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## Form. 990-PF Department of the Treasury

## Extended to May 15, 2017 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. MB No 1545-0052

2015 and ending JUN 30, 2016 For calendar year 2015 or tax year beginning JUL A Employer identification number Name of foundation Tucson Osteopathic Medical Foundation 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 3182 N. Swan Road City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 85712 Tucson, AZ Initial return of a former public charity G Check all that apply: Initial return D 1. Foreign organizations, check here Amended return Final return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here X Accrual Fair market value of all assets at end of year J Accounting method: F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 9,869,950 (Part I, column (d) must be on cash basis) ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books ıncome 44,850 Contributions, gifts, grants, etc., received Check X If the foundation is not required to attach Sch B interest on savings and temporary cash investments 18,859.Statement 18,859 18,859. 123,586.Statement 123,586. 123,586. 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) <u>≤</u>3,388.⊳ 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 2,050,000. RECEIVED 0 7 Capital gain net income (from Part IV, line 2)  $\infty$ 0. Ö Net short-term capital gain APR 0 4 2017 Income modifications 10a Gross sales less returns and allowances OGDEN, UT b Less Cost of goods sold c Gross profit or (loss) 262,375.Statement 262,375 0. 11 Other income 446,282 142,445 404,820. 12 Total Add lines 1 through 11 <u>1,3</u>30 29,097 59,575. 90,002 13 Compensation of officers, directors, trustees, etc 2,782 60,878. 124,639. 188,299 14 Other employee salaries and wages Pension plans, employee benefits 15 16a Legal fees 54,069 799 <u>17,480</u> 35,790. Stmt 4 **b** Accounting fees 4,136 14,544. 5 18,869 189 Stmt c Other professional fees and Administrative 17 Interest 10,274 406 18,187. 28,867 18 Taxes Stmt 6 7,447. 7,787. 340 19 Depreciation and depletion 20 Occupancy 21,769 49 1,069 20,651. 21 Travel, conferences, and meetings 14,058. 27. <u>13,438.</u> <u>593</u> 22 Printing and publications 45,119. Stmt 7 365,016. 2,062 317,835. 23 Other expenses 24 Total operating and administrative 788,736 7,984 176,093 604,659. expenses. Add lines 13 through 23 43,300. 43,300 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 647,959. 832,036 7,984 176,093 Add lines 24 and 25 27 Subtract line 26 from line 12: <385,754. 2 Excess of revenue over expenses and disbursements 134,461 b Net investment income (if negative, enter -0-) 228,727 C Adjusted net income (if negative, enter -0-) Form 990-PF (2015)

	٠,	10-PF(2015) Tucson Osteopathic Medic			4-2449503 Page 2
P	art	Balance Sheets   Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year (a) Book Value	(b) Book Value	(c) Fair Market Value
1 C					
		Cash - non-interest-bearing	322,792.	351,40	
		Savings and temporary cash investments	3,029,664.	2,835,65	2,835,654.
	3	Accounts receivable			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►	-1		
		Less: allowance for doubtful accounts ▶	}		1
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	Ĭ	disqualified persons	1		ļ
	7	Other notes and loans receivable			
	′	Less: allowance for doubtful accounts	1		
ø			32 041	30 30	20 201
Assets	8	Inventories for sale or use	32,941.	30,30	
1SS	9	Prepaid expenses and deferred charges	10,360.	8,85	8,853.
		Investments - U.S. and state government obligations			
		Investments - corporate stock Stmt 9	5,678,181.	<u>5,507,04</u>	5,507,040.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
		Land, buildings, and equipment: basis ► 1,583,455.			
		Less accumulated depreciation $454,077.$	1,152,411.	1,129,37	1,129,378.
	15	Other assets (describe > Interest Receivable)	4,437.	7,31	
		Total assets (to be completed by all filers - see the	<u> </u>		7,310.
	10	,	10,230,786.	9,869,95	9,869,950.
_	47	instructions. Also, see page 1, item I)			
	i	Accounts payable and accrued expenses	35,965.	27,18	50.
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	21	Mortgages and other notes payable			
	22	Other liabilities (describe )			
	ł				
_	23	Total liabilities (add lines 17 through 22)	35,965.	<u>27,18</u>	80.
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
or Fund Balances	24	Unrestricted	10,194,821.	9,842,77	70.
au	25	Temporarily restricted			
Bal	26	Permanently restricted			
Ē	]	Foundations that do not follow SFAS 117, check here	-		<del> </del>
Ξ		and complete lines 27 through 31.			
	27	,			
Assets	1				<del> </del>
SS	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ă	29	Retained earnings, accumulated income, endowment, or other funds	10 101 001		
Net	30	Total net assets or fund balances	10,194,821.	9,842,77	<u>′ 0 .</u>
	1				
_	31	Total liabilities and net assets/fund balances	10,230,786.	9,869,95	50.
P	art	III 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			
•		st agree with end-of-year figure reported on prior year's return)	<del></del>		1 10,194,821.
9		r amount from Part I, line 27a			2 <385,754.>
			Coo Ct-	tomont 0	
		r increases not included in line 2 (itemize)	see_sta	tement 8	3 33,703.
		lines 1, 2, and 3		*	9,842,770.
		eases not included in line 2 (itemize)		<u> </u>	5 0.042.770
<u>6</u>	ı ota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30		6 9,842,770.
					Form <b>990-PF</b> (2015)

