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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Ford	alen	dar year 2011 or tax year beginning JUL	1, 2011	, and ending	JUN 30, 2012	
Nan	ne of	foundation			A Employer identification	number
_T	ucs	son Osteopathic Medical		74-2449503		
Num	ber ar	nd street (or P.O. box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
3	<u> 182</u>	N. Swan Road			520-299-45	45
City	or to	wn, state, and ZIP code			C If exemption application is p	ending, check here
T	ucs	son, AZ 85712				
G C	heck	all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	, check here
		Final return	Amended return		5	7
		Address change	Name change		Foreign organizations me 2. check here and attach co	mputation
H C	heck	type of organization: X Section 501(c)(3) ex			E If private foundation stat	tus was terminated
	Sec	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda		under section 507(b)(1)	(A), check here
I Fa	ır ma	rket value of all assets at end of year J Accounti	ng method: L Cash	X Accrual	F If the foundation is in a (60-month termination
		Part II, col. (c), line 16)	ther (specify)	<u>t</u>	under section 507(b)(1)	(B), check here
		9,083,228. (Part I, colu	mn (d) must be on cash t	basis)		
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
		Contributions, gifts, grants, etc., received	25,429.			
	2	Check X of the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	36,490.	36,490.		Statement 1
	4	Dividends and interest from securities	99,254.	99,254.	99,254.	Statement 2
	5a	Gross rents				<u>.</u>
o	b	Net rental income or (loss)			_	
	6a	Net gain or (loss) from sale of assets not on line 10	RECEIVE	<u> </u>		
Revenue	b	Gross sales price for all assets on line 6a				
ě	7	Capital gain net income (from Part IV, line 2)	1111/ 0 0 004			
ш.	8 Net short-term capital gain		MAY 0 9 201	3 9	0.	
	9	Income modifications Gross sales less returns		IRS		
	10a	and allowances	OGDEN. U	JT		
		Less Cost of goods sold				
		Gross profit or (loss)	207 400	0	207 400	Gt - t 2
	11	Other income	327,482.	0. 135,744.		Statement 3
	12	Total. Add lines 1 through 11	488,655.			74 202
9	13	Compensation of officers, directors, trustees, etc	117,480. 135,797.	3,571. 4,129.		74,202. 85,785.
<i>)</i>	14	Other employee salaries and wages	135,797.	4,147	45,003.	03,103.
2 8	15	Pension plans, employee benefits				
a se	168	Legal fees Accounting fees Stmt 4	51,911.	1,578.	17,542.	32,791.
₩	D	-	29,575.	251.		26,530.
≅ü	47	•	23,313.	251	2,134.	20,330.
₽≩	17 18	Interest Taxes Stmt 6	30,199.	832.	12,069.	17,298.
str.	19	Depreciation and depletion	38,158.	0.52.		17,230.
⋛	20	Occupancy	30,130.		30,130.	
<u>~</u> ₽	21	Travel, conferences, and meetings	50,517.	940.	10,443.	39,134.
2023 and Adr	22	Printing and publications	26,852.	4.	1	26,803.
g g	23	Other expenses Stmt 7	280,814.	3,482		
Operating	24	Total operating and administrative	200,014.	3, 402	30,,05.	230,023.
era	- 7	expenses. Add lines 13 through 23	761,303.	14,787	205,350.	541,166.
Q	25	Contributions, gifts, grants paid	4,000.			4,000.
		Total expenses and disbursements.	2,000.		1	
		Add lines 24 and 25	765,303.	14,787	205,350.	545,166.
	27	Subtract line 26 from line 12:	,55,555			3.23/.200
	i	Excess of revenue over expenses and disbursements	<276,648.	b		
	ı	Net investment income (if negative, enter -0-)		120,957	,	
_	ı	Adjusted net income (if negative, enter -0-)			257,876.	

