SCANNED APR 3 0 2019

Extended to May 15, 2019
Return of Private Foundation
PR 0 1 2019 Domestic Security numbers on this form and the letter internation

			rs.gov/Form990PF for instr			Open to Public Inspection
		ndar yeat 2017 or tax year pepinning T JUL	1, 2017	, and ending	JUN 30, 2018	
Na	ıme o	f foundation			A Employer identification	number
_		0 1 13 1 26 31 3			E4 0440503	
		son Osteopathic Medical		<u> </u>	74-2449503	
		and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
		2 N. Swan Road			520-299-45	
		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
		son, AZ 85712			_	
G	Checl	call that apply: Initial return	initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return		2	
		Address change	Name change		Foreign organizations me check here and attach co	emputation
H	Check	type of organization: X Section 501(c)(3) ex	empt private foundation	60	E If private foundation sta	tus was terminated
\bot	_ <u>_</u> _Se	ection 4947(a)(1) nonexempt charitable trust	Other taxable private founda		under section 507(b)(1)	
l F	air m	arket value of all assets at end of year J Accountil	ng method: Cash	X Accrual	F If the foundation is in a	60-month termination
(1	rom i	Part II, col. (c), line 16)	her (specify)		under section 507(b)(1)	
◢	<u> \$ </u>	10,497,796. (Part I, colum	nn (d) must be on cash basis	s.)		
P	art 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
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	35,000.			
	2	Check X If the foundation is not required to attach Sch B.				
-	3	Interest on savings and temporary cash investments	41,180.	41,180.		Statement 1
	4	Dividends and interest from securities	130,541.	130,541.	130,541.	Statement 2:
	5a	Gross rents				, , , ,
	b	Net rental income or (loss)				
a)	6a	Net gain or (loss) from sale of assets not on line 10	563,278.			
Š	Ь	Gross sales price for all assets on line 6a 1,650,438.				
Revenue	7	Capital gain net income (from Part IV, line 2)		563,278.		
Œ	8	Net short-term capital gain			10,438.	
	9	Income modifications				
	10a	Gross sales less returns and allowances	,	· · · · · · · · · · · · · · · · · · ·		1
		Less Cost of goods sold				
	C	Gross profit or (loss)				j
	11	Other income	278,406.	0.	278,406.	Statement 3
	12	Total Add lines 1 through 11	1,048,405.	734,999.	460,565.	1
	13	Compensation of officers, directors, trustees, etc	100,000.	2,601.	41,851.	55,548.
	14	Other employee salaries and wages	190,754.	4,962.	79,815.	105,977.
	15	Pension plans, employee benefits				
ses	16a	Legal fees				
ĕ	b	Accounting fees Stmt 4	58,405.	1,519.	24,440.	32,446.
ă	C	Other professional fees Stmt 5	14,126.	249.	4,020.	9,857.
Administrative Expenses	17	Interest				
rati	18	Taxes Stmt 6	29,331.	647.	14,859.	13,825.
ist	19	Depreciation and depletion	10,420.	610.	9,810.	1
Ē	20	Occupancy				
A	21	Travel, conferences, and meetings	29,007.	107.	1,727.	27,173.
and	22	Printing and publications	13,164.	13.	206.	12,945.
ğ	23	Other expenses Stmt 7	392,342.	3,706.		328,892.
Operating	24	Total operating and administrative				
per		expenses Add lines 13 through 23	837,549.	14,414.	236,472.	586,663.
Ō	25	Contributions, gifts, grants paid	43,000.			43,000.
	26	Total expenses and disbursements				
	L	Add lines 24 and 25	880,549.	14,414.	236,472.	629,663.
	27	Subtract line 26 from line 12:				1
	a	Excess of revenue over expenses and disbursements	167,856.			
	Ь	Net investment income (if negative, enter -0-)		720,585.		
	C	Adjusted net income (if negative, enter -0-)			224,093.	