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	990-PF (2015) Tucson Osteopathic Medical Foundation 74-2449 tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	3503 instru	ction	Page 4
1a l	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)			
Ы	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%		<u>1,3</u>	<u>45.</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).			
2	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>1,3</u>	<u>45.</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>1,3</u>	<u>45.</u>
6	Credits/Payments:			
a :	2015 estimated tax payments and 2014 overpayment credited to 2015  6a 2,799.			
b l	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d l	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		<u>2,7</u>	<u>99.</u>
8 !	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9 1	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1,4	<u>54.</u>
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax			0.
<u>Par</u>	t VII-A Statements Regarding Activities			
1a l	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	<u></u>	Yes	
;	any political campaign?	1a		_X_
bi	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	16		X
i	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		_X_
d l	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$ 0.			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	1	1	
	managers. ► \$ 0 .			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		_X_
	If "Yes," attach a detailed description of the activities.	Ì		
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	3		_X_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_5_		_X
1	If "Yes," attach the statement required by General Instruction T.	1	ĺ	
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	1	-	
	remain in the governing instrument?	_6_	<u> </u>	<u>X</u>
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	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
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	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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	X	
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
		nrm 991	)-PF	(2015)

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Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
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 make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	<u> </u>		
	If "Yes," attach statement (see instructions)	12		_x_
12		13	х	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		21_	
	Website address ► www.tomf.org	0 4	EAE	
14	The books are in care of ► Susan Henderson Telephone no. ► 520-29			
	Located at ► 3182 N. Swan Road, Tucson, AZ ZIP+4 ►85	114		
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	Ŋ	/ <u>A</u> _	
16	At any time during calendar year 2015, 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 FinCEN Form 114. If "Yes," enter the name of the			
	foreign country	l		i 
Pa	art 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
18	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?			
	(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"	1		
	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.)			
ı	o 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 instructions)?	1b_		
	Organizations relying on a current notice regarding disaster assistance check here		ł	
(	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 2015?	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)):			
;	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		1	
	before 2015?			
	If "Yes," list the years	ļ		
1	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			İ
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1		
	statement - see instructions.)  N/A	2b	1	
	the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.		t	
,				
0.	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3		)	}	
	· ·			
	b If "Yes," did it have excess business holdings in 2015 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	1	1	ļ
	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 2015.)  N/A	3b		<del></del>
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u> _
١	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	1		
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b_	<u>L</u>	<u>_x</u>
	Fo	rm <b>99</b> (	0-PF	(2015)

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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (continu	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	ո 4945(e))?	Ye	s 🗓 No	
(2) Influence the outcome of any specific public election (see section 4955); of	r to carry on, directly or indire			
any voter registration drive?		☐ Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	1 1
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			
4945(d)(4)(A)? (see instructions)		Ye	s X No	1 (
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t	for	1	
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 uni	der the exceptions described i			1 1
section 53.4945 or in a current notice regarding disaster assistance (see instru		· ·	N/A 5	ib
Organizations relying on a current notice regarding disaster assistance check h	•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ıned		
expenditure responsibility for the grant?		Ī/A □ Ye	s 🔲 No	
If "Yes," attach the statement required by Regulations section 53.494		.,		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to		٠	}	
a personal benefit contract?	pay promidino on		s X No	1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			sb X
If "Yes" to 6b, file Form 8870.	orgonal bollont contract.		<del>                                     </del>	<del></del>
7a At any time during the tax year, was the foundation a party to a prohibited tax s	thelter transaction?	□ v <sub>e</sub>	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribute.			· · · · · · · · · · · · · · · · · · ·	'b
Part VIII Information About Officers, Directors, Trust		nagers Highly		<u></u>
Paid Employees, and Contractors	ooo, i ouildadoii wa	inagoro, riigini	<b>,</b>	
1 List all officers, directors, trustees, foundation managers and their	compensation.	<del></del>		
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	to position	enter -0-1	compensation	411044411000
	-			
See Statement 10		90,002.	1,800.	0.
bee beatement iv		50,002.	1,000.	
	-			
	1			
<u> </u>		<del> </del>		
	1			
<del></del>				
<del></del>	<u> </u>			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	ontor "NONE "	<u> </u>	
2 Compensation of live highest-paid employees (other than those in		enter NONE.	(d) Contributions to	(e) Expense
(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) Expense account, other
0	devoted to position	<del> </del>	compensation	allowances
Susan Henderson	Director of C	_		•
3182 N. Swan Road, Tucson, AZ 85712	40.00	60,362.	1,775.	0.
Nicole Struck	Program & Mee	_		_
3182 N. Swan Road, Tucson, AZ 85712	40.00	51,465.	1,469.	<u> </u>
	_		]	
		<del> </del>		
	1			
- <u>-</u>		<u> </u>		
	1			
		<u> </u>	L	
Total number of other employees paid over \$50,000			<u> </u>	0
<del></del>			Form :	<b>990-PF</b> (2015)

