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CLIENT'S COPY

October 18, 2011

Osher Lifelong Learning Institute At the  
University of Arizona  
220 W, 6th Street No. 300B  
Tucson, AZ 85701-1014

Dear Richard:

Enclosed are the 2010 Exempt Organization returns, as follows...

2010 FORM 990-EZ

2010 ARIZONA FORM 99

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Loretta Peto

# TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING

June 30, 2011

<b>Prepared for</b>	Osher Lifelong Learning Institute At the University of Arizona 220 W, 6th Street No. 300B Tucson, AZ 85701-1014
<b>Prepared by</b>	Peto & Company CPA's, PLLC 2525 E. Broadway Blvd., Suite 102 Tucson, AZ 85716
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Short Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2010

Open to Public Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

B Check if applicable:

<input type="checkbox"/> Address change	C Name of organization <b>OSHER LIFELONG LEARNING INSTITUTE AT THE UNIVERSITY OF ARIZONA</b>	D Employer identification number <b>33-1096431</b>	
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone number
<input type="checkbox"/> Terminated	<b>220 W, 6TH STREET</b>	<b>300B</b>	<b>520-626-9039</b>
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4	F Group Exemption Number	
<input type="checkbox"/> Application pending	<b>TUCSON, AZ 85701-1014</b>		

G Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_

H Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: **WWW.OLLI.ARIZONA.EDU**

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

K Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 161,980.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	950.
	2	Program service revenue including government fees and contracts	16,418.
	3	Membership dues and assessments	129,257.
	4	Investment income SEE SCHEDULE O	4,215.
	5a	Gross amount from sale of assets other than inventory	11,140.
	5b	Less: cost or other basis and sales expenses	4,736.
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	6,404.
	6	Gaming and fundraising events	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
6c	Less: direct expenses from gaming and fundraising events		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
7a	Gross sales of inventory, less returns and allowances		
7b	Less: cost of goods sold		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8	Other revenue (describe in Schedule O)		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>157,244.</b>	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	55,915.
	13	Professional fees and other payments to independent contractors	14,332.
	14	Occupancy, rent, utilities, and maintenance	41,637.
	15	Printing, publications, postage, and shipping	3,800.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	25,589.
17	<b>Total expenses.</b> Add lines 10 through 16	<b>141,273.</b>	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	15,971.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	175,643.
	20	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	9,856.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	201,470.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

**OSHER LIFELONG LEARNING INSTITUTE AT THE  
UNIVERSITY OF ARIZONA**

Form 990-EZ (2010)

33-1096431 Page 2

**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	176,143.	22	202,013.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	176,143.	25	202,013.
26 Total liabilities (describe in Schedule O) <b>SEE SCHEDULE O</b>	500.	26	543.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	175,643.	27	201,470.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 <b>PROVIDING COMMUNITY OUTREACH TO THE SENIOR POPULATION AT THREE CAMPUSES (TUCSON, GREEN VALLEY AND MARANA) FOR EDUCATIONAL ENRICHMENT.</b>	28a	124,855.
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
29		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	124,855.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BOB SKYLAR, 220 W. 6TH STREET SUITE 300B, TUCSON, AZ 85701-1014	BOARD MEMBER	0.	0.	0.
CHUCK PARSON, 220 W. 6TH STREET SUITE 300B, TUCSON, AZ 85701-1014	BOARD MEMBER	0.	0.	0.
GERALD BIGELOW, 220 W. 6TH STREET SUITE 300B, TUCSON, AZ 85701-1014	BOARD MEMBER	0.	0.	0.
JIM HORWITZ, 220 W. 6TH STREET SUITE 300B, TUCSON, AZ 85701-1014	BOARD MEMBER	0.	0.	0.
RUTHIE ZALES, 220 W. 6TH STREET SUITE 300B, TUCSON, AZ 85701-1014	BOARD MEMBER	0.	0.	0.
MEG M HOVELL, 220 W. 6TH STREET SUITE 300B, TUCSON, AZ 85701-1014	VICE PRESIDENT	1.00	0.	0.
STEPHEN STILLWELL, 220 W. 6TH STREET SUITE 300B, TUCSON, AZ 85701-1014	PRESIDENT	8.00	0.	0.
RICHARD M MCKAY, 220 W. 6TH STREET SUITE 300B, TUCSON, AZ 85701-1014	TREASURER	2.00	0.	0.
TOM HESTWOOD, 220 W. 6TH STREET SUITE 300B, TUCSON, AZ 85701-1014	SECRETARY	1.00	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V [X]