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

1 2017.05050 Tucson Osteopathic Medical

4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ See Statement 9 5 10,980,550. 5 12,749.	Fo	<u>rm 99</u>	90-PF(2017) Tucson Osteopathic Medi	cal Foundation	1 74	1-2449503 Page 2
Cash - con-interest-bearing 97,587. 93,851. 93,85	Balance Shoots Attached schedules and amounts in the description		Balance Sheets Attached schedules and amounts in the description	Beginning of year	En	d of year
2 Survings and temporary cash investments 2		aπ	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
2 Survings and temporary cash investments 2		1	Cash - non-interest-bearing	97,587.	93,851	93,851.
3 Accounts receivable		2	Savings and temporary cash investments			
A Pedges receivable		3	Accounts receivable ►			
S Grants repeated 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other label about return 1 Esses allowance for doubtful accounts			Less: allowance for doubtful accounts ▶			
S Grants repeated 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other label about return 1 Esses allowance for doubtful accounts		4				
5 crists recreable		1				
## disqualified persons		5				
## disqualified persons		6	•			
Prepare dependency of production counts		`				
Less: allowance for doubtful accounts		7				
Total restrictions for sale or use 28,585, 25,066, 25,066, 25,066, 37,069, 10,512,		'				
## Prepared expenses and deferred charges 10, 512. 10, 512. 10, 512.	s	R		28.585.	25.066	25.066
b Investments - corporate stock c Investments - control age (annual stock)	set					
b Investments - corporate brook c investments - corporate brook 11 Investments - corporate brook 12 Investments - cother 13 Investments - cother 14 Land, buildings, and equipment basis ► 1, 612, 882. It is ascendible depretate ► 500, 553. 1, 106, 346. 1, 112, 329. 1, 112, 329. 15 Other assets (obe completed by all filters - see the instructions. Also, see page 1, Item 1) 10, 334, 993. 10, 497, 796. 10, 497, 796. 107 data assets (obe completed by all filters - see the instructions. Also, see page 1, Item 1) 10, 334, 993. 10, 497, 796. 10, 497, 796. 10 Jeffered revenue 20 Jeffered	As	100	· · · · · ·	7,0031	10,312	10,512.
Investments - corporate bonds 1 Investments - table turns 1 Investments - table turns 1 Investments - mortgage loans 1 Investments - mortgage loans - mortgage loans 1 Investments - mortgage loans - mortgage loans 1 Investments - mortgage loans - mortgage		1		6 361 679	5 949 361	5 949 361
11 Investments - land, buildings, and equipment basis		1		0,301,073	J, J 4 J, J 0 1	3,545,501.
tes xecuminated disprecision 12 Investments - orbiter 14 Land, buildings, and equipment basis		J			_	
12 Investments - mortgage loans 13 Investments - mortgage loans 13 Investments - other						
13 Investments - other 14 Land, buildings, and equipment basis		40				
14 Land, buildings, and equipment basis ► 1,612,882.				,		
Less accumentated desprication		1				-
15 Other assets (describe ► Interest Receivable) 10,497,796. 18,452. 18,452. 18,452. 18,452. 18,452. 18,452. 16 Total assets (to be completed by all filters - see the instructions. Also, see page 1, flem 1) 10,334,993. 10,497,796. 10,497,796. 10,497,796. 17. Accounts payable and accrued expenses 28,656. 29,995. 18		14		1 106 246	1 112 220	
Total assets (to be completed by all filers - see the instructions. Also, see page 1, item 1) 17 Accounts payable and accrued expenses 18 Grants payable 20 Leans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (add lines 17 through 22) 23 Total liabilities (add lines 17 through 22) 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Foundations that do not follow SFAS 117, check here and complete lines 24 through 31. 28 Permanently restricted 29 Permanently restricted 29 Permanently restricted 20 Capital stock, trust principal, or current funds 20 Permanently restricted 30 Total net assets or fund balances 10 , 306 , 337 . 10 , 467 , 801 . 29 Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) See Statement 9 5 See Statement 9 5 See Statement 9 5 See Statement 9 5 See Statement 9		١				
Instructions, Also, see page 1, item 10 , 334 , 993				8,069.	18,452	18,452.
17 Accounts payable and accrued expenses 28,656. 29,995.		16		40 224 202	10 100 000	10 10 705
18 Grants payable Deferred revenue 20 Leans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (add lines 17 through 22) 28,656. 29,995.	_	╁┷	· · · · · · · · · · · · · · · · · · ·			
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5 Decreases not included in line 2 (itemize) ▶ . See Statement 9 5 512,749.						
				See Sta	_	5 512.749.