		Polonos Shoots Attached schedules and amounts in the description	Beginning of year	Fnd	of year
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
\neg	_	Cash - non-interest-bearing	70,222.	155,914	
		·	72,485.	802,551	
		Savings and temporary cash investments	12,403.	002,331	802,331.
		Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable -			
		Less: allowance for doubtful accounts		·	
	_	Grants receivable			-
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons	-		
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶	10 051		
ets	_	Inventories for sale or use	18,251.	56,802	
Assets		Prepaid expenses and deferred charges	5,669.	9,222	•
٧		Investments - U.S. and state government obligations		5 010 110	6 010 110
	b	Investments - corporate stock Stmt 9	7,988,997.	6,919,149	6,919,149.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			<u></u>
	13	Investments - other			
	14	Land, buildings, and equipment basis \triangleright 1,700,237.			4 005 644
		Less accumulated depreciation \blacktriangleright 494,623.	1,242,232. 13,969.	1,205,614	. 1,205,614.
	15	Other assets (describe ► Interest Receivable)	13,969.	8,738	. 0.
	16	Total assets (to be completed by all filers)	9,411,825.	9,157,990	
	ı	Accounts payable and accrued expenses	25,973.	25,633	<u>•</u>
	ı	Grants payable			_
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ä	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
			05 050	05 633	
	23	Total liabilities (add lines 17 through 22)	25,973.	25,633	<u>-</u>
	i	Foundations that follow SFAS 117, check here			
ý		and complete lines 24 through 26 and lines 30 and 31	0 205 052	0 120 257	
ည	24	Unrestricted	9,385,852.	9,132,357	<u>•</u>
alai	25	Temporarily restricted		- -	
Fund Balances	26	Permanently restricted			_
Ē	1	Foundations that do not follow SFAS 117, check here			
o. F		and complete lines 27 through 31			
	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
ξ	29	Retained earnings, accumulated income, endowment, or other funds	0 205 050	0 120 257	
Net	30	Total net assets or fund balances	9,385,852.	9,132,357	<u>-</u>
			0 411 005	0 155 000	
_	31	Total liabilities and net assets/fund balances	9,411,825.	<u>9,157,990</u>	<u>. </u>
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mu	st agree with end-of-year figure reported on prior year's return)	<u> </u>		
2	Ente	r amount from Part I, line 27a		<276,648.>	
3		er increases not included in line 2 (itemize)	See Sta		23,153.
		lines 1, 2, and 3		 	9,132,357.
		reases not included in line 2 (itemize)			0.
<u>6</u>	Tota	ıl net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	<u></u>	9,132,357.

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

Enter the net value of noncharitable-use assets for 2011 from Part X, line 5

5 Multiply line 4 by line 3

6 Enter 1% of net investment income (1% of Part I, line 27b)

7 Add lines 5 and 6

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8 Enter qualifying distributions from Part XII, line 4

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.

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.061009

9,089,810.

554,560.

555,7<u>7</u>0.

545,166.

1,210.

3

5

6

7

8

	990-PF (2011) Tucson Osteopathic Medical Foundation 74-2449 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see		ction	Page 4 1 S)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		2,4	<u> 19.</u>
	of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2		<u>2,4</u>	<u> 19.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		<u>2,4</u>	<u> 19.</u>
6	Credits/Payments:			
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 4,800.			
Ь	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld 6d			
	Total credits and payments. Add lines 6a through 6d		4,8	00.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			17.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
-	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		2,3	64.
	Enter the amount of line 10 to be: Credited to 2012 estimated tax			0.
	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
	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.			
c	Did the foundation file Form 1120-POL for this year?	1c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
_	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
·	managers. ►\$0.	1		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
-	If "Yes." attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
Ť	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	1		
	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?	6	İ	Х
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	Х	
	If "Yes," complete Part II, col. (c), and Part XV.			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	AZ		1	
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	8b	х	L_
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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	X_	
<u>1</u> 0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
		rm 99 0)-PF	(2011)

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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_		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address www.tomf.org	13	Х	
14	The books are in care of ▶ Susan Henderson Telephone no. ▶ 520-2		<u>545</u>	
15	Located at ► 3182 N. Swan Road, Tucson, AZ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	<u> </u>		\Box
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			
Pa	country Int 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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)? Yes X 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.)			
h	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
U	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	1		
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 2011?	1c		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)):			
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2011? Yes X No			
	If "Yes," list the years ,,,,,,			
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	١		
	statement - see instructions.) N/A	<u>2b</u>		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
0-	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
38	during the year? Yes X No			
	o If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after			
L	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 2011) N/A	3b	Ì	
4 a	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		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 2011?	<u>4b</u>	<u> </u>	<u> </u>
		orm 990	-PF	(2011)