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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.	367,764.
2 The public education program provides a continuous public	
education program promoting the understanding of osteopathic	
medicine through special reports and sponsored research.	214,613.
3 The scholarship award program provides tuition to	· · · · · · · · · · · · · · · · · · ·
osteopathic medical students.	
	65,582.
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
	Amount
1 N/A	
2	
All other program-related investments. See instructions.  3	
Total. Add lines 1 through 3	0.

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P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	s, 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	5,592,611.
	Average of monthly cash balances	1b	3,269,759.
	Fair market value of all other assets	1c	1,175,848.
đ	Total (add lines 1a, b, and c)	1d	10,038,218.
е	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	10,038,218.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	<u>150,573.</u>
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,887,645.
<u>6</u>	Minimum investment return. Enter 5% of line 5	6	494,382.
<u>P</u>	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here ► X and do not complete this part.)	nd certai	ın
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (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	
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
Р	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	647,959.
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	647,959.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1	
	income. Enter 1% of Part I, line 27b	5	1,345.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	646,614.
	<b>Note.</b> 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.	qualifies	s for the section

Form **990-PF** (2015)

Part XIII Undistributed Income (see instructions)  N/A								
	(a)	(b)	(c)	(d)				
	Corpus	Years prior to 2014	2014	2015				
1 Distributable amount for 2015 from Part XI, line 7								
2 Undistributed income, if any, as of the end of 2015								
a Enter amount for 2014 only								
<b>b</b> Total for prior years:								
,								
3 Excess distributions carryover, if any, to 2015:								
<b>a</b> From 2010								
<b>b</b> From 2011								
c From 2012								
d From 2013								
e From 2014								
f Total of lines 3a through e								
4 Qualifying distributions for 2015 from								
Part XII, line 4: ► \$								
a Applied to 2014, but not more than line 2a		<del></del>	<u> </u>	<del> </del>				
<b>b</b> Applied to undistributed income of prior								
years (Election required - see instructions)								
c Treated as distributions out of corpus								
(Election required - see instructions)	<del> </del>	<del></del>	<del> </del>					
d Applied to 2015 distributable amount	<del></del>		<del> </del>	<del></del>				
e Remaining amount distributed out of corpus		<del></del>	<del> </del>	<del></del>				
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount	- <del></del>	<del>- </del>		<del></del>				
must be shown in column (a))				}				
6 Enter the net total of each column as indicated below:			,					
			ļ					
a Corpus Add lines 3f, 4c, and 4e Subtract line 5     b Prior years' undistributed income. Subtract	<del></del>	<del></del>	<del></del>	<del> </del>				
line 4b from line 2b								
c Enter the amount of prior years'				<del> </del>				
undistributed income for which a notice of			1					
deficiency has been issued, or on which the section 4942(a) tax has been previously			ľ					
assessed			L					
d Subtract line 6c from line 6b. Taxable								
amount - see instructions								
e Undistributed income for 2014. Subtract line								
4a from line 2a. Taxable amount - see instr.	<u></u>							
f Undistributed income for 2015. Subtract								
lines 4d and 5 from line 1. This amount must								
be distributed in 2016	·		ļ	<del></del>				
7 Amounts treated as distributions out of								
corpus to satisfy requirements imposed by								
section 170(b)(1)(F) or 4942(g)(3) (Election			1	1				
may be required - see instructions)		<del>- </del>	<del> </del>	<del> </del>				
8 Excess distributions carryover from 2010								
not applied on line 5 or line 7		<del></del>	<del> </del>	<del> </del>				
9 Excess distributions carryover to 2016.								
Subtract lines 7 and 8 from line 6a		<del> </del>	<del> </del>	<del> </del>				
10 Analysis of line 9:								
a Excess from 2011 b Excess from 2012		,		İ				
c Excess from 2013			1					
d Excess from 2014			1					
e Excess from 2015			}					

