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# SCANNED JUN 01 2010

Form 990-EZ

Department of the Treasury Internal Revenue Service

## Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

➤ Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-1150

2009

Open to Public Inspection

A	For the	2009 calend	<u>ar year,</u>	or tax year beginning , 2009, and e	nding			, 20
В	Check if a	applicable:	Please	C Name of organization		D Employe	r ident	ification number
	Address	dress change use IRS label or New Mexico Foundation for Osteopathic Education & Professional Dev				85-0	402214	
Щ		ame change print or Number and street (or P O. box, if mail is not delivered to street address) Room/suite E Tele				E Telephor	e num	ber
H		Initial return type. See PO Box 53008					505-	332-214 <del>8</del>
H	Specific City or town, state or country, and ZIP + 4						xemp	tion
H		lon pending	instruc- tions.	Albuquerque NM 87153		Numbe		, tioti
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	- 560	,0011 301(0)(0)	_	npleted Schedule A (Form 990 or 990-EZ).		specify) <b>&gt;</b>	. L	J Casi: LJ Accidai
_					<del></del>		0.000	anızation is not
	Websi	ita: N					_	dule B (Form 990,
		<del></del>	check o	nly one) — ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	•	, or 990-P		duie D (i onii 550,
	Check			zation is not a section 509(a)(3) supporting organization and its gross recei	• •	<del> </del>		than \$25,000 A
••				turn is not required, but if the organization chooses to file a return, be sui				
L				e 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of F			\$	<u> </u>
	art I			enses, and Changes in Net Assets or Fund Balances (S			ons f	or Part I.)
	1			s, grants, and similar amounts received		1 1		
D C	2		_	evenue including government fees and contracts		2		-
•	3	-		and assessments				152
ł	4	Investment	•				-	8,073
ľ	5a			m sale of assets other than inventory   5a		· ·		
1	b			er basis and sales expenses				
	C			n sale of assets other than inventory (Subtract line 5b from line 5a	e)	5		_
9				ivities (complete applicable parts of Schedule G). If any amount is from gaming, ch				
Revenue	a	•		ot including \$ of contributions	.56.1 1,6.6			
9	il "	reported o	,			ļ		
4	ь	•		nses other than fundraising expenses 6b				
	C		-	ss) from special events and activities (Subtract line 6b from line 6a	<u></u>			_
	7a			<b>1</b> = <b>1</b>	aj	<u>  6</u>	-	<u></u>
	b			•	<del></del>			
	C		•			<del> </del> ,		
	8	Other reve	-	ss) from sales of inventory (Subtract line 7b from line 7a)	• • •			
	9		•			)8		8,225
	10			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		10	<del></del>	Ç22,0
	11			r for members		<del>[</del>	<del>- + -</del>	<del></del>
v.				mpensation, and employee benefits EVED:				12,000
benses	13			and other payments to independent contractors O		1	$\rightarrow$	8,000
ě	14			utilities, and maintenance	• •	1		0,000
ă		Printing of	y, rent, ublicati	ons, postage, and shipping MAY 0 5 2010		1	<del></del> -	118
	16	Other eyes	anece l	describe		· , 1		7,822
	17			Add lines 10 through 16 GGDSN .U.T		'   <del>   </del>		27,940
	40				· · · · · · · · · · · · · · · · · · ·			(19,714)
ets	19			d balances at beginning of year (from line 27, column (A)) (mus			•	(13,114)
88				e reported on prior year's return)				34,452
Net Assets	20		_	net assets or fund balances (attach explanation)		<u> </u>		
ž	21		_	balances at end of year. Combine lines 18 through 20				14,738
- F	art II			ets. If Total assets on line 25, column (B) are \$1,250,000 or more,				
				(See the instructions for Part II.)		nning of yea		(B) End of year
2	2 C	ash, savinos	, and in	vestments			52 22	<del></del>
2		and and build			ļ		- 23	<del></del>
2		ther assets (	_		<del> </del>		- 24	
2		otal assets.		· · · · · · · · · · · · · · · · · · ·	<u> </u>	34.4	52 25	
2		otal liabilitie		· · · · · · · · · · · · · · · · · · ·			- 26	
	· · · · · · · · · · · · · · · · · · ·				34,4	52 27	<del></del>	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