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orm 990-PF (2011) Tucson Osteopathic Medic	al Foundation		<u>74-24495</u>	03	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire			İ	
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	3?	Ye	s X No		-
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		☐ Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f	for			
the prevention of cruelty to children or animals?		Ye	s X No		-
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instri	uctions)?		N/A	5b	
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 mainta	ıned			
expenditure responsibility for the grant?	N	I/A 🔲 Ye	s No		
If "Yes," attach the statement required by Regulations section 53.494	!5-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		L	6b _	X
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attrib	utable to the transaction?		N/A	7b	
Information About Officers, Directors, Trust		nagers, Highly	/		
Part VIII Paid Employees, and Contractors					
List all officers, directors, trustees, foundation managers and their	compensation.				
() Normal and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) E	xpense int, other
(a) Name and address	to position	enter -0-)	compensation	allov	wances
See Statement 10		99,466.	19,466.	3,	<u>513.</u>
	<u> </u>				
		<u> </u>		}	
Compensation of five highest-paid employees (other than those in		enter "NONE."	(4)	1	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E	xpense int, other
(a) Numb and address of each employee paid more than \$60,000	devoted to position	ļ · ·	compensation	allo	wances
Susan Henderson	Associate Dir				
	40.00	51,047.	10,515		0.
	_				
				<u> </u>	
	_				
		ļ.		<u> </u>	
				1	
	_				
			<u> </u>		
Total number of other employees paid over \$50,000			•		0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	1	
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 servi	ice	(c) Compensation
NONE		
		·
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the		Funance
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.		366,754.
2 The public education program provides a continuous public	<u> </u>	
education program promoting the understanding of osteopath	1C	164 020
medicine through special reports and sponsored research. 3 The scholarship award program provides tuition to		164,839.
osteopathic medical students.		
Osteopathic medical students:		13,573.
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 <u>N/A</u>		
	-	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.

Ρ	art X Minimum Investment Return (All domestic foundations must complete this part Foreign four	ndations	, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	7,454,073.
	Average of monthly cash balances	1b	550,586.
	Fair market value of all other assets	1c	1,223,574.
d	Total (add lines 1a, b, and c)	1d	9,228,233.
	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	9,228,233.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	138,423.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,089,810.
6	Minimum investment return. Enter 5% of line 5	6	454,491.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here X and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011. (This does not include the tax from Part VI.)		
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	•1
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1a	545,166.
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26 Program-related investments - total from Part IX-B	1b	0.
ь 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:		
	0.114.4.4.4.100	3a	
a	Cash distribution test (attach the required schedule)	3b	
D A	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	545,166.
4 5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		313,100.
J	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	545,166.
•	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (see	instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2010	2010	2011
1 Distributable amount for 2011 from Part XI,				
line 7				
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only				
b Total for prior years:				
3 Excess distributions carryover, if any, to 2011:	<u> </u>			
a From 2006				
b From 2007 c From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e				
4 Qualifying distributions for 2011 from				
Part XII, line 4: >\$				
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior	· -			
years (Election required - see instructions)				
c Treated as distributions out of corpus	· · · · · · · · · · · · · · · · · · ·			
(Election required - see instructions)				
d Applied to 2011 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2011				
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract				
line 4b from line 2b				
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable			-	
amount - see instructions				
e Undistributed income for 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				İ
be distributed in 2012				<u> </u>
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011			<u> </u>	5 000 PF 10011