Part IV	Capital Gains and	d Losses for Tax on In	vestment	Income					
	(a) List and describe the l 2-story brick wareho	kind(s) of property sold (for exar ouse; or common stock, 200 shs	nple, real estat . MLC Co.)	te,	`P-P	v acquired urchase onation	(c) Date a (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a									
b Se	ee Attached S	tatement						-	
C			•						
_d									
<u>e</u>		·			<u> </u>				
(e) (Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				ain or (loss s (f) minus	
<u>a</u>		· · · · · · · · · · · · · · · · · · ·							
<u>b</u>			-		_				
<u>C</u>									
<u>d</u>	1,650,438.			1,087,16	$\overline{}$				563,278.
Comple		ain in column (h) and owned by t			•		I) Gaine (C	ol. (h) gaın	
Comple	te only for assets snowing go			cess of col. (I)	\dashv		ľ. (k), buť r	ot less tha	n -0-) or
(i) FN	IV as of 12/31/69	(j) Adjusted basis as of 12/31/69		col. (j), if any			Losses	(from col. ((h)) ´
_ <u>a</u>									<u></u>
_ <u>b</u>									
					_				
_d							_		E62 270
<u>e</u>	<u></u>				$\overline{}$	<u> </u>			563,278.
2 Capital g	ain net income or (net capital	$\{ \text{lf gain, also enter} \ \{ \text{lf (loss), enter -0-} \} $			} 2	<u>!</u>			563,278.
3 Net short	t-term capital gain or (loss) a	s defined in sections 1222(5) an	d (6):						
	lso enter in Part I, line 8, colu				}				10 100
If (loss),	enter -0- in Part I, line 8	Ctio 4040/s\ fo	Dadwaad	Tay on Nat	<u> </u>	tonomi in			10,438.
	l	er Section 4940(e) for				unent mi	Julie		
(For optiona	l use by domestic private fou	ndations subject to the section 4	1940(a) tax on	net investment in	come.)				
If section 49	40(d)(2) applies, leave this p	art blank.							
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								Yes X No
		4942 tax on the distributable am		•	1003				Yes A NO
		der section 4940(e). Do not com column for each year; see the in			ntries				
i Enter the	(a)		istructions bei	ore making any e			1		(d)
Calandar	Base period years year (or tax year beginning ir	(b) Adjusted qualifying dist	tributions	Net value of no	(c) ncharital	ole-use assets	;	Distrit (col. (b.) div	(d) oution ratio vided by col. (c))
Calendar		<u>'/ _ </u>	0,193.			38,239		(001. (0) 010	.063411
	2016 2015		6,614.			387,645			.065396
	2014		2,787.		10 1	36,016	5.		.059470
	2013		9,506.			322,054			.055946
	2012		2,413.			22,108			.064238
	2012		<u> </u>			,			
2 Total of I	ine 1, column (d)						2		.308461
		ar base period - divide the total c	on line 2 by 5 (or by the number	er of vea	rs			
_	dation has been in existence i		// III/O E 0 y 0.0	,, 0, 0, 1,0, 1,0, 1,0, 1,0	o. o. you	. •	3		.061692
the loant		Tibob man o youro							
4 Enter the	net value of noncharitable-u	se assets for 2017 from Part X, I	ine 5				4	1	0,268,172.
		·							
5 Multiply i	ine 4 by line 3						5		633,464.
•									
6 Enter 1%	of net investment income (1	% of Part I, line 27b)					6		7,206.
		. ,							
7 Add lines	5 and 6						7		640,670.
8 Enter qua	alifying distributions from Pa	rt XII, line 4					8		629,663.
		7, check the box in Part VI, line	1b, and comp	lete that part usin	g a 1% t	ax rate.			
See the F	Part VI instructions.								