Form 990-PF (2015) Tucson Osteopathic Medical Foundation

Part XV | Supplementary Information (continued)

Grants and Contributions Paid During the	ear or Approved for Future	Payment		
Recipient	If recipient is an individual.	}	D	
Name and address (home or business)	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	or substantial contributor	recipient	<del>                                     </del>	
a raid during the year				
		1		
A.T. Still University	None	N/A	Scholarship Award	
5850 E. Still Circle				10.000
Mesa, AZ 85206	<del> </del>	<del> </del>	<del> </del>	12,800
		1		
American Diabetes Association	None	N/A	Trustee Award	
1701 E. Beauregard Street				
Alexandria, VA 22311	<del></del>	<del> </del>	+	1,500
		1		
Boys & Girls Club of Tucson	None	N/A	Trustee Award	
P.O. Box 40217		1		
Tucson, AZ 85717	<del></del>	<del> </del>	<del> </del>	1,500
Culture of Peace Alliance	None	A/N	Trustee Award	
4317 N. El Tovar Avenue				
Tucson, AZ 85705	<del>- </del>	ļ		1,500
Individual Achievements Association	None	N/A	Trustee Award	
7447 E. 22nd Street				
Tucson AZ 85710		<u> </u>		1,500
	ntinuation she	et(s)	<b>&gt;</b> 3a	43.300
b Approved for future payment				
None				
	<del>- </del>	<del> </del>	<del>                             </del>	
	<del> </del>	+	<del> </del>	
	}			
Total	<del></del>		<b>▶</b> 3b	
· Viai		<del></del>		orm <b>990-PF</b> (201

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Exclud	ded by section 512, 513, or 514	(e)
Enter gross amounts unless otherwise indicated.	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
a Medical	code			<del></del>	179,802.
b Book Sales		<del></del>		<del></del>	13,512.
			_{		22,889.
o Other Programs	541800		<del>  </del>	<del></del>	22,009.
d Advertising Income	_  341800				
e	- <del> </del>			<del></del>	
·	_	<del></del>			
g Fees and contracts from government agencies					<del></del>
2 Membership dues and assessments				<del></del>	
3 Interest on savings and temporary cash	1		اما	10.050	
investments			14	18,859.	
4 Dividends and interest from securities	<u> </u>	<del></del>	14	123,586.	
5 Net rental income or (loss) from real estate:	<u> </u>				
a Debt-financed property	<u> </u>				
b Not debt-financed property	<u> </u>				
6 Net rental income or (loss) from personal			1 1		
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other	]				
than inventory			18	<3,388.	<u> </u>
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:	- <b>}</b>				
a Other Revenue			01	46,172.	
b					
c	_ [				
d					
e	_ [				
12 Subtotal. Add columns (b), (d), and (e)			0.	185,229.	216,203.
13 Total. Add line 12, columns (b), (d), and (e)				13	401,432.
(See worksheet in line 13 instructions to verify calculations.	.)				

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).								
1a Registration fees for admission to medical education seminars									
1b	Sales of medical educational materials								
1c	Reimbursements related to program services								

Form **990-PF** (2015)

