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Return of Private Foundation

OMB No 1545-0052

Department of the Treasury
Internal Revenue Serviceor Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

2009

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2009, or tax year beginning JUL 1, 2009, and ending JUN 30, 2010

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation Tucson Osteopathic Medical Foundation		A Employer identification number 74-2449503
	Number and street (or P.O. box number if mail is not delivered to street address)	Room/suite	B Telephone number 520-299-4545
	City or town, state, and ZIP code Tucson, AZ 85712		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

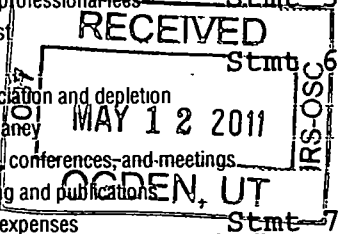
H Check type of organization: ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16)
\$ **8,672,058.** (Part I, column (d) must be on cash basis.)

J Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) _____

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(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	29,657.			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	84,652.	84,652.	84,652.	Statement 1
	4 Dividends and interest from securities	92,051.	92,051.	92,051.	Statement 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	<3,012.>			
	b Gross sales price for all assets on line 6a	2,352,000.			
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain			0.	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income	253,925.	0.	253,925.	Statement 3	
12 Total. Add lines 1 through 11	457,273.	176,703.	430,628.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	102,465.	2,461.	32,903.	67,101.
	14 Other employee salaries and wages	173,879.	4,176.	55,835.	113,868.
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees	45,274.	845.	21,376.	23,053.
	c Other professional fees	58,060.	0.	21,209.	36,851.
	17 Interest				
	18 Taxes	22,683.	0.	22,683.	0.
	19 Depreciation and depletion	47,082.	0.	47,082.	
	20 Occupancy				
	21 Travel, conferences, and meetings	32,897.	350.	4,716.	27,831.
	22 Printing and publications	28,922.	36.	479.	28,408.
	23 Other expenses	299,425.	1,797.	62,973.	234,655.
	24 Total operating and administrative expenses. Add lines 13 through 23	810,687.	9,665.	269,256.	531,767.
	25 Contributions, gifts, grants paid	10,600.			10,600.
26 Total expenses and disbursements. Add lines 24 and 25	821,287.	9,665.	269,256.	542,367.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	<364,014.>				
b Net investment income (if negative, enter -0-)		167,038.			
c Adjusted net income (if negative, enter -0-)			161,372.		

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	171,065.	128,465.	128,465.
	2 Savings and temporary cash investments	609,636.	262,593.	262,593.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use	34,524.	23,715.	
	9 Prepaid expenses and deferred charges	7,916.	12,781.	
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock Stmt 9	6,538,931.	6,992,080.	6,992,080.
	c Investments - corporate bonds			
Liabilities	11 Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment basis ▶ 1,698,697.			
	Less accumulated depreciation ▶ 409,777.	1,333,621.	1,288,920.	1,288,920.
	15 Other assets (describe ▶ Interest Receivable)	40,220.	12,702.	0.
	16 Total assets (to be completed by all filers)	8,735,913.	8,721,256.	8,672,058.
	17 Accounts payable and accrued expenses	33,004.	31,200.	
	18 Grants payable			
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	33,004.	31,200.	
	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	8,702,909.	8,690,056.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances	8,702,909.	8,690,056.	
	31 Total liabilities and net assets/fund balances	8,735,913.	8,721,256.	

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 30 (must agree with end-of-year figure reported on prior year's return)	1	8,702,909.
2 Enter amount from Part I, line 27a	2	<364,014.>
3 Other increases not included in line 2 (itemize) ▶ See Statement 8	3	351,161.
4 Add lines 1, 2, and 3	4	8,690,056.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	8,690,056.

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) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b See Attached Statement				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e 2,352,000.		2,355,012.	<3,012.>	
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e			<3,012.>	
2 Capital gain net income or (net capital loss)		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2 <3,012.>
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		3 0.