	Osteopathic			74-24	49503 Page 10
Part XIV Private Operating F	 ` ` 		A, question 9)		
1 a If the foundation has received a ruling o			04/	17/07	
foundation, and the ruling is effective fo	·			17/87	
b Check box to indicate whether the found		g foundation described in		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2010	Prior 3 years (c) 2009	(d) 2008	(a) Total
income from Part I or the minimum	(a) 2011	(8) 2010	(6) 2009	(u) 2000	(e) Total
investment return from Part X for	055 056	05 046	161 250	016 007	700 501
each year listed	257,876.	87,246.	161,372.	216,087.	722,581.
b 85% of line 2a	219,195.	74,159.	137,166.	183,674.	614,194.
c Qualifying distributions from Part XII,	545 466	450 504	F 40 265	F. T. O. C. O. O.	0 146 054
line 4 for each year listed	545,166.	479,731.	542,367.	579,590.	2,146,854.
d Amounts included in line 2c not					
used directly for active conduct of		•			•
exempt activities	0.	0.	0.	0.	<u>,0.</u>
e Qualifying distributions made directly					
for active conduct of exempt activities.			- 40 O C F		
Subtract line 2d from line 2c	545,166.	479,731.	542,367.	579,590.	2,146,854.
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	302,994.	296,133.	284,527.	312,173.	1,195,827.
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 Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	
at any time during t					
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh	_	than 2% of the total conti	ributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed r			Ť		•
None					
b List any managers of the foundation wh	o own 10% or more of the	e stock of a corporation (or an equally large portion	on of the ownership of a p	artnership or
other entity) of which the foundation ha					
None	_				
2 Information Regarding Contribut	ion, Grant, Gift, Loan.	Scholarship, etc., Pr	ograms:		<u> </u>
Check here ▶ ☐ If the foundation of				ot accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	iduals or organizations u	nder other conditions, co	implete items 2a, b, c, and	l d.
a The name, address, and telephone num	ber of the person to whor	n applications should be	addressed:		
Tucson Osteopathic M					
b The form in which applications should t	oe submitted and informat	tion and materials they sh	nould include:		
See Attachment		•			
c Any submission deadlines:					
d Any restrictions or limitations on award	e euch as hy geographics	al areas charitable fields	kinds of institutions or o	other factors:	
a with resourchous of infiltations on award	o, outil as by geographica	म बारवंड, जावासवणार सरापड,	rango or montulions, or c	mici iaciuls.	
				_	
123601 12-02-11					Form 990-PF (2011)

Form 990-PF (2011) Tucson Osteo	<u>pathic Medical</u>	Foundatio	<u>n 74-244</u>	9503 Page 11
Form 990-PF (2011) Tucson Osteo Part XV Supplementary Information	n (continued)			
3 Grants and Contributions Paid During the	ear or Approved for Future			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
88-Crime Inc	None	N/A	Trustee Award	
32 North Stone Avenue, Suite #1400				
Tucson, AZ 85701				500.
Arizona Osteopathic Medical	None	N/A	Trustee Award	
Association	None	, A	Tubeco ilwara	
5150 N. 16th Street, Suite A-122				
Phoenix, AZ 85016		ļ <u>.</u>		3,500.
Total			> 3a	4,000.
b Approved for future payment				
None				
None				
Total			<u>▶ 3b</u>	0.
			F	orm 990-PF (2011)

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		d by section 512, 513, or 514	(e)
•	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Bušiness code	Amount	sion code	Amount	function income
a Medical					169,765.
Book Sales					25,148.
c Other Programs					92,277.
d Advertising Income	541800	0.			
e					
f					
g Fees and contracts from government agencies					····
2 Membership dues and assessments		<u>_</u>	<u> </u>		
3 Interest on savings and temporary cash					
investments			14	36,490. 99,254.	
4 Dividends and interest from securities			14	99,254.	
5 Net rental income or (loss) from real estate:		<u> </u>			
a Debt-financed property			<u> </u>		
b Not debt-financed property					
6 Net rental income or (loss) from personal property		_			
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a Other Revenue			01	40,292.	
b					
c					
d	1				
e		·			
12 Subtotal. Add columns (b), (d), and (e)			<u> </u>	<u> 176,036.</u>	287,190.
13 Total. Add line 12, columns (b), (d), and (e)				13	463,226.
Con warkshoot in line 12 instructions to varify adjoulation	_ N				

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).					
<u>1a</u>	Registration fees for admission to medical education seminars					
<u>1b</u>	Sales of medical educational materials					
1c	Reimbursements related to program services					

2a Ist	the foundation directly or indirectly affiliated with, or	related to, one or more tax-exempt organ	izations described		
ın s	section 501(c) of the Code (other than section 501(c)(3)) or in section 527?			Yes X No
b_lf *\	Yes," complete the following schedule.				
	(a) Name of organization	(b) Type of organization		(c) Description of re	lationship
	N/A				
			<u> </u>		
			<u> </u>		
	· · · · · · · · · · · · · · · · · · ·	_ <u></u>			
	Under penalties of perjury, I declare that I have examined the and belief, it is true, correct, and complete. Declaration of pr				May the IRS discuss this
Sign		l .		1	return with the preparer shown below (see instr.)?
Here	Farmed J. Kan	4-26-13	The a	nestra	_ LXL Yes LL No
	Signature of officer or trustee	Date	Title		
	Print/Type preparer's name	Preparer's signature	Date		PTIN
		$ <$ ' ~ 1	20112	self- employed	
Paid	Carla J. Keegan	777	9"1		P00596839
Prepa		scott & Kenon, P.C.	•	Firm's EIN ► 8	6-0750225
Use (Only				

Firm's address ▶ 33 N. Stone Avenue, Suite 1100

Tucson, AZ 85701

Form **990-PF** (2011)

(520) 884-0176

Phone no.