O.,	(					raye 2
Par	t III Statement of Program Service Accom	<b>plishments</b> (See the instru	uctions for Part III	.)	1	Expenses
	t is the organization's primary exempt purpose?			nred for section		
	cribe what was achieved in carrying out the org					)(3) and 501(c)(4) izations and section
	ner, describe the services provided, the number of	of persons benefited, and o	ther relevant info	mation for	4947(	a)(1) trusts, optional
eacn	program title.				for ot	hers.)
28	Provide education for osteopathic doctors in NM - By		tors benefiting who	ele		
	communities especially in rural and under served an	98 <b>%.</b>				
	(Oranta &	inglisher feurier grants ab		<u> </u>	00-	
20		includes foreign grants, che			28a	
29						
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. • []	29a	
30						
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	30a	
31	Other program services (attach schedule)					
		includes foreign grants, che			31a	
	Total program service expenses (add lines 28a				32	
Par	t IV List of Officers, Directors, Trustees, and Key					
	(a) Name and address	(b) Title and average hours per week		(d) Contributio employee benefit	plans &	
<b>D</b>	AL Add DO 200 Days News Park has bles 07400	devoted to position	enter -0)	deferred comper	nsation	other allowances
X ETH	die Adair DO 308 Bryn Mawr Dr Abq. NM 87106	President 1 hr	-0-		-0-	-0-
Kim	berlie Keller DO 3825 Eubank Blvd NE Abq NM 87111		٠,-		-0-	
	being vener bo 3023 Eabern Diva RE Aby Rev 07111	Vice-President 1 hr	-6-		-6-	-0-
Edw	ard Childers DO 3825 Eubank Blvd NE Abg NM 8711					· · · · · · · · · · · · · · · · · · ·
		Sec/Treasurer 1 hr	-0-		-0-	-0-
Davi	d King 1251 Sate Rd 344 Stanley NM 87056					
		Director -0-	-0-		-0-	-0-
Man	garet Royson DO 6100 Pan Am Frwy NE Abq NM	Director -0-				
8710	99	Discrept 4	-0-		-0-	-0-
Harc	old McFarling DO 5003 N Auburn Ave Farmington NM	Director -0-				
8740			-0-		-0-	-0-
Bett	y Barrett 795 Newton Dr Beavercreek OH 45434	Exec Director 15 hrs				
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Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.  Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes  If the organization have income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.  Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  Did the organization dergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  Did the organization of sependitures, direct or indirect, as described in the instructions. ▶ 37a  Bot the organization file Form 1120-POL for this year?  Did the organization file Form 1120-POL for this year?  Did the organization file Form 1120-POL for this year?  Did the organization file Form 1120-POL for this year?  Did the organization file Form 1120-POL for this year?  Did the organization file Form 1120-POL for this year?  Did the organization file Form 1120-POL for this year?  Did the organization file Form 1120-POL for this year?  Did the organization file Form 1120-POL for this year?  Did the organization file Form 1120-POL for this year?  Did the organization file Form 1120-POL for this year?  Bot the organization file Form 1120-POL for this year?  Did the organization file Form 1120-POL for this year?  Did the organization file Form 1120-POL for this year?  Bot the organization file Form 1120-POL for this year?  Did the organization file Form 1120-POL for this year?  Bot the organization file Form 1120-POL for this year?  Bot the organization file Form 1120-POL for this year.  Bot the organization file Form 1120-POL for this year.  Bot the organization file Form 1120-POL for th		0-EZ (2009)		ı	Page 3
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.  34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.  35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 590-T, atchain statement explaining why the organization did not report the income on Form 590-T. Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  36 If "Yes," has it filed at ax return on Form 590-T for this year?  37 If the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.  37 If the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete specification state of the organization file Form 1120-POL for this year?  38 Did the organization file Form 1120-POL for this year?  39 Did the organization file Form 1120-POL for this year?  39 If "Yes," complete specification or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  39 If "Yes," complete specification is provided to the period of the period covered by this return?  39 Section 501(c)(2) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 by section 4915 by sect	Part	Other Information (Note the statement requirements in the instructions for Part V.)			
description of each activity  Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes  If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.  Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  Tenter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a  Did the organization beform 1120-POL for this year?  Did the organization beform 1120-POL for this year?  Did the organization beform, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  Bid I*Yes,* complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on line 9  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4955 ▶  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in any section 4958 because the person of any of the organization and provers, and that the transaction has not been reported on any of the organization in provers. The proverse of the proverse of the proverse of the proverse of the p				Yes	No
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Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such bans made in a prior year and still outstanding at the end of the period covered by this return?  b If "Yes," complete Schedule L, Part II and enter the total amount involved	37a				1
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a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  39a  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4955 ▶  5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  41 List the states with which a copy of this return is filled. ▶ New Mexico  42a The organization's books are in care of ▶ Betty Barrett  Located at ▶ PO Box 33098 Albuquerque NM 57133  2IP + 4 ▶ 57153-3099  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  42b  44c  1if "Yes," enter the name of the foreign country: ▶  3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year . ▶ 43  45 Bid the organization maintain any donor advise	38a		38a		~
a Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) granizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  40e  41 List the states with which a copy of this return is filed. ▶ New Mexico  42a The organization's books are in care of ▶ Betty Barrett  Located at ▶ PO Box 53958 Albuquerque NM 87153  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . ▶ 43  Yes  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 m	b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part 1  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  List the states with which a copy of this return is filed. ▶ New Mexico  The organization's books are in care of ▶ Betty Barrett  Located at ▶ PO Box 53098 Albuquerque NM 87153  ZIP + 4 ▶ \$7153-3098  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account?)  If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  42b  If "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization a controlled ent	39				1
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4912 ▶ Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?1 if "Yes," complete Schedule L. Part I.  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? if "Yes," complete Form 8886-T.  List the states with which a copy of this return is filed. ▶ New Mexico  1 List the states with which a copy of this return is filed. ▶ New Mexico  1 Telephone no. ▶ 505-332-2146  2 Located at ▶ PO Box 53998 Albuquerque NM 87153  2 IP + 4 ▶ 57153-3098  3 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; lesses the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . ▶ 43  Yes  1 In the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  1 Is any related organization a controlled en	а		]		
b Section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶  b Section 501(c)(3) and 501(c)(4) organization. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I.  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  List the states with which a copy of this return is filled. ▶ New Mexico  141 List the states with which a copy of this return is filled. ▶ New Mexico  142 The organization's books are in care of ▶ Betty Berrett  Located at ▶ PO Box 53098 Albuquerque NN 87183  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account;?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  42b  If "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  44c  Form 990-EZ  45 Bid the organization account account within the meaning of section 512(b)(13)? If	b		_	]	]
transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ7 if "Yes," complete Schedule L, Part I	40a				
organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  List the states with which a copy of this return is filed. ▶ New Mexico  The organization's books are in care of ▶ Betty Barrett Located at ▶ PO Box 53098 Albuquerque NN8 87153  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Personal Accounts in a controlled entity of the organization within the meaning of section 512(b)(13)? If  Yes  Yes  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	b	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior	40ь		•
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  40e  11 List the states with which a copy of this return is filed. ▶ New Mexico  12 The organization's books are in care of ▶ Betty Barrett  Located at ▶ PO Box 53098 Albuquerque NM 87133  21P + 4 ▶ 87153-3098  12 The programment of the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . ▶ 43  242 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  15 any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If the programment of the programment	С	organization managers or disqualified persons during the year under sections 4912,			
transaction? If "Yes," complete Form 8886-T.  40e  41 List the states with which a copy of this return is filed. ▶ New Mexico  42a The organization's books are in care of ▶ Betty Barrett  Located at ▶ PO Box 53098 Albuquerque NM 87153  51P + 4 ▶ 87153-3098  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ▶  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . ▶ 43  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If  46 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
The organization's books are in care of ▶ Betty Barrett  Located at ▶ PO Box 53098 Albuquerque NM 87153  ZIP + 4 ▶ 87153-3098  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  42c  If "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  Located at ▶ PO Box 53098 Albuquerque NM 87153  ZIP + 4 ▶ 87153-3098  Yes	е		40e		~
Located at ▶ PO Box 53098 Albuquerque NM 87153  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here  and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	41	List the states with which a copy of this return is filed. ▶ New Mexico			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	42a	The organization's books are in care of ▶ Betty Barrett  Telephone no. ▶	505-33	2-214	6
At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43  Pyes  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		Located at PO Roy 53698 Athurusamus MM 87493	8715	-3098	
over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:   Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If  "Yes," Form 990-EX		over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		account)?	42b		~
and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U.S.?					
If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year					
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	С		42c		~
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	43			ì	▶ 🗹
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990 F7.				. '	
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990 F7.				V-	
Form 990-EZ  44  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If  "You " Form 900 must be completed instead of Form 900 F7.	AA	Did the organization maintain any dense added 4 and 0 16 8 Vac 8 February 200		Yes	NO
"Van " Farm 000 must be completed instead of Farm 000 F7		Form 990-EZ	44		~
000 E7	45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		~

