payroll           |
|                                               | BRENTWOOD, TN 37027                 |                            | <input type="checkbox"/> Noncash           |
| (Complete Part II for noncash contributions.) |                                     |                            |                                            |
| (a)<br>No.                                    | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution                |
| 12                                            | ASCENSION ST THOMAS                 | \$ 10,000                  | <input checked="" type="checkbox"/> Person |
|                                               | 400 EDMUNDSON RD                    |                            | <input type="checkbox"/> Payroll           |
|                                               | SAINT LOUIS, MO 63134               |                            | <input type="checkbox"/> Noncash           |
| (Complete Part II for noncash contributions.) |                                     |                            |                                            |

Schedule B (Form 990) (Rev. 1-2025)

|                                                          |                                              |
|----------------------------------------------------------|----------------------------------------------|
| Name of organization<br>TENNESSEE MEDICAL FOUNDATION INC | Employer identification number<br>62-0541813 |
|----------------------------------------------------------|----------------------------------------------|

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution                   |
|------------|-------------------------------------|----------------------------|-----------------------------------------------|
| 13         | FORT SANDERS MEDICAL CENTER         | \$ 6,000                   | <input checked="" type="checkbox"/> Person    |
|            | 1901 CLINCH AVE                     |                            | <input type="checkbox"/> Payroll              |
|            | KNOXVILLE, TN 37916                 |                            | <input type="checkbox"/> Noncash              |
|            |                                     |                            | (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution                   |
| 14         | SAM T BARNES                        | \$ 35,000                  | <input checked="" type="checkbox"/> Person    |
|            | 1301 HOLLADAY RD                    |                            | <input type="checkbox"/> Payroll              |
|            | COOKEVILLE, TN 38501                |                            | <input type="checkbox"/> Noncash              |
|            |                                     |                            | (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution                   |
| 15         | UNIVERSITY OF TN MEDIAL CENTER      | \$ 5,000                   | <input checked="" type="checkbox"/> Person    |
|            | 1924 ALCOA HIGHWAY                  |                            | <input type="checkbox"/> Payroll              |
|            | KNOXVILLE, TN 37920                 |                            | <input type="checkbox"/> Noncash              |
|            |                                     |                            | (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution                   |
| 16         | CHATTANOOGA-HAMILTON CO MEDICAL SOC | \$ 10,437                  | <input checked="" type="checkbox"/> Person    |
|            | 1917 E 3RD ST                       |                            | <input type="checkbox"/> Payroll              |
|            | CHATTANOOGA, TN 37404               |                            | <input type="checkbox"/> Noncash              |
|            |                                     |                            | (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution                   |
| -          |                                     | \$                         | <input type="checkbox"/> Person               |
|            |                                     |                            | <input type="checkbox"/> Payroll              |
|            |                                     |                            | <input type="checkbox"/> Noncash              |
|            |                                     |                            | (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution                   |
| -          |                                     | \$                         | <input type="checkbox"/> Person               |
|            |                                     |                            | <input type="checkbox"/> Payroll              |
|            |                                     |                            | <input type="checkbox"/> Noncash              |
|            |                                     |                            | (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (Rev. 1-2025)

Name of organization  
TENNESSEE MEDICAL FOUNDATION INC

Employer identification number  
62-0541813

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

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

|                                                          |                                              |
|----------------------------------------------------------|----------------------------------------------|
| Name of organization<br>TENNESSEE MEDICAL FOUNDATION INC | Employer identification number<br>62-0541813 |
|----------------------------------------------------------|----------------------------------------------|

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)<br>No. from<br>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 |                                     |
|                           |                                       |                                          |                                     |
|                           |                                       |                                          |                                     |
|                           |                                       |                                          |                                     |
|                           |                                       |                                          |                                     |
|                           | (e) Transfer of gift                  |                                          |                                     |
|                           | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |                                     |
|                           |                                       |                                          |                                     |
|                           |                                       |                                          |                                     |
|                           |                                       |                                          |                                     |
|                           |                                       |                                          |                                     |
|                           | (e) Transfer of gift                  |                                          |                                     |
|                           | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |                                     |
|                           |                                       |                                          |                                     |
|                           |                                       |                                          |                                     |
|                           |                                       |                                          |                                     |
|                           |                                       |                                          |                                     |
|                           | (e) Transfer of gift                  |                                          |                                     |
|                           | Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee |                                     |
|                           |                                       |                                          |                                     |
|                           |                                       |                                          |                                     |
|                           |                                       |                                          |                                     |