the Code (other than section 591(c)(3) organizations) or in section 527, relating to political organizations?  1 Transfers from the reporting foundation to a noncharitable exempt organization of:  (1) Cash (2) Other assets  14(2) IX (3) Sent seaset from a noncharitable exempt organization (3) Sent of facilities, equipment, or other assets (4) Reminiscent arrangements (3) Sent of the Court of the Court of the Court (other assets) (4) Performance of services or membership or fundriasing solicitations (3) Performance of services or membership or fundriasing solicitations (3) Performance of services or membership or fundriasing solicitations (3) Performance of services or membership or fundriasing solicitations (3) Performance of services or membership or fundriasing solicitations (3) Performance of services or membership or fundriasing solicitations (4) Performance of services or membership or fundriasing solicitations (5) Performance of services or membership or fundriasing solicitations (6) Performance of services or membership or fundriasing solicitations (6) Performance of services or membership or fundriasing solicitations (6) Performance of services or membership or fundriasing solicitations (6) Performance of services or services or services or services or services given by the reporting fundriasing solicitations (6) Name of montharitable exempt organization (6) Description of relationship  (6) Performance of services or services organization (6) Description of relationship  (6) Description of relationship  (7) A services organization (8) Performance or services or services organization (9) Performance or services or services organization (9) Performance or services or services organization (9) Amount modered yet in services organization (9) Amount modered yet masset, or services organization (9) Performance organization of services organization organization (9) Performance organization of services organization organization organization (9) Performance organization of services organization organization orga	1					g with any other organization		on 501(c) of		Yes	No
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(2) Purchases of assets from a montheritable exempt organization  (3) Rental of facilities, equipment, or other assets  (4) Reimbursement arrangements  (5) Loans or loan guaranteles  (6) Parformance of services or membership or fundrasing solicitations  7 Sharing of facilities, equipment, melting lists, other assets, or paid employees  8 Titles  9 Title	•			hle exemnt organizat	ion				16(1)	ĺ	x
(a) Remail of facilities, equipment, or other assets  (b) Loans or liber quarantees  (c) Performance of services or membership or fundraising solicitations  (d) Performance of services or membership or fundraising solicitations  (e) Performance of services or membership or fundraising solicitations  (e) Performance of services or membership or fundraising solicitations  (e) I 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 greenweld.  (a) Line ro  (b) Amount involved  (c) Name of noncharitable exempt organization  (d) Leacryption of transfers, transactions, and sharing arrangements, show in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  (b) Amount involved  (c) Name of organization  (b) Type of organization  (c) Description of relationship  N/A   (c) Description of relationship  N/A   Intel® (b) Amount involved  (c) Description of relationship  N/A   (e) Description of relationship  N/A   Intel® (b) X  18(6) X  1											
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(6) Performance of services or membership or fundraising solicitations  2 Sharing of blacklices, equipment, making lists, other assets, or paid employees  3 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 received.  (a) Une role  (b) Amount involved  (c) Name of noncharable exempt organization  (d) Description of transfers, transactions, and sharing arrangements. Show in section 501(c) of the Code (other than section 501(c)) of the Code (ot		· ·									
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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.  (a) Live no (b) Amount involved (c) Name of noncharitable exempt organization (d) description of transfers. transactions, and sharing arrangements.  N/A  2a is the foundation directly or indirectly affiliated with, or related fo, one or more tax-exempt organization assets.  N/A  2a is the foundation directly or indirectly affiliated with, or related fo, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  b) If "Yes," complete the following schedules.  (a) Name of organization (b) Type of organization (c) Description of relationship N/A   Sign and belief, it is time, correct, and complete Decleration of preparer (when that pasyly) is based on all information of which preparer has any knowledge and stream of the preparer has any knowledge and stream of the preparer has any knowledge and stream of the preparer has any knowledge and stream of the preparer has any knowledge and	c										
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(a) Line no (b) Amount involved (c) Name of nonchartable exempt organization (d) Description of transfers, transactions, and sharing amangements  N/A  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 trans section 501(c)(3)) or in section 52??  b If "Yes," complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  Sign under penalties of perpart, I declare that I have examined this return, including accompanying schedules and sittements, and to the best of my knowledge requirements with the presence of the schedule special best of the following schedules.  Sign and select, it is true, correct, and complete Declaration of prepare (other than taxpayer) is based on all information of which prepare has any knowledge requirement with the presence spoom below (river mits). Proparer is signature of officer or flustee  Print/Type preparer's name  Carla J. Keegan  Preparer Use Only  Firm's address > 3443 N. Campbell Avenue, Suite 115  Tucson, AZ 85719  Phone no. (520) 884-0176	Ī			· ·	-	• •				,	