(a) Let and describe the fine(s) of property soid, e.g., real estate, 2-tony broke weak-use; or common stock, 200 shs, ML Co. 1s First Merit Bank CD 1s Sallie Mae Bank CD 1s P 0/1/13/1607/28/17 P 0/1/18/97/09/1605/04/18 P 0/1/18/97/09/1605/04/18 P 0/1/18/97/09/168/1605/04/18 P 0/1/18/97/09/168/17 P 0/1/18/97/09/168/1605/04/18 P 0/1/18/97/09/168/168/168/168/168/168/168/168/168/168	Part IV Capital Gains and Los	sses for Tax on Investment Income				
Sallie Mae Bank CD	(a) List and 2-story br	describe the kind(s) of property sold rick warehouse; or common stock, 20	d, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
EVELS FACTOR BANK NA CD	1a First Merit Ba	nk CD		P		
Competity Bank CD						
Vanguard 500 Index Fund						
Vanguard 500 Index Fund	d Comenity Bank	CD				
O Vanguard Utilities Index Fund						
Note						
Residual content of the content of		ties index rund		- - P	various	01/00/10
The state of the	<u>n</u>					
The state of the						
The state of the	<u></u>					
(g) Gross sales price (f) Deprecation allowed (g) Cost or other basis (h) Gam or (loss) (e) plus (f) minus (g) (g) 2 (g) plus (f) minus (g) (g) (g) plus (g) minus (g)	1					
(g) Gross sales price (f) Deprecation allowed (g) Cost or other basis (h) Gam or (loss) (e) plus (f) minus (g) (g) 2 (g) plus (f) minus (g) (g) (g) plus (g) minus (g)	m					
(e) Gross sales price (f) Depreciation allowed (gr 200 other basis plus expense of sale plus expense of sale (p) plus (f) minus (g) (p) to 175, 000. 0. 175, 000. 0. 175, 000. 0. 175, 000. 0. 175, 000. 0. 0. 175, 000. 0. 0. 100, 000. 0. 0. 100, 000. 0. 0. 100, 000. 0. 0. 0. 141, 211. 308, 789. 1450, 000. 141, 211. 308, 789. 150, 150, 150, 150, 150, 150, 150, 150,			-			
(e) Gross sales price (or allowable) in plus expense of sale (e) plus (f) minus (g) a 175,000. 0. 0. 0. 175,000. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.						
1.75,000 1.75,000 0.	(e) Gross sales price					
1.75,000 1.75,000 0.	a 175,000.		175,000.			
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F.M.V. as of 12/31/69 (i) Adjusted basis as of 12/31/69 (i) F.M.V. as of 12/31/69 (i) Adjusted basis as of 12/31/69 (ii) Adjusted basis as of 12/31/69 (iii) Adjusted basis as of 12/31/6			175,000.			
1						
1						
10 438 10 438						
h						
The state of the			200,000.			10,438.
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (excess of col. (h) gain over col. (k), but not less than "-0-")	<u>h</u>					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (excess of col. (h) gain over col. (k), but not less than "-0-")	<u> </u>					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (excess of col. (h) gain over col. (k), but not less than "-0-")						
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (excess of col. (h) gain over col. (k), but not less than "-0-")	<u>K</u>			-	-	
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (excess of col. (h) gain over col. (k), but not less than "-0-")	m				•	
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Excess of col. (i) over col. (j), if any (ii) F.M.V. as of 12/31/69 (ii) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (j), if any (iii) Excess of col. (h) gain over col. (k), but not less than *-0-*)					·	
(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 but not less than "-0-") a						
(i) F.M.V. as of 12/31/69 (I) F.M.V. as of 12/31/69 (II) F.M.V. as of 12/31/69 (III) but not less than *-0-*) a	Complete only for assets showing	ng gain in column (h) and owned by t	he foundation on 12/31/69	(I) Los	sses (from col. (h))	
D O O O O O O O O O	(i) F.M.V. as of 12/31/69			Gains (excess but r	of col. (h) gain over not less than "-0-")	col. (k),
C O O O O O O O O O	a					
Description	b					
Section 10 10 10 10 10 10 10 1	<u>c</u>					
f 244,051. g	<u>d</u>					
m Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 } Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c).				<u> </u>		
h I I K I m n o Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 } Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c).				++		
I						10,430.
n 0 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 1f (loss), enter "-0-" in Part I, line 7 } 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c).	<u> </u>					
n 0 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 1f (loss), enter "-0-" in Part I, line 7 } 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c).	<u> </u>					
n 0 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 1f (loss), enter "-0-" in Part I, line 7 } 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c).	<u>, </u>					
n 0 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 1f (loss), enter "-0-" in Part I, line 7 } 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c).	<u>"</u>					
n 0 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 1f (loss), enter "-0-" in Part I, line 7 } 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c).	m					-
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 } 2 Shet short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c).						
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c).						
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c).	2 Capital gain net income or (net ca	pital loss) { If gain, also enter	In Part I, line 7	2		563,278.
If gain, also enter in Part I, line 8, column (c).	3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) an	. .			•
	If gain, also enter in Part I, line 8,	column (c).	P	3		10,438.