						· -
Form 990-PF Interest on Savings	s and Temp	porary Ca	sh I	investments	Statement	1
Source					Amount	
Interest income					36,	490.
Total to Form 990-PF, Part I, 1:	ine 3, Co	lumn A		:	36,	490.
Form 990-PF Dividends a	and Inter	est from	Secu	ırities	Statement	2
Source	Gross	Amount		oital Gains Dividends	Column (Amount	A)
Dividend income		99,254.		0.	99,254	
Total to Fm 990-PF, Part I, ln	4	99,254.		0.	99,	254.
Form 990-PF	Other I	ncome			Statement	3
Description		(a) Revenue Per Books	3	(b) Net Invest- ment Income	_	
Medical Book Sales Other Programs Other Revenue		169,7 25,1 92,2 40,2	148. 277.	0). 92,	765. 148. 277. 292.
Total to Form 990-PF, Part I, 1	ine 11 <u>—</u>	327,4	182.	0	327,	482.
Form 990-PF	Accounti	ng Fees	<u> </u>		Statement	4
	(a) xpenses er Books	(b) Net Inve		(c) Adjusted Net Incom		able
Accounting Fees	51,911.	1	,578	. 17,54	12. 32,	791.
To Form 990-PF, Pg 1, ln 16b	51,911.	1	,578	. 17,54	12. 32,	791.

Form 990 PF	Other Profes	sional Fees	Statement 5			
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes		
Other Professional Fees	29,575.	251.	2,794.	26,530.		
To Form 990-PF, Pg 1, ln 16c	29,575.	251.	2,794.	26,530.		
Form 990-PF	Tax	es	St	atement 6		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes		
Other Taxes	30,199.	832.	12,069.	17,298.		
To Form 990-PF, Pg 1, 1n 18	30,199.	832.	12,069.	17,298.		
Form 990-PF	Other E	xpenses	St	atement 7		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes		
Admission Fees Advertising AOA Fees Audio/Visual Bank Charges Banquet Expense Cleaning Computer Expense Dues & Subscriptions Educational Materials Employee Benefits Entertainment Equipment Honorarium Insurance Mileage Office Supplies Photography Postage Refunds	9,458. 4,756. 5,444. 7,424. 11,454. 89,341. 6,445. 4,555. 3,140. 2,605. 53,464. 1,735. 1,487. 26,700. 7,633. 189. 290. 462. 8,538. 6,468.	139. 96. 0. 1,625. 0. 45. 0. 232. 0. 9. 0.	2,916. 0. 0. 0. 0. 2,178. 1,539. 1,060. 0. 18,068. 0. 503. 0. 2,580. 0. 98. 0. 407. 0.	6,280. 4,756. 5,444. 7,424. 11,454. 89,341. 4,071. 2,877. 1,984. 2,605. 33,771. 1,735. 939. 26,700. 4,821. 189. 183. 462. 8,094. 6,468.		

Tucson Osteopathic Medical F	oundation			74-2449	503	
Repairs & Maintenance Supplies Telephone Utilities	8,927. 27 4,115. 7 7,568. 23 8,616. 26		3,017, 874, 2,557, 2,912,	74. 3,16 57. 4,78		
To Form 990-PF, Pg 1, ln 23	38,709	238,623.				
Form 990-PF Other Increases	in Net Assets o	or Fund Bala	nces S	Statement	8	
Description		Amount				
Unrealized Gain (Loss) on Inve	estments		_	23,153.		
Total to Form 990-PF, Part III	_	23,153.				
Form 990-PF	Corporate Sto	ock		Statement	9	
Description		Book] Value	Fair Marke Value	t	
			10 140	6,919,14		
Corporate stock		6,9	19,149.	0,010,1	49.	