(a) Line ro.  (b) Amount involved  (c) Name of noncharitable exempt organization  (d) Description of transfers, transactions, and sharing arrangements  N/A  2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 50 (ic) of the Code (other than section 50 (ic)(3)) or in section 52??  If Yes, complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Sign and keller, it is true, correct, and complete Decisionation of propaga (other than supplying schedules and statements, and to the best of my knowledge in the statements of propaga (other than supplying schedules).  Sign and keller, it is true, correct, and complete Decisionation of propaga (other than supplying in based on all information of which prepared which are true, and complete Decisionation of propaga (other than supplying in based on all information of which prepared which are true, with the prepared splant of other has any knowledge and statements, and to the best of my								,			
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 52??  b If Yes,' complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Sign  Lindse penalties of perury, I declare that here examined this return, including accompanying schedules and statements, and to the best of my knowledge and select, it is true, correct, and complete Declaration of pegaar (other than taxpoper) is based on all ordination of which preparer has any knowledge.  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Preparer Use Only  Firm's address > 3443 N. Campbell Avenue, Suite 115  Tucson, AZ 85719  Phone no. (520) 884-0176	(a) L		<del></del>		<del></del>	exempt organization	(d) Description	of transfers, transactions, and	sharing ar	rangeme	ents
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 52??  b If Yes,' complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Sign  Lindse penalties of perury, I declare that here examined this return, including accompanying schedules and statements, and to the best of my knowledge and select, it is true, correct, and complete Declaration of pegaar (other than taxpoper) is based on all ordination of which preparer has any knowledge.  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Preparer Use Only  Firm's address > 3443 N. Campbell Avenue, Suite 115  Tucson, AZ 85719  Phone no. (520) 884-0176					N/A			· · · · · · · · · · · · · · · · · · ·			
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?											
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In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  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) is based on all information of which preparer has any knowledge shown below (see inst)?  Signature of officer or flustee  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name					,						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  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) is based on all information of which preparer has any knowledge shown below (see inst)?  Signature of officer or flustee  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name		l_									
Limit   Signature of officer or flustee	2a	is the fo	oundation directly or indirec	tly affiliated with, or r	elated to, one	or more tax-exempt organi	zations described				
(a) Name of organization  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) is based on all information of which preparer has any knowledge    Vinder 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) is based on all information of which preparer has any knowledge    Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge    Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge    Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge    Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge    Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge    Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge    Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge   Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge   Vinder Penalties of Penalties of Penalties of Penalties of Penalties of Penalties of Penalties of Penalties of Penalties of Penalties o		ın sectio	on 501(c) of the Code (othe	r than section 501(c)	(3)) or in sect	ion 527?			Yes	X	No
N/A  Sign Here    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) is based on all information of which preparer shown below (see inst; )?   X yes No   No	b	If "Yes,"	complete the following sch	edule.		<del>,</del>	<del></del>				
Sign Here    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) is based on all information of which preparer has any knowledge shown below (see inst 1)?   Way the IRS discuss this return with the preparer shown below (see inst 1)?   X Yes  No   No				ganization		(b) Type of organization	(	c) Description of relations	ship		
Algorithm   Alg			N/A								
Algorithm   Alg						<u> </u>		<del> </del>			
Algorithm   Alg				<del></del>		<u> </u>	ļ				
Algorithm   Alg			<del>-</del>	<del></del>			<u> </u>				
Algorithm   Alg		<del></del>									
Here    Harmon   Har	<u></u>							has any knowledge			
Paid Preparer Use Only  Print/Type preparer's name  Carla J. Keegan  Firm's name ► Keegan, Linscott & Kenon, P.C.  Firm's address ► 3443 N. Campbell Avenue, Suite 115  Tucson, AZ 85719  Title  Check if PTIN  self- employed  P00596839  Firm's EIN ► 86-0750225  Phone no. (520) 884-0176			V 101	/ //	. ,	1.06.15		sh	<u>own</u> below	(see in	
Paid Preparer Use Only  Print/Type preparer's name    Preparer's signature   Date   3 3 7   Check   if self-employed   P00596839	П		Marie Kelly	was		3/30/17	. <del></del>	170	X Yes	; <u> </u>	No
Paid Preparer Use Only    Carla J. Keegan		Si	-		<del></del>		,	Observe Committee			
Paid Preparer Use Only    Carla J. Keegan   P00596839			Print/Type preparer's n	ame	Preparer's s	ignature	Date	<u> </u>			
Preparer Use Only  Firm's name ► Keegan, Linscott & Kenon, P.C.  Firm's address ► 3443 N. Campbell Avenue, Suite 115  Tucson, AZ 85719  Firm's ein ► 86-0750225  Phone no. (520) 884-0176	Date:			_	<u></u>	Llt	13/13/17	' ' 1	0=05		
Use Only    Firm's address   3443 N. Campbell Avenue, Suite 115   Phone no. (520) 884-0176						p					<del></del> -
Firm's address > 3443 N. Campbell Avenue, Suite 115 Tucson, AZ 85719 Phone no. (520) 884-0176		-	THIN O HOUND P ALCO C	egan, Lins	cott &	Kenon, P.C.		Firm's EIN ► 86 – 0	7502	25	
Tucson, AZ 85719 Phone no. (520) 884-0176	U	se Only	·	142 == =			. 445				
			1			Avenue, Suit	e 115	/5001	004		7.
			<u>Tu</u>	icson, AZ	85/19						