$\overline{}$	1990-PF (2017) Tucson Osteopathic Medical Foundation rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49		2449			Page 4			
		- 07-	366 11	1511 C	Cuo	113/			
18	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	1				1			
Date of ruling or determination letter:									
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here									
_	of Part I, line 27b					1			
	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-) Add lines 1 and 2	3			1 1	$\frac{0.}{12.}$			
A	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter-0-)	4			4,4	0.			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		1	1 1	12.			
6	Credits/Payments;	- 			<u> </u>	14.			
-	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 5,200.					1			
	Exempt foreign organizations - tax withheld at source 6b 0.					}			
	Tax paid with application for extension of time to file (Form 8868) 6c 10,000.]			
	Backup withholding erroneously withheld 6d 0.								
	Total credits and payments. Add lines 6a through 6d	7		1	5 2	00.			
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			- , -	10.			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				<u> </u>			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			7	78.			
	Enter the amount of line 10 to be: Credited to 2018 estimated tax	11			•	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	——— л			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 the instructions for the definit	ion		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					1			
	distributed by the foundation in connection with the activities.								
C	Did the foundation file Form 1120-POL for this year?		Į	1c		X			
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:								
	(1) On the foundation. \triangleright \$ 0 . (2) On foundation managers. \triangleright \$								
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation								
	managers. ► \$O.								
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		ļ	2		X			
	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								
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		-	_3		X			
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		, <u> </u>	4a		X			
	If "Yes," has it filed a tax return on Form 990-T for this year?	N,	'A	4b_		4.			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-	_5		X			
c	If "Yes," attach the statement required by General Instruction T								
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:								
	By language in the governing instrument, or Directors languages in the description instrument, or	0 144							
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state I remain in the governing instrument?	aw	-	6		X			
	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		ŀ	7	X				
•	bid the foundation have at least \$6,000 in assets at any time during the year. If Tes, complete raitin, ooi. (c), and rait Av		 		- 41	 			
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.		İ						
Ja	AZ								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					1			
	of each state as required by General Instruction G? If "No," attach explanation			8b	X				
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calen	dar	ľ		 _				
	year 2017 or the tax year beginning in 2017? See the 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			
			Forn	1 99 0)-PF	(2017)			

Pa	irt 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		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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► www.tomf.org			
14	The books are in care of ► The Foundation Telephone no. ► 520-2	99-4	545	
	Located at ▶ 3182 N. Swan Road, Tucson, AZ ZIP+4 ▶8			
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	N	/A	
16	At any time during calendar year 2017, 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		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pέ	rt 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?	1		Ì
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			- (
	a disqualified person? Yes X No			1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		İ	ł
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1 1	- 1	,
	for the benefit or use of a disqualified person)?		- 1	Ì
	(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			į
	termination of government service, if terminating within 90 days.)	1	ł	ì
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	-		ن ن
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . N/A	10		
	Organizations relying on a current notice regarding disaster assistance, check here		i	:
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			l
^	before the first day of the tax year beginning in 2017?	1 <u>c</u>	-+	<u> </u>
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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			i
a	before 2017?	1 1	ł	!
	If "Yes," list the years ▶ , ,			
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
Ū	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			,
	statement - see instructions.) N/A	2b		•
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
•	•			1
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			!
	during the year?	1		İ
Ь	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			ļ
	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		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,		ا۔	
	Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3b	1	
4a	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		. [i
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		<u>X</u>
	Fo	rm 990	-PF ((2017)

orm 990-Pf (2017) Tucson Osteopathic Medic Part Vii-B. Statements Regarding Activities for Which	cal Foundation	1 Required (contin	74-24495	03	Page 6
5a During the year, did the foundation pay or incur any amount to:				Yes	s No
 Carry on propaganda, or otherwise attempt to influence legislation (section). Influence the outcome of any specific public election (see section 4955); 	. ,,		es X No		
any voter registration drive?	or to carry on, unectry or muni		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	5?		es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
4945(d)(4)(A)? See instructions			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or t				
the prevention of cruelty to children or animals?		Ye	es 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 Regulatıons		_	
section 53.4945 or in a current notice regarding disaster assistance? See insti			N/A	5b	<u> </u>
Organizations relying on a current notice regarding disaster assistance, check					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption					
expenditure responsibility for the grant?	N	I/A L Ye	es L No		1 1
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					{
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		es X No		
a personal benefit contract?	narranal hansfit contract?	T6		6b -	x
b Did the foundation, during the year, pay premiums, directly or indirectly, on a if "Yes" to 6b, file Form 8870.	personal benefit contract?		F	00	+^-
7a At any time during the tax year, was the foundation a party to a prohibited tax:	chalter transaction?		s X No		
b if "Yes," did the foundation receive any proceeds or have any net income attrib			_	7b	+ – ′
Part VIII Information About Officers, Directors, Trust		nagers, Highly		<u> </u>	
Paid Employees, and Contractors			· 		
List all officers, directors, trustees, and foundation managers and	their compensation.	T			
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Ex	pense t, other
(a) Name and address	to position	enter -0-)	compensation	allow	ances
	_				
	_	100 000	0 000		_
See Statement 11	<u> </u>	100,000.	2,000.		<u> </u>
	-				
	1				
	<u> </u>				
	1				
	1				
			·		
	-				
	<u> </u>				
Compensation of five highest-paid employees (other than those inc		enter "NONE."	(-N.)		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accoun allow	pense t, other ances
Susan Henderson		perations		_	
3182 N. Swan Road, Tucson, AZ 85712	40.00	64,927.	1,423.	_	0.
Nicole Struck	Program & Mee	tings Man	ager	_	
3182 N. Swan Road, Tucson, AZ 85712	40.00	55,705.	1,671.		0.
		[
	-				
	1				
Catal number of other employees hald over \$50,000	l				