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	576,993.	9,365,199.	.061610
2007	621,221.	10,626,577.	.058459
2006	734,671.	10,862,930.	.067631
2005	625,731.	10,699,029.	.058485
2004	613,625.	11,229,184.	.054646
2 Total of line 1, column (d)			2 .300831
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 .060166
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5			4 8,535,802.
5 Multiply line 4 by line 3			5 513,565.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 1,670.
7 Add lines 5 and 6			7 515,235.
8 Enter qualifying distributions from Part XII, line 4			8 542,367.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI 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)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	1,670.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% 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	1,670.
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	1,670.
6 Credits/Payments:			
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a	6,393.	
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	6,393.	
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		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	4,723.	
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax <input checked="" type="checkbox"/> 4,723. Refunded <input checked="" type="checkbox"/>	11	0.	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> AZ		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV	X	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

Form 990-PF (2009)

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>www.tomf.org</u>	13	X	
14	The books are in care of ► <u>Susan Henderson</u> Telephone no. ► <u>520-299-4545</u> Located at ► <u>3182 N. Swan Road, Tucson, AZ</u> ZIP+4 ► <u>85712</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	15		N/A

Part VII-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
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. 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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any 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 page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	
c 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 2009?		X
2 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)):		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? If "Yes," list the years ►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not 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 all years listed, answer "No" and attach statement - see instructions.)	N/A	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) 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 (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.)	N/A	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
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 2009?		X

Form 990-PF (2009)

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

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

Organizations relying on a current notice regarding disaster assistance check here

☐

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870

☐ Yes ☒ No

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

N/A

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

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

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 10		104,188.	5,587.	2,377.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Cecelia Pappas	40.00	50,075.	7,423.	687.
Susan Henderson	Associate Director 40.00	46,058.	7,768.	0.

Total number of other employees paid over \$50,000

0

Form 990-PF (2009)

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services. 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

0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 Professional education activities include the provision of continuing medical education for private attending osteopathic physicians and production of publications.	330,654.
2 The public education program provides a continuous public education program promoting the understanding of osteopathic medicine through special reports and sponsored research.	194,183.
3 The scholarship award program provides tuition to osteopathic medical students.	17,529.
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

Form 990-PF (2009)

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	
a	Average monthly fair market value of securities	1a 6,765,506.
b	Average of monthly cash balances	1b 585,880.
c	Fair market value of all other assets	1c 1,314,403.
d	Total (add lines 1a, b, and c)	1d 8,665,789.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0.
2	Acquisition indebtedness applicable to line 1 assets	2 0.
3	Subtract line 2 from line 1d	3 8,665,789.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4 129,987.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 8,535,802.
6	Minimum investment return. Enter 5% of line 5	6 426,790.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1
2a	Tax on investment income for 2009 from Part VI, line 5	2a
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b
c	Add lines 2a and 2b	2c
3	Distributable amount before adjustments. Subtract line 2c from line 1	3
4	Recoveries of amounts treated as qualifying distributions	4
5	Add lines 3 and 4	5
6	Deduction from distributable amount (see instructions)	6
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a 542,367.
b	Program-related investments - total from Part IX-B	1b 0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2
3	Amounts set aside for specific charitable projects that satisfy the:	
a	Suitability test (prior IRS approval required)	3a
b	Cash distribution test (attach the required schedule)	3b
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4 542,367.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5 1,670.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 540,697.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form 990-PF (2009)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from Part XII, line 4: N/A				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

- 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling

04/17/87

- b Check box to indicate whether the foundation is a private operating foundation described in section

☒ 4942(j)(3) or ☐ 4942(j)(5)

- 2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total
(a) 2009	(b) 2008	(c) 2007	(d) 2006	
161,372.	216,087.	327,026.	272,071.	976,556.
137,166.	183,674.	277,972.	231,260.	830,073.

- b 85% of line 2a

- c Qualifying distributions from Part XII, line 4 for each year listed

542,367.	579,590.	625,426.	741,844.	2,489,227.
----------	----------	----------	----------	------------

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

0.	0.	0.	0.	0.
----	----	----	----	----

- e Qualifying distributions made directly for active conduct of exempt activities.

Subtract line 2d from line 2c

542,367.	579,590.	625,426.	741,844.	2,489,227.
----------	----------	----------	----------	------------

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

- a "Assets" alternative test - enter:

- (1) Value of all assets

				0.
--	--	--	--	----

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

				0.
--	--	--	--	----

- b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed

284,527.	312,173.	354,219.	362,098.	1,313,017.
----------	----------	----------	----------	------------

- 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)

				0.
--	--	--	--	----

- (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)

				0.
--	--	--	--	----

- (3) Largest amount of support from an exempt organization

				0.
--	--	--	--	----

- (4) Gross investment income

				0.
--	--	--	--	----

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the 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).)

None

- 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.