# Additional Data

[Return to Form](#)

Software ID:

Software Version:

TY 2025 IRS 990 e-File Render

Name: TENNESSEE MEDICAL FOUNDATION INC

EIN: 62-0541813

| Category / Item         | Cost / Other Basis | Accumulated Depreciation | Book Value | End of Year Fair Market Value |
|-------------------------|--------------------|--------------------------|------------|-------------------------------|
| FURNITURE AND EQUIPMENT | 59,281             | 56,022                   | 3,259      | 3,259                         |

**TY 2025 IRS 990 e-File Render**

**Name:** TENNESSEE MEDICAL FOUNDATION INC

**EIN:** 62-0541813

| Description        | Beginning of Year - Book Value | End of Year - Book Value | End of Year - Fair Market Value |
|--------------------|--------------------------------|--------------------------|---------------------------------|
| RIGHT OF USE ASSET | 128,448                        | 82,387                   | 82,387                          |

## TY 2025 IRS 990 e-File Render

**Name:** TENNESSEE MEDICAL FOUNDATION INC

**EIN:** 62-0541813

| Description                    | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|--------------------------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| ADVERTISING AND PROMOTION      | 27,177                         | 0                     | 0                   | 0                                     |
| OFFICE EXPENSES                | 75,554                         | 0                     | 0                   | 0                                     |
| INFORMATION TECHNOLOGY         | 23,693                         | 0                     | 0                   | 0                                     |
| CONFERENCES CONVENTIONS MEET   | 78,606                         | 0                     | 0                   | 0                                     |
| INSURANCE                      | 40,723                         | 0                     | 0                   | 0                                     |
| REPAIRS AND MAINTENANCE        | 113                            | 0                     | 0                   | 0                                     |
| DUES AND SUBSCRIPTIONS         | 9,050                          | 0                     | 0                   | 0                                     |
| LICENSES AND FEES              | 7,470                          | 0                     | 0                   | 0                                     |
| OTHER                          | 17,463                         | 0                     | 0                   | 0                                     |
| DEPRECIATION                   | 2,716                          | 0                     | 0                   | 0                                     |
| OPIOID ABATEMENT GRANT EXPENSE | 97,355                         | 0                     | 0                   | 0                                     |

**TY 2025 IRS 990 e-File Render**

**Name:** TENNESSEE MEDICAL FOUNDATION INC

**EIN:** 62-0541813

| Description  | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net<br>Income |
|--------------|-----------------------------------|--------------------------|------------------------|
| OTHER INCOME | 25,819                            | 0                        | 0                      |

**TY 2025 IRS 990 e-File Render**

**Name:** TENNESSEE MEDICAL FOUNDATION INC  
**EIN:** 62-0541813

| Description     | Beginning of Year<br>- Book Value | End of Year -<br>Book Value |
|-----------------|-----------------------------------|-----------------------------|
| LEASE LIABILITY | 128,448                           | 82,387                      |

TY 2025 IRS 990 e-File Render

**Name:** TENNESSEE MEDICAL FOUNDATION INC  
**EIN:** 62-0541813

| Category          | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|-------------------|--------|--------------------------|------------------------|---------------------------------------------|
| PROFESSIONAL FEES | 33,772 | 0                        | 0                      | 0                                           |

TY 2025 IRS 990 e-File Render

Name: TENNESSEE MEDICAL FOUNDATION INC

EIN: 62-0541813

| Category      | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|---------------|--------|--------------------------|------------------------|---------------------------------------------|
| PAYROLL TAXES | 58,988 | 0                        | 0                      | 58,988                                      |