

e-Postcard Worksheet

Form **990-N**

2023

For calendar year 2023, or tax year beginning , and ending

Name

Employer Identification Number

FAIRVIEW HOSPITAL FOUNDATION

46-3701648

Note: Form 990-N can ONLY be filed electronically, and is filed in lieu of Forms 990 or 990-EZ, if eligibility is met.

The following items are required for a complete electronic submission:

1. Employer identification number (EIN), also known as a Taxpayer Identification Number (TIN) **46-3701648**
2. Tax year **2023**
3. Legal name of organization **FAIRVIEW HOSPITAL FOUNDATION**
 - Mailing street address **PO BOX 232**
 - City or foreign province **FAIRVIEW**
 - State or foreign country code **OK**
 - Zip code **73737**
4. Any other names the organization uses (Doing Business As)
5. Principal officer name **DEBBIE CARLISLE**
 - Mailing street address **PO BOX 232**
 - Street address line 2
 - City **FAIRVIEW**
 - Foreign province
 - State or foreign country code **OK**
 - Zip code **73737**
6. Web site address if the organization has one
7. Organization's annual gross receipts are normally \$50,000 or less **X**
8. Organization is terminated or in the process of termination