523622 11-24-15

Tucson Osteopathic Medical Foundation

Part IV | Capital Gains and Losses for Tax on Investment Income

Part IV Capital Gains and Loss	ses for Tax on Investment Income				
(a) List and of 2-story brid				(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
a Bank of China C	<del>`_ , , , , , _ , _</del>				10/01/15
	GE Capital Bank CD				10/12/15
	American Express Cent CD				10/13/15
d State Bank of I			P		10/19/15
e BBCN Bank CD			P		02/16/16
f State Bank of I	ndia CD		P		03/16/16
g Community Natl			P		04/04/16
h GE Capital Reta			P		04/04/16
BMW Bank North			P		04/11/16
Merrick Bank CI	)		P		05/31/16
k 2122.466 sh Var	nguard 500 Index	Fund	P		04/11/16
<u>l</u> n			<del></del>		
<u>n</u>					
0	(f) Depreciation allowed	(g) Cost or other basis		Gain or (loss)	<u> </u>
(e) Gross sales price	(or allowable)	plus expense of sale		olus (f) minus (g)	
90,000.		89,948.			52.
247,000.		246,909.			91.
247,000.		246,971.			29.
122,000.		122,022.			<22. 203.
248,000.		247,797.			
125,000.		124,840.			160.
200,000.		199,802.	<del></del>		198. <242.
200,000.		200,242.	•		
47,000.		47,040.			<u> </u>
124,000.		123,785.			215.
400,000.	<del></del>	404,032.		<del></del>	<4,032.
n					
1					
Complete only for assets showing	g gain in column (h) and owned by t	the foundation on 12/31/69	(I) Los	sses (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		Gains (excess of col. (h) gain over col. (k), but not less than "-0-")			
					52.
					91.
					29.
					<22.
					203.
					160.
			<del>~</del>		198.
					<242.
					<40.
					215.
		<u> </u>			<4,032.
		<u> </u>			
1		<del></del>			
)			- <del></del>		
Capital gain net income or (net ca	pital loss) { If gain, also enter "-0	in Part I, line 7 -" in Part I, line 7 }	2		<3,388.
	s) as defined in sections 1222(5) an	d (6):			
If gain, also enter in Part I, line 8, of (loss), enter "-0-" in Part I, line 8		}   3	3		0 .

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	741104111
Make Way for Books	None	N/A	Trustee Award	
700 N. Stone Ave.				1.50
Tucson, AZ 85712				1,50
Marana Police Volunteers	None	N/A	Trustee Award	
11555 W. Civic Center Dr.				
Marana, AZ 85653	<del> </del>			1,50
Mentally Ill Kids In Distress 2642 E. Thomas Rd.	None	N/A	Trustee Award	
Phoenix, AZ 85016			<del></del>	1,50
Midwestern University-AZCOM	None	N/A	Scholarship Award	
19555 N. 59th Avenue Glendale, AZ 85308				12.50
315Hdd16, A2 03300				12,50
Our Family Services	None	N/A	Trustee Award	
2590 N. Alvernon Way				
Tucson, AZ 85712	<del> </del>	+	<del></del>	1,50
Southern AZ Assoc for the Visually	None	N/A	Trustee Award	
Impaired				]
3767 E. Grant Road Tucson, AZ 85716	<u> </u>	<u> </u>		1,50
The Felicia Ann Cutler Farm	None	N/A	Trustee Award	
5995 E. Grant Road, Ste 200				
Tucson, AZ 85712		<del></del>	<del>-  </del>	1,50
Tucson Centers for Women and Children	None	N/A	Trustee Award	
2545 E. Adams	, , , , ,	.,		ļ
Tucson, AZ 85716	<del> </del>		<del></del>	1,50
Univesity of Arizona Foundation 4210 N. Campbell Avenue	None	N/A	Trustee Award	
Tucson, AZ 85719		<u> </u>		1,50
		<u> </u>		
Total from continuation sheets			<del></del>	24 5

Form 990-PF Interes	st on Saving	s and Te	emporary	Cash 1	Investment	s S	tatement	1
Source Interest income		Rev			(b) t Investment Income  18,859.		(c) Adjusted Net Income  18,859.	
		18,859.						
Total to Part I, lin	Total to Part I, line 3		18,859.					
Form 990-PF	Dividends	and Inte	erest fr	om Seci	ırities	s	tatement	2
Source	Gross Amount	Capita Gains Divider	s R	(a) evenue r Books			_	
Dividend income	123,586.		0.	123,586. 123		586.	123,586	
To Part I, line 4	123,586.		0.	123,586. 123,58		586.	123,586.	
Form 990-PF		Other	Income	<del>;-</del>		s	tatement	3
Description			(a) Reven Per Bo	ue	(b) Net Inves ment Inco		(c) Adjusted Net Incom	
Medical Book Sales Other Programs Other Revenue		-	1 2	9,802. 3,512. 2,889. 6,172.		0. 0. 0.	179,8 13,5 22,8 46,1	12. 89.
Total to Form 990-P	F. Part I. 1	ine 11	26	2,375.		0.	262,3	75.