None

- 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. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a The name, address, and telephone number of the person to whom applications should be addressed:

Tucson Osteopathic Medical Foundation

- b The form in which applications should be submitted and information and materials they should include:

See Attachment

- 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 XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	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
a Paid during the year				
Arizona College of Osteopathic Medicine 19555 North 59th Avenue Glendale, AZ 85308	None	N/A	Trustee Award	10,000.
88-Crime Inc 32 North Stone Avenue, Suite #1400 Tucson, AZ 85701	None	N/A	Trustee Award	500.
Kid's International Neighborhood P. O. Box 150 Tucson, AZ 85702	None	N/A	Trustee Award	100.
Total				10,600.
b Approved for future payment				
None				
Total				0.

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) of the Code (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) of the Code (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
N/A		

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 or fiduciary) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer or trustee

Date _____

Title

Preparer's signature 

Date _____

Check if self-employed	
------------------------	--

Preparer's identifying number

Firm's name (or yours
if self-employed),
address, and ZIP code

Keegan, Linscott & Kenon, P.C.
33 N. Stone Avenue, Suite 1100
Tucson, AZ 85701

FIN ▶

Phone no. (520) 884-0176

Form **990-PF** (2009)

Tucson Osteopathic Medical Foundation

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) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	FFCB	P	01/18/07	06/30/10
b	FFCB	P	07/23/07	06/30/10
c	Interinvest Nat'l Bk	P	01/24/07	06/30/10
d	United Comm Bk	P	01/24/07	06/30/10
e	Private Bk & Tr	P	07/30/08	06/30/10
f	Cole Taylor Bk	P	07/30/08	06/30/10
g	Gibraltar Priv Bk	P	07/28/08	06/30/10
h	Capital One Na	P	07/23/08	06/30/10
i	Lehman Bros Com Bk	P	07/23/08	06/30/10
j	MidFirst Bank	P	07/30/08	06/30/10
k	First Natl Bank	P	07/31/08	06/30/10
l	Liberty Bk of Ark	P	08/03/07	06/30/10
m	Nexity Bank	P	08/07/08	06/30/10
n	Beal Bank Nev	P	05/29/09	06/30/10
o	Hanmi Band	P	05/29/09	06/30/10

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 500,000.		500,006.	<6.>
b 500,000.		503,006.	<3,006.>
c 90,000.		90,000.	0.
d 90,000.		90,000.	0.
e 90,000.		90,000.	0.
f 90,000.		90,000.	0.
g 90,000.		90,000.	0.
h 90,000.		90,000.	0.
i 90,000.		90,000.	0.
j 90,000.		90,000.	0.
k 90,000.		90,000.	0.
l 52,000.		52,000.	0.
m 90,000.		90,000.	0.
n 200,000.		200,000.	0.
o 200,000.		200,000.	0.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			<6.>
b			<3,006.>
c			0.
d			0.
e			0.
f			0.
g			0.
h			0.
i			0.
j			0.
k			0.
l			0.
m			0.
n			0.
o			0.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	<3,012.>
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	0.



**Tucson
Osteopathic
Medical
Foundation**

TRUSTEE AWARDS PROGRAM

Guidelines & Application Procedures

The Tucson Osteopathic Medical Foundation is a private operating foundation which operates programs designed to produce significant advances on problems and issues of importance to osteopathic medicine and the community's health and welfare. The three-fold mission of the Foundation is to (1) expand and improve the quality and scope of osteopathic medical education, (2) improve the public's understanding of osteopathic medicine, and (3) improve, through education, the health and well being of the community.

The Trustee Awards Program is a program of grant awards by the Board of Trustees of the Foundation to aid selected community organizations whose goals and purposes are in harmony with those of osteopathic medicine.

AWARD CYCLE

The Tucson Osteopathic Medical Foundation will grant the funds available for Trustee Awards once annually. The Foundation's fiscal year begins on July 1 and ends on June 30. **Grant proposals for the upcoming fiscal year must be submitted and received at the Foundation office no later than 5:00 p.m. on January 31 of each calendar year.**

Only organizations which have submitted a grant proposal prior to the January 31 deadline will be considered to receive a Trustee Award for the next fiscal year.

A decision on your program's grant proposal will be made by May 31. If your program is selected to receive a Trustee Award, grants will be available for payment on July 1 of each year.