Total. Add lines 1 through 3

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:		
	Average monthly fair market value of securities	1a	6,155,520.
	Average of monthly cash balances	1b	3,102,661.
	Fair market value of all other assets	1c	1,166,359.
d	Total (add lines 1a, b, and c)	1d	10,424,540.
	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.
	Subtract line 2 from line 1d	3	10,424,540.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	156,368.
	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	10,268,172.
6	Minimum investment return. Enter 5% of line 5	6	513,409.
Pa	nrt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certaii	1
	foreign organizations, check here > X and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (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	
Pa	Irt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	629,663.
þ	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	<u> </u>
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Sultability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	<u>629,663.</u>
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
	Adjusted qualifying distributions. Subtract line 5 from line 4	6	<u>629,663.</u>
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies	for the section
	4940(e) reduction of tax in those years.		

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d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

c Any submission deadlines:

ion (continued)			
ne Year or Approved for Future	Payment		
If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
or substantial contributor	recipient	Contribution	
None	N/A	Trustee Award	
		· · · · · · · · · · · · · · · · · · ·	1,500
None	N/A	Trustee Award	
			1,500
			1,500
None	N/A	Ţ,	
	_	·	1,500
None	N/A	Trustee Award	
			1,500,
None	N/A	Trustee Award	
		•	1 500
ontinuation shee		▶ 3a	1 500 43 000
John Since	1010	7 04	43,000
		-	
		·	
		▶ 3b	0.
	None None None None	If recipient is an individual, show any relationship to any foundation manager or substantial contributor None N	Trustee Award None N/A Trustee Award None N/A Trustee Award None N/A Trustee Award None N/A Trustee Award None N/A Trustee Award None N/A Trustee Award

Tucson Osteopathic Medical Foundation 74-2449503

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient PowerSource Tucson, Inc. None N/A Trustee Award P.O. Box 12354 Tucson AZ 85732 1,500. None N/A Trustee Award Southern Arizona Research, Science, and Engineering Foundation (SARSEF) 4574 E. Broadway Boulevard 1,500. Tucson AZ 85711 N/A Grow 2B Fit Foundation None Trustee Award 5861 N. Oracle Road 1,500. Tucson, AZ 85704 The Santa Fe Ranch Foundation None N/A Trustee Award P.O. Box 1386 Nogales, AZ 85628 1,500. Angel Heart Pajama Project N/A Trustee Award None 9420 E. Golf Links Road, Suite 108, 1,500. PMB 193 Tucson, AZ 85730 Pima Council on Aging None N/A Trustee Award 8567 E. Broadway Blvd. 1,500. Tucson_AZ 85710 Izi Azi Foundation dba The Felicia N/A Trustee Award None Ann Cutler Farm (Felicia's Farm) 5995 E. Grant Road, Suite 200 Tucson, AZ 85712 1,500. N/A Founder Award A.T. Still University-SOMA None 5850 E. Still Circle 12,500. Mesa, AZ 85206 Midwestern University-AZCOM None N/A Founder Award 19555 N. 59th Avenue 12,500. Glendale, AZ 85308 35,500. Total from continuation sheets

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		d by section 512, 513, or 514	(e)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
a Medical	- 5555			-	200,178.
b Book Sales	-				12,184.
Other Programs	-				11,987.
d	-				
e	-				
1	-				
g Fees and contracts from government agencies	-				
2 Membership dues and assessments	-				
3 Interest on savings and temporary cash					
investments			14	41,180.	
4 Dividends and interest from securities			14	130,541.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
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		·	18	563,278.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a Other Revenue			01	54,057.	
b	_				
c	-				
d	-				
e	-				
2 Subtotal. Add columns (b), (d), and (e)		0).	789,056.	224,349.
13 Total Add line 12, columns (b), (d), and (e)				13	1,013,405.