Part VI

Form **990-EZ** (2009)

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) noi 17(a)(1) nonexempt change 51.	nexempt charita aritable trusts mu	<b>ble trusts only.</b> A list answer question	ll sec ns 40	tion 3-49t	)
46	Did the organization engage in direct or indirect	political campaign activ	ities on behalf of	or in opposition to		Yes	No
	candidates for public office? If "Yes," complete	Schedule C, Part I			46		V
47	Did the organization engage in lobbying activities	s? If "Yes," complete Sc	hedule C, Part II		47		1
48	Is the organization a school as described in section	on 170(b)(1)(A)(ii)? If "Yes,"	' complete Schedul	eE	48		V
49a	Did the organization make any transfers to an ex	empt non-charitable rela	ted organization?		49a		V
b	If "Yes," was the related organization a section 5	527 organization?			49b		1
50	Complete this table for the organization's five hi employees) who each received more than \$100,000.	ghest compensated emp	oloyees (other than m the organization	officers, directors, t	truste ter "N	es an	d key
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation		(e)	Expen	se
	than \$100,000	devoted to position		deferred compensation		allowa	
none							
					<u> </u>		
	Total number of other employees paid over \$100	<u></u>					
	\$100,000 of compensation from the organizatio  (a) Name and address of each independent contractor			ype of service	(c) Co	npensa	tron
					<del></del>		
d	Total number of other independent contractors e	each receiving over \$100	.000▶			<del></del>	
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration						
Sign Here	Signature Wolflicer  ELIZABETH BARRETT			-/-28-10 Date			
	ELIZABETH BACKETT  Type or print name and title	Exec Dis	ector		·		<del></del>
Paid Prepare	Preparer's signature	Date	Check if setf- employed ▶ [	Preparer's identifying nur	nber (Se	e instruc	tions)
Use On	i Firm's name (or			EN ►			<del></del>
	address, and ZIP + 4			Phone no. ▶			
May th	e IRS discuss this return with the preparer show:	n above? See instruction	s	▶ 🗆	Yes		No

### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2009

Open to Public

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate Instructions. Inspection Internal Revenue Service Name of the organization Employer Identification number MM Foundation for Osteopathic Education and Professional Development 85 0402214 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/4 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated d ☐ Type III–Other e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (I) Name of supported (iii) Type of organization an FIN (Iv) Is the organization (v) Dld you notify (vi) is the (vii) Amount of organization the organization in (described on lines 1-9 in col. (i) listed in your organization in col. support above or IRC section governing document? col. (ii) of your (i) organized in the (see instructions)) support? U.S.? Yes No Yes Nο Yes No