WHO MAY APPLY

Requests for support are generally considered from:

1. Institutions of higher education and other education-related organizations
2. Organizations in the arts and humanities
3. Community service organizations
4. Health care programs
5. Substance abuse programs
6. Organizations conducting public policy studies

Eligible applicants must have been designated as a nonprofit, tax exempt "public charity" as defined in Sections 501(c)(3) and 170(b) of the Internal Revenue Code. All applicants other than colleges and universities must send a copy of their IRS designation letter with each grant proposal or request

Applicants should carefully consider the following exclusions that result from budgetary considerations, Foundation policy or federal laws. The Foundation does not consider requests from:

1. Individual applicants
2. Political lobbyists, organizations or campaigns
3. Religious activities or organizations
4. Private foundations or private operating foundations
5. Professional associations
6. Specialized health organizations, hospitals or medical centers for operating funds
7. Tax supported government programs or functions
8. Fraternal, veterans, or military organizations
9. Sponsors of conferences, fund-raising campaigns and
10. Telephone and/or mail solicitors

Moreover, the Foundation neither supports nor engages in any political activity. It does not attempt to influence legislation or political campaigns for public office, nor does it support organizations engaging in these activities

In addition, the Foundation does not provide "annual" grants or continuing support. Individual grant proposals from organizations receiving current or previous Foundation support will be judged as new requests and evaluated in relation to other proposals before the Foundation.

HOW TO APPLY

Qualified organizations applying for a grant are encouraged to submit a proposal in concise letter form, not more than two pages long, that contains the following information:

1. A brief description of the organization, its purpose and proposed project.
2. A statement of need for the project.
3. The total cost of the project, other sources and levels of funding and the amount requested from the Tucson Osteopathic Medical Foundation
4. Appropriate supporting data, including a current budget and most recent audited financial statement, an annual report, if available, and a copy of the Internal Revenue Service letter of determination.

The Foundation reserves the right to request such additional information as it deems necessary. Elaborate and lengthy proposals will not be considered.

REVIEW PROCESS

All requests are reviewed by staff to determine whether or not they meet the Foundation's objectives and project guidelines. Applications having significant merit and relevance to the Foundation's objectives and priorities are later presented to the Foundation's Program Committee and Board of Trustees for consideration

The Foundation receives more applications than it can support, and therefore, must decline many requests regardless of individual merit. Applicants will be informed of the Foundation's decision by May 31 annually.

Organizations receiving Trustee Awards are expected to comply with the conditions specified in the application procedures. The Foundation reserves the right to report publicly on the achievements of its grant recipients.

SEND PROPOSALS REQUESTING SUPPORT TO:

**Susan Henderson
Associate Director
Tucson Osteopathic Medical Foundation
Village Offices
3182 North Swan Road
Tucson, Arizona 85712**

Form 990-PF Interest on Savings and Temporary Cash Investments Statement 1

Source	Amount
Interest income	84,652.
Total to Form 990-PF, Part I, line 3, Column A	84,652.

Form 990-PF Dividends and Interest from Securities Statement 2

Source	Gross Amount	Capital Gains Dividends	Column (A) Amount
Dividend income	92,051.	0.	92,051.
Total to Form 990-PF, Part I, ln 4	92,051.	0.	92,051.

Form 990-PF Other Income Statement 3

Description	(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
Medical	149,291.	0.	149,291.
Book Sales	35,940.	0.	35,940.
Other Programs	35,835.	0.	35,835.
Advertising Income	2,915.	0.	2,915.
Other Revenue	29,944.	0.	29,944.
Total to Form 990-PF, Part I, line 11	253,925.	0.	253,925.

Form 990-PF Accounting Fees Statement 4

Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Accounting Fees	45,274.	845.	21,376.	23,053.
To Form 990-PF, Pg 1, ln 16b	45,274.	845.	21,376.	23,053.

Form 990-PF	Other Professional Fees			Statement	5
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Other Professional Fees	58,060.	0.	21,209.	36,851.	
To Form 990-PF, Pg 1, ln 16c	58,060.	0.	21,209.	36,851.	

Form 990-PF	Taxes			Statement	6
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Other Taxes	22,683.	0.	22,683.	0.	
To Form 990-PF, Pg 1, ln 18	22,683.	0.	22,683.	0.	

Form 990-PF	Other Expenses			Statement	7
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Admission Fees	55.	0.	0.	55.	
Advertising	6,241.	0.	0.	6,241.	
AOA Fees	5,202.	0.	0.	5,202.	
Audio/Visual	8,212.	0.	0.	8,212.	
Bank Charges	14,750.	0.	0.	14,750.	
Banquet Expense	95,717.	0.	0.	95,717.	
Cleaning	5,910.	0.	5,910.	0.	
Computer Expense	4,818.	0.	4,818.	0.	
Dues & Subscriptions	3,696.	89.	1,192.	2,415.	
Educational Materials	2,314.	0.	0.	2,314.	
Employee Benefits	60,644.	1,453.	19,558.	39,633.	
Entertainment	250.	0.	0.	250.	
Equipment	1,039.	0.	1,039.	0.	
Honorarium	31,000.	0.	0.	31,000.	
Insurance	7,284.	0.	7,284.	0.	
Mileage	462.	0.	0.	462.	
Miscellaneous	0.	0.	0.	0.	
Office Supplies	835.	20.	273.	542.	
Photography	0.	0.	0.	0.	
Postage	10,805.	12.	168.	10,625.	