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

LINE NO.	Explain below now 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).								
	Registration fees for admission to medical education seminars								
1b	Sales of medical educational materials								
<u>1c</u>	Reimbursements related to program services								

orm 990 Part)	D-PF (2017) Tucso		<u>ledical Founda</u> and Transactions ar	ation 74-24 nd Relationships With Nonch	449503 haritable		age 13
	Exempt Organ					147	1 . 1
		rectly engage in any of the following		n described in section 501(c)		Yes	No
•		nizations) or in section 527, relating	- · -				
		lation to a noncharitable exempt or	ganization of:		-		<u>.</u>
٠,	Cash				1a(1)	ļ	X
	Other assets				1a(2)	}	X
	er transactions;				-		ا. ا
, ,	Sales of assets to a noncharital				<u>1b(1)</u>	ļ	X
(2)	Purchases of assets from a no	oncharitable exempt organization			1b(2)	<u> </u>	X
(3)	Rental of facilities, equipment,	or other assets			1b(3)		X
(4)	Reimbursement arrangements	1			1b(4)		X
(5)	Loans or loan guarantees				1b(5)		X
(6)	Performance of services or me	embership or fundraising solicitatio	ons		1b(6)		X
c Sha	aring of facilities, equipment, ma	ailing lists, other assets, or paid em	ıployees		1c	T	X
or s	services given by the reporting fo umn (d) the value of the goods,	oundation. If the foundation received.	ed less than fair market value	vays show the fair market value of the good e in any transaction or sharing arrangemen		sets,	
(a) Line no	o (b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions,	and sharing ar	rangeme	ents
		N/A					
				 			
				1			
				 			
_			• • • • • • • • • • • • • • • • • • • •	1			
				- 			
				 			
	_			 			
	-	 					
		 		 			
ın se	ection 501(c) (other than section		or more tax-exempt organiz	rations described	Yes	X	 ☐ No
D 11 "Y	es," complete the following sche (a) Name of org		(b) Type of organization	(c) Description of relation			
		jamzanon	(b) Type of Organization	(c) Description of relation	Olishih		
	N/A		 				
			<u> </u>				
			1				
	T. 1	of the second above the first of					
Sign Here	and belief, it is true, correct, and con	that I have examined this return, including inplete Declaration of preparer (other that	ng accompanying schedules and s an taxpayer) is based on all informa 3/25/19	statements, and to the best of my knowledge ation of which preparer has any knowledge Executive Director	May the IRS or return with the shown below Yes	e prepar 7 Se <u>e in</u>	rer
	Signature of officer or tructee	. •		· ·	4		

Preparer's signature PTIN Print/Type preparer's name Date Check _____ if 3/22/19 self- employed Paid P00596839 Carla J. Keegan Preparer Firm's EIN ► 86-0750225 Firm's name ► Keegan, Linscott & Kenon, **Use Only** Firm's address ► 3443 N. Campbell Avenue, Suite 115 Tucson, AZ 85719 Phone no. (520) 884-0176

Form 990-PF Interes	st on Saving	s and T	empora	ry C	Cash	In	vestments	St	atement	1
Source	rce				(b) Investment Income			(c) Adjusted Net Income		
Interest income					41,180.		41,180.	41,180.		
Total to Part I, lir	otal to Part I, line 3						41,180.			
Form 990-PF	Dividends	and Int	erest	from	n Sec	ur:	ities	St	atement	2
Source	Gross Amount	Capit Gain Divide	s	Rev	a) venue Book					
Dividend income	130,541.		0.	13	0,54	1.	1. 130,541		1. 130,541.	
To Part I, line 4	130,541.		0.	13	0,54	1.	1. 130,541		130,541.	
Form 990-PF		Other	Incom	e		===		St	atement	3
Description				a) enue Book			(b) et Invest- ent Income		(c) Adjusted Net Incom	
Medical Book Sales Other Programs Other Revenue				12, 11,	178. 184. 987. 057.		0 0 0 0	•	200,17 12,18 11,98 54,05	34. 37.
Total to Form 990-PF	F, Part I, l	ine 11		278,	406.		0	•	. 278,40)6.

Form 990-PF	Accounti	ng Fees	St	Statement 4			
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes			
Accounting Fees	58,405.	1,519.	24,440.	32,446.			
To Form 990-PF, Pg 1, ln 16b	58,405.	1,519.	24,440.	32,446.			
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	14,126.	249.	4,020.	9,857.			
To Form 990-PF, Pg 1, ln 16c	14,126.	249.	4,020.	9,857.			
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	29,331.	647.	14,859.	13,825.			
To Form 990-PF, Pg 1, ln 18 =	29,331.	647.	14,859.	13,825.			
Form 990-PF	Other Expenses St		tatement 7				
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes			
Admin Fees Advertising AOA Fees Audio/Visual Bank Charges Banquet Expense Cleaning	7,724. 1,889. 10,732. 20,774. 14,739. 137,593. 7,171.	201. 0. 0. 0. 0. 187.	3,232. 0. 0. 0. 0. 0. 3,000.	4,291. 1,889. 10,732. 20,774. 14,739. 137,593. 3,984.			