Total

	Support Schedule for Org (Complete only if you chec					and 170(b)(1)	)(A)(Vi)
	tion A. Public Support		# \ T				
Ca	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	A <del>l</del> K	RYA	5,619△	60,775	152	152
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	AWA	AIM	-6-	-0-	-0-	-0-
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			5,619	80,775	152	152
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						-0-
6_	Public support. Subtract line 5 from line 4.	1					152
	tion B. Total Support  lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(a) 2007	(d) 2008	(a) 2000	(f) Total
		(a) 2005	(b) 2006	(c) 2007 5,619	60,775	(e) 2009 152	152
7	Amounts from line 4			3,019	00,775	132	192
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			7,861	8,781	8,073	8,072
9	Net income from unrelated business activities, whether or not the business is regularly carried on			•	4-	-0-	<b>-0-</b>
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)			-0-	-0-	-0-	-0-
11	Total support. Add lines 7 through 10 .		1	<u></u>		1	8,225
12	Gross receipts from related activities, etc	. (see instruction	ns)		<i></i> l	12	<u>-0-</u>
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	· · · · ·	d, third, fourth,	=	er as a section	501(c)(3)
14	Public support percentage for 2009 (line			. column (fi)		14	%
							%
	Public support percentage from 2008 Schedule A, Part II, line 14						
	33% % support test - 2008. If the organization quality box and stop here. The organization quality	llifies as a public	cly supported o	rganization .			▶ □
17a	a 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ □						
b 18	10%-facts-and-circumstances test - 2008 more, and if the organization meets the "forganization meets the "facts-and-circumstances organization meets the organization diction."	acts-and-circums ances" test. The o	stances" test, c organization qua	heck this box a lifies as a publici	nd <b>stop here</b> , li y supported org	Explain in Part l anization	V how the ▶ □

	dule A (Form 990 or 990-EZ) 2009						Page 3
	Support Schedule for Organ (Complete only if you checked	nizations Dead the box on	scribed in Se line 9 of Par	ection <b>509(a)</b> t l.)	)(2)		
	tion A. Public Support						
Cá	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	ANA	R#A	R#A	AMA	R#A	R#A
	furnished in any activity that is related to the organization's tax-exempt purpose						<del></del>
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
_	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
_	tion B. Total Support					···	
Ca	elendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6	AIM	AIM	ria	R/A	AVA	RVA
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he fine Community of Public Systems	ere		d, third, fourth	•		, , , , , , , , , , , , , , , , , , ,
	tion C. Computation of Public Sup	-	<del></del>	40	<u>,,                                     </u>	45	0/
15 16	Public support percentage for 2009 (line Public support percentage from 2008 S	chedule A, Pa	rt III, line 15			15 16	<u>%</u> %
	tion D. Computation of Investmen						
17	Investment income percentage for 2009	•	• • •	=	• • • •	17	<u> </u>
18 19a	Investment income percentage from 200 33% % support tests – 2009. If the organ 17 is not more than 33% %, check this bo	nization did no	t check the bo	x on line 14, a	nd line 15 is m		6, and line
b		zation did not o	heck a box on	line 14 or line 1	19a, and line 16	i is more than 3	31/3 %, and _

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

Schedule A (P	form 990 or 990-EZ) 2009					Page 4
Part IV	Supplemental Information. Part II, line 17a or 17b; and	. Complete this Part III, line 12	s part to provide 2. Provide any o	the explanation	ns required binformation. S	y Part II, line 10:
N/A						
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# New Mexico Foundation for Osteopathic Education and Professional Development Form 990-EZ -2009

Line 16 Part I-Other Expenses

Taxes-other	\$2,871
Web Page Expenses	499
Students/Residents	375
Student Expense	217
Travel	3,460
Computer Operations	400
Total	\$7.822