

e-Postcard Worksheet

Form **990-N**

2024

For calendar year 2024, 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 **2024**
- 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