Form 990-PF	Accounti	ng Fees	Statement 4		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Accounting Fees	54,069.	799.	17,480.	35,790.	
To Form 990-PF, Pg 1, ln 16b	54,069.	799.	17,480.	35,790.	
Form 990-PF (	Other Profes	sional Fees	St	atement 5	
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Other Professional Fees	18,869.	189.	4,136.	14,544.	
To Form 990-PF, Pg 1, ln 16c	18,869.	189.	4,136.	14,544.	
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	28,867.	406.	10,274.	18,187.	
To Form 990-PF, Pg 1, ln 18	28,867.	406.	10,274.	18,187.	
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	7,209. 1,948. 10,810. 18,226. 13,968. 112,982. 7,377.	0. 0. 0. 0.	2,331. 0. 0. 0. 0. 0. 2,385.	4,772. 1,948. 10,810. 18,226. 13,968. 112,982. 4,883.	

Tucson Osteopathic Medical F	oundation			74-24495	03	
Computer Expense	4,544.	67.	1,469.	3,00	8.	
Dues & Subscriptions	238.	4.	76.		8.	
Educational Materials	620.	0.	0.		0.	
Employee Benefits	77,201.	1,141.	24,959.			
Entertainment	950.	0.	0.		0.	
Equipment	2,031.	30.	657.	•		
Honorarium	34,350.	0.	0.	<u>₹</u>		
Insurance	7,281.	108.	2,354.	4,81	9.	
Office Supplies	587.	0.	587.		0.	
Photography	515.	0.	0.	51	5.	
Postage	6,767.	14.	301.	6,45	2.	
Refunds	8,295.	0.	0.	8,29	5.	
Repairs & Maintenance	12,135.	179.	3,924.	8,03	2.	
Supplies	4,892.	56.	629.	4,20	7.	
Telephone	8,494.	125.	2,747.	5,62	2.	
Utilities	8,350.	123.	2,700.			
Depreciation (charitable)	15,246.	, 0.	0.			
To Form 990-PF, Pg 1, ln 23	365,016.	2,062.	45,119.	317,83	5.	
Form 990-PF Other Increases	in Net Assets	or Fund Bala	inces S	tatement	8	
Description	-			Amount		
Unrealized Gain (Loss) on Inve	estments			33,70	13.	
Total to Form 990-PF, Part III	. line 3		_	33,70		
	., ==		=		_	
Form 990-PF	Corporate S	tock	S	Statement	9	
Description		Book	F Value	air Market Value		
Corporate stock		5,5	507,040.	5,507,040.		

5,507,040.

5,507,040.

Total to Form 990-PF, Part II, line 10b

Form 990-PF Part VIII - List Trustees and	of Officers, Di Foundation Manag		State	ement 10
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
Deborah Jane Power, D.O. 7520 N. Oracle Road, Suite 100 Tucson, AZ 85704	Chairman 12.00	0.	0.	0.
Howard R. Zveitel, D.O. 4925 N. Bear Canyon Rd. Tucson, AZ 85749	Chairman-Elect 8.00	0.	0.	0.
Scott J. Biehler, D.O. 4892 N. Stone Ave., Suite 100 Tucson, AZ 85704	Secretary/Treas	urer 0.	0.	0.
Jerry H. Hutchinson, Jr., D.O. 3190 N. Swan Road Tucson, AZ 85712	Immediate Past 15.00	Chairman 0.	0.	0.
John F. Manfredonia, D.O. 5210 E. Williams Circle, Suite 300 Tucson, AZ 85711	Trustee 2.00	0.	0.	0.
Issa Y. Hallaq, D.O. 1 W. Wetmore Rd., Suite 103 Tucson, AZ 85705	Trustee 15.00	0.	0.	0.
John Q. Harris, D.O. 3535 S. 12th Avenue Tucson, AZ 85713	Trustee 1.00	0.	0.	0.
Kenneth S. Snow, D.O. 698 E. Wetmore, Suite 100 Tucson, AZ 85705	Trustee 4.00	0.	0.	0.
Edmund Krasinski, Jr., D.O. 6879 N. Oracle, Suite 133 Tucson, AZ 85704	Trustee 4.00	0.	0.	0.
Kenneth M. Belkoff, D.O.	Trustee			
5670 N. Professional Park Drive, Suite 100 Tucson, AZ 85704	1.00	0.	0.	0.

Tucson Osteopathic Medical Foun	dation		74-2449503		
Bridget T. Walsh, D.O. 7520 N. Oracle Road, Suite 100 Tucson, AZ 85704	Trustee 7.00	0.	0.	0.	
Matthew P. Namanny, D.O. 6422 E. Speedway, Suite 150 Tucson, AZ 85710	Trustee 1.00	0.	0.	0.	
Jamie M. Moenster, D.O. 698 E. Wetmore, Suite 310 Tucson, AZ 85705	Trustee 2.00	0.	0.	0.	
George S. Nash 6500 N. Mesa View Drive Tucson, AZ 85718	Executive Dire	90,002.	1,800.	0.	
Totals included on 990-PF, Page 6	, Part VIII	90,002.	1,800.	0.	