Form 990-PF Part VIII - List Trustees and		State	ement 10	
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
Jerry H. Hutchinson, Jr., D.O. 7383 E. Tanque Verde Rd. Tucson, AZ 85715	Chairman 10.00	400.	0.	0.
Deborah Jane Power, D.O. 7520 N. Oracle Road, Suite 100 Tucson, AZ 85704	Chairman-Elect 10.00	0.	0.	0.
Howard R. Zveitel, D.O. 4925 N. Bear Canyon Rd. Tucson, AZ 85749	Secretary/Treas 6.00	surer 0.	0.	0.
Kenneth S. Snow, D.O. 698 E. Wetmore, Suite 100 Tucson, AZ 85705	Immediate Past 7.00	Chairman 0.	0.	0.
Issa Y. Hallaq, D.O. 1 W. Wetmore Rd., Suite 103 Tucson, AZ 85705	Trustee 6.00	400.	0.	0.
John F. Manfredonia, D.O. 5210 E. Williams Circle, Suite 300 Tucson, AZ 85711	Trustee 3.00	400.	0.	0.
John Q. Harris, D.O. 3535 S. 12th Avenue Tucson, AZ 85713	Trustee 4.00	0.	0.	0.
Edmund Krasinski, Jr., D.O. 6879 N. Oracle, Suite 133 Tucson, AZ 85704	Trustee 2.00	400.	0.	0.
Kenneth M. Belkoff, D.O. 6060 N. Fountain Plaza Drive, Suite 250 Tucson, AZ 85704	Trustee 1.00	0.	0.	0.
Scott J. Biehler, D.O. 4892 N. Stone Ave., Suite 100 Tucson, AZ 85704	Trustee 2.00	0.	0.	0.

Tucson Osteopathic Medical Found	dation		74-	-2449503
Bridget T. Walsh, D.O. 7520 N. Oracle Road, Suite 100 Tucson, AZ 85704	Trustee 4.00	0.	0.	0.
Matthew P. Namanny, D.O. 6422 E. Speedway, Suite 150 Tucson, AZ 85710	Trustee 1.00	0.	0.	0.
Harmon L. Myers, D.O. 6192 N. Yellow Wood Trail Tucson, AZ 85704	Emeritus 1.00	3,365.	0.	0.
Lew Riggs 4566 E. Camino De Oro Tucson, AZ 85718	Executive Dir 40.00		19,466.	3,513.
Totals included on 990-PF, Page 6	, Part VIII	99,466.	19,466.	3,513.



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 8868 (Rev. 1 2012)						Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension (complete only Part II and check this	box			X
Note. Only complete Part II if you have already been granted an a				8888		
If you are filing for an Automatic 3-Month Extension, complete			ca i ciiii	3000		
Part II Additional (Not Automatic) 3-Month E			al (no c	opies	needed).	
		Enter filer's		<u> </u>	·	tructions
Type or Name of exempt organization or other filer, see instru-	ctions				cation numb	
print	Otions		Linploye	ideritii.	Cation Hame	iei (Liiv) oi
File by the Tucson Osteopathic Medical B	Found	ation	\mathbf{x}	74-	244950	3
due date for Number, street, and room or suite no. If a P.O. box, si					umber (SSN	
filing your return See 3182 N. Swan Road	cc mande	tions		curity ii	umber (cort	,
instructions City, town or post office, state, and ZIP code For a fo	reign add	Iress see instructions				
Tucson, AZ 85712	oroigir add	moss, see mandenons				
		· · · · · · · · · · · · · · · · · · ·				
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)				0 4
Application	Return	Application				Return
ls For	Code	is For				Code
Form 990	01					
Form 990-BL	02	Form 1041-A				08
Form 990-EZ	01	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 autor	natic 3-month extension on a previ	ously file	d Form	8868.	
Susan Henderson	n					
 The books are in the care of ➤ 3182 N. Swan Ro 	oad -	Tucson, AZ 85712				
Telephone No ► <u>520-299-4545</u>		FAX No 🕨				
 If the organization does not have an office or place of business 	s in the Ur	nited States, check this box			•	
 If this is for a Group Return, enter the organization's four digit 	•					
box ▶ If it is for part of the group, check this box ▶		ich a list with the names and EINs of	all memb	ers the	extension is	for
4 I request an additional 3-month extension of time until		15, 2013				
5 For calendar year, or other tax year beginning	JUL 1	, 2011 , and ending	<u>JUN</u>	30,	2012	
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	on Initial return	Fınal r	eturn		
Change in accounting period						
7 State in detail why you need the extension		 				
Taxpayer respectfully requests				<u>infc</u>	rmatio	<u>n</u>
necessary to file a complete a	and a	ccurate tax return	•			
						