Tucson Osteopathic Medical 1	Foundation			74-2449	503	
Computer Expense	6,272.	163.	2,625.	3,4	84.	
Dues & Subscriptions	305.	8.	127.	1	70.	
Educational Materials	748.	0.	0.	7	48.	
Employee Benefits	74,993.	1,947.	31,464.	41,5	82.	
Entertainment	500.	0.	0.	5	00.	
Equipment	7,340.	191.	3,072.	4,0	77.	
Honorarium	38,464.	0.	0.	38,4	64.	
Insurance	7,895.	205.	3,304.	4,3	86.	
Office Supplies	161.	4.	68.	;	89.	
Photography	355.	0.	0.	3!	55.	
Postage	4,711.	25.	397.	4,2	89.	
Refunds	3,875.	0.	0.	3,8		
Repairs & Maintenance	6,487.	169.	2,714.	3,6		
Supplies	6,210.	76.	1,213.	4,9		
Telephone	10,494.	273.	4,391.	5,8		
Utilities	9,886.	257.	4,137.	5,4		
Depreciation (charitable)	13,024.	0.	0.	13,0		
To Form 990-PF, Pg 1, ln 23	392,342.	3,706.	59,744.	328,89	92.	
Form 990-PF Other Increases	in Net Assets	or Fund Bala	nces St	atement	8	
Description			; .	Amount		
Unrealized Gain (Loss) on Inve	estments			506,357		
Total to Form 990-PF, Part III, line 3					57.	
	·					
Form 990-PF Other Decreases	in Net Asset	s or Fund Bal	ances Sta	atement ———		
Description				Amount		
Realized Gain on Investments - Book-Tax Difference				512,749.		
_						

512,749.

Total to Form 990-PF, Part III, line 5

		 .				
Form 990-PF	Corporate Stock	 	. Sta	tement	10	
Description		Book Valu				
Corporate stock	_	5,949,3	61.			
Total to Form 990-PF, Part II, 1	ine 10b =	5,949,3	61.			
	st of Officers, Di d Foundation Manag		Sta	tement	11	
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employe Ben Pla Contri			
Howard R. Zveitel, D.O. 4925 N. Bear Canyon Rd. Tucson, AZ 85749	Chairman 7.00	0.	0	•	0.	
Scott J. Biehler, D.O. 4892 N. Stone Ave., Suite 100 Tucson, AZ 85704	Chairman-Elect 2.00	0.	0	•	0.	
Jamie M. Moenster, D.O. 698 E. Wetmore, Suite 310 Tucson, AZ 85705	Secretary/Treas	surer · 0.	0	•	0.	
Jerry H. Hutchinson, Jr., D.O. 5301 E. Grant Road Tucson, AZ 85712	Trustee 4.00	0.	0	•	0.	
John F. Manfredonia, D.O. 5210 E. Williams Circle, Suite 3 Tucson, AZ 85711	Trustee 00 1.00	0.	0	•	0.	
Issa Y. Hallaq, D.O. 1 W. Wetmore Rd., Suite 103 Tucson, AZ 85705	Trustee 3.00	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	Trustee 2.00	0.	0	•	0.	

Tucson, AZ 85705

Tucson Osteopathic Medical Found	ation		74-2	449503
Kenneth M. Belkoff, D.O. 5670 N. Professional Park Drive,	Trustee			
Suite 100 Tucson, AZ 85704	1.00	0.	0.	0.
Matthew P. Namanny, D.O. 6422 E. Speedway, Suite 150 Tucson, AZ 85710	Trustee 1.00	0.	0.	0.
Franz P. Rischard, D.O. 1501 N. Campbell Avenue Tucson, AZ 85724	Trustee 1.00	0.	0.	0.
Patricia J. Eck, D.O. 5301 E. Grant Road Tucson, AZ 85712	Trustee 1.00	0.	0.	0.
George S. Nash 6500 N. Mesa View Drive Tucson, AZ 85718	Executive Dia		2,000.	0.
Totals included on 990-PF, Page 6,	Part VIII	100,000.	2,000.	0.