Tucson Osteopathic Medical Foundation

74-2449503

Refunds	7,906.	0.	0.	7,906.
Repairs & Maintenance	10,424.	0.	10,424.	0.
Supplies	5,586.	56.	754.	4,776.
Telephone	6,970.	167.	2,248.	4,555.
Utilities	9,305.	0.	9,305.	0.
To Form 990-PF, Pg 1, ln 23	299,425.	1,797.	62,973.	234,655.

Form 990-PF	Other Increases in Net Assets or Fund Balances	Statement	8
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Description	Amount
Unrealized Gain (Loss) on Investments	351,161.
Total to Form 990-PF, Part III, line 3	351,161.

Form 990-PF	Corporate Stock	Statement	9
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Description	Book Value	Fair Market Value
Corporate stock	6,992,080.	6,992,080.
Total to Form 990-PF, Part II, line 10b	6,992,080.	6,992,080.

Form 990-PF Part VIII - List of Officers, Directors Statement 10
Trustees and Foundation Managers

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Expense Contrib Account	
Kenneth S. Snow, D.O. 3499 N. Campbell Ave. #907 Tucson, AZ 85719	Chairman 1.00	0.	0.	0.
Jerry H. Hutchinson, Jr., D.O. 4280 N. Campbell Ave. Tucson, AZ 85718	Chairman-Elect 1.00	400.	0.	0.
Howard R. Zveitel, D.O. 4175 S. Alamo Avenue Tucson, AZ 85707	Secretary/Treasurer 1.00	0.	0.	0.
Issa Y. Hallaq, D.O. 1 W. Wetmore, Suite 103 Tucson, AZ 85705	Immediate Past Chairman 1.00	400.	0.	0.
John F. Manfredonia, D.O. 7605 W. Ina Road Tucson, AZ 85743	Trustee 1.00	1,400.	0.	0.
Harmon L. Myers, D.O. 7029 E. Calle Cerca Tucson, AZ 85715	Trustee 1.00	6,287.	0.	0.
John Q. Harris, D.O. 3535 S. 12th Avenue Tucson, AZ 85713	Trustee 1.00	0.	0.	0.
William C. Inboden, D.O. 3794 N. Campbell Ave. Tucson, AZ 85719	Trustee 1.00	400.	0.	0.
Deborah Jane Power, D.O. 535 N. Wilmot Road, Suite 101 Tucson, AZ 85711	Trustee 1.00	400.	0.	0.
Kenneth M. Belkoff, D.O. 3940 N. Campbell Avenue Tucson, AZ 85719	Trustee 1.00	0.	0.	0.
Edmund Krasinski, Jr., D.O. 6879 N. Oracle, Suite 133 Tucson, AZ 85704	Trustee 1.00	400.	0.	0.

Lew Riggs	Executive Director			
4566 E. Camino De Oro	40.00	94,501.	5,587.	2,377.
Tucson, AZ 85718				

Totals included on 990-PF, Page 6, Part VIII		104,188.	5,587.	2,377.
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**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization	Employer identification number
	Tucson Osteopathic Medical Foundation	74-2449503
	Number, street, and room or suite no. If a P O box, see instructions 3182 N. Swan Road	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions Tucson, AZ 85712	

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

Susan Henderson

- The books are in the care of ► **3182 N. Swan Road - Tucson, AZ 85712**

Telephone No ► **520-299-4545**

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **February 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► ☐ calendar year _____ or
 ► ☒ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	6,393.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	6,393.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print	Name of exempt organization Tucson Osteopathic Medical Foundation
File by the extended due date for filing your return. See instructions.	Employer identification number 74-2449503
	Number, street, and room or suite no. If a P.O. box, see instructions. 3182 N. Swan Road
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Tucson, AZ 85712

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

04

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **3182 N. Swan Road - Tucson, AZ 85712**
Telephone No. **520-299-4545** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **May 15, 2011**.
- For calendar year _____, or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.
- If the tax year entered in line 5 is for less than 12 months, check reason. ☐ Initial return ☐ Final return
☐ Change in accounting period
- State in detail why you need the extension

Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	1,670.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	6,393.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Buddy R. M.** Title **CPA** Date **2/14/11**

Form 8868 (Rev. 1-2011)