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, 0	or 6069, e	nter the tentative tax, less any			•	015
nonrefundable credits See instructions			8a	_\$		<u>,815.</u>
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	-					
tax payments made Include any prior year overpayment all	lowed as a	a credit and any amount paid	-			0.00
previously with Form 8868			8b	\$	4	,800.
c Balance due. Subtract line 8b from line 8a Include your pa	-	th this form, if required, by using				•
EFTPS (Electronic Federal Tax Payment System) See instru		at he completed for Dort II a	8c	\$		0.
Under penalties of perjury, I declare that I have examined this form, includ it is true, correct, and complete, and that I am authorized to prepare this form.	ing accomp	st be completed for Part II opening schedules and statements, and to	-	f my knc	wledge and b	elief,
Λ			5		2/14/12	
Signature > Proof & Sur Title > (CPA		Date		-11-113	1 0010
				F(orm 8868 (Re	v 12012)

Form **8868**

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 1.2012)

If you	are filing for an Automatic 3-Month Extension, complete	te only Pa	rt I and check this box			\triangleright \mathbf{x}
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form)		
Do not	complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	sly filed Fo	m 8868	
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3 month automatic extension of tir	ne to file (6	months for a c	orporation
equired	to file Form 990-1), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically f	ile Form 88	368 to request a	n extension
of time t	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers A	ssociated With	Certain
Persona	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details	on the elec	tronic filing of th	nis form,
visit ww	w irs gov/efile and click on e-file for Charities & Nonprofits	;	,		_	
Part			submit original (no copies ne	eded).		
A corpo	ration required to file Form 990-T and requesting an auton	natic 6-mc	onth extension - check this box and	complete		
Part I or	,			·		
	r corporations (including 1120-C filers), partnerships, REM come tax returns.	IICs, and ti	rusts must use Form 7004 to reque	st an exten	sion of time	
Type or	Name of exempt organization or other filer, see instru-	ctions		Employer	identification ni	umber (EIN) or
File by the	Tucson Osteopathic Medical		······································	X	74-2449	
due date f	or Number, street, and room or suite no. If a P.O. box, so	ee instruc	tions	Social se	curity number (S	3SN)
iling your eturn See						
nstruction		oreign add	lress, see instructions			
	Tucson, AZ 85712					
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applica	tion	Return	n Application			Return
ls For		Code	de Is For			
Form 99	90	01	Form 990-T (corporation)			
Form 99	90-BL	02	Form 1041-A	08		
Form 99	90-EZ	01	Form 4720	09		
Form 99	90-PF	04	Form 5227	10		
Form 99	90-T (sec 401(a) or 408(a) trust)	05	Form 6069	11		
Form 99	90-T (trust other than above)	06	Form 8870	12		
	Susan Henderson	n	- · · · · · · · · · · · · · · · · · · ·			
• The	books are in the care of > 3182 N. Swan Ro	oad -	Tucson, AZ 85712			
Tele	phone No ► 520-299-4545		FAX No ▶			
• If the	e organization does not have an office or place of business	s in the Ur	nited States, check this box			
lf the	s is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is foi	the whole grou	ıp, check this
box ►	If it is for part of the group, check this box	and atta	ich a list with the names and EINs o	of all memb	ers the extension	n is for
1 li	request an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until	· <u>-</u> -	
	February 15, 2013, to file the exemp				The extension	
ıs	for the organization's return for.					
>	calendar year or					
>	X tax year beginning JUL 1, 2011	, an	nd ending <u>JUN</u> 30, 2012)		
					_	
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on Initial return	Final retur	n	
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
	onrefundable credits. See instructions	•		За	\$	2,815.
	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and			
	stimated tax payments made Include any prior year overg			3b	\$	4,800.
_	alance due. Subtract line 3b from line 3a Include your pa					
	y using EFTPS (Electronic Federal Tax Payment System)	-	·	3с	 \$	0.
	n, If you are going to make an electronic fund withdrawal v					
vautio	in you are going to make an electronic fund withdrawar	TTICLE COLO L	onn bood, been only by Jorco and r	01111 001 2.	_o joi paymiem	11131111101115

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