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 0.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved N/A
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9 N/A
39b Gross receipts, included on line 9, for public use of club facilities N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed. AZ
42a The organization's books are in care of THE ORGANIZATION Telephone no. 520-626-9039
Located at 220 W. 6TH STREET, SUITE 300B, TUCSON, AZ ZIP + 4 85701-1014
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000  NONE

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

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

**Sign Here**  
 Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_  
**RICHARD M. MCKAY, TREASURER**  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name <b>LORETTA PETO</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name <b>PETO &amp; COMPANY CPA'S, PLLC</b>	Firm's EIN <b> </b>		Firm's address <b>2525 E. BROADWAY BLVD., SUITE 102 TUCSON, AZ 85716</b>	
Phone no. <b>520-326-0496</b>				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization **OSHER LIFELONG LEARNING INSTITUTE AT THE UNIVERSITY OF ARIZONA** Employer identification number **33-1096431**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	144,067.	149,326.	163,808.	124,710.	130,207.	712,118.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	144,067.	149,326.	163,808.	124,710.	130,207.	712,118.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support</b> (Subtract line 7c from line 6.) .....						712,118.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....	144,067.	149,326.	163,808.	124,710.	130,207.	712,118.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	530.	699.	2,585.	3,506.	4,215.	11,535.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	530.	699.	2,585.	3,506.	4,215.	11,535.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.) .....	144,597.	150,025.	166,393.	128,216.	134,422.	723,653.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	98.41 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	1.59 %
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization **OSHER LIFELONG LEARNING INSTITUTE AT THE UNIVERSITY OF ARIZONA** Employer identification number **33-1096431**

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

DESCRIPTION OF PROPERTY:	AMOUNT:
DIVIDENDS	4,215.

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
ADVERTISING	3,577.
OFFICE EXPENSE	3,358.
TRAVEL	660.
CONFERENCE AND MEETINGS	4,413.
INSURANCE	4,274.
OTHER EXPENSE	6,826.
BANK CHARGES	118.
REPAIR AND MAINTENANCE	960.
OFFICE SUPPLY	1,403.
TOTAL TO FORM 990-EZ, LINE 16	25,589.

**FORM 990-EZ, PART I, LINE 21, CHANGES IN NET ASSETS:**

CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
UNREALIZED GAINS	9,856.

**FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	500.	543.

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - OSHER LIFELONG LEARNING**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
032211  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization	OSHER LIFELONG LEARNING INSTITUTE AT THE UNIVERSITY OF ARIZONA	Employer identification number 33-1096431
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INSTITUTE PROVIDES INTELLECTUAL STIMULATION AND INTERACTIVE SOCIAL EXPERIENCES FOR INDIVIDUALS 50 YEARS OF AGE OR OLDER LIVING IN SOUTHERN ARIZONA. OSHER LIFELONG LEARNING INSTITUTE CONSISTS OF THE ORIGINAL CAMPUS IN TUCSON, AS WELL AS ACTIVE CAMPUS SITES IN GREEN VALLEY AND IN MARANA. MEMBERSHIP IS OPEN TO ANYONE 50 YEARS OF AGE OR OLDER, RETIRED OR SEMI-RETIRED, WHO IS INTERESTED IN CONTINUING THEIR LEARNING WITHOUT THE STRESS OF TESTS AND GRADES.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning JUL 1, 2010, and ending JUN 30, 2011

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

**OSHER LIFELONG LEARNING INSTITUTE AT THE  
UNIVERSITY OF ARIZONA**

Employer identification number

**33-1096431**

Name and title of officer

**RICHARD M MCKAY  
TREASURER**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b>	
<b>2a</b> Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b>	<b>157244</b>
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b>	
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b>	
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b>	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize PETO & COMPANY CPA'S, PLLC to enter my PIN 14430  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**86296930123**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

# TAX RETURN FILING INSTRUCTIONS

ARIZONA FORM 99

FOR THE YEAR ENDING

June 30, 2011

<b>Prepared for</b>	Osher Lifelong Learning Institute At the University of Arizona 220 W, 6th Street No. 300B Tucson, AZ 85701-1014
<b>Prepared by</b>	Peto & Company CPA's, PLLC 2525 E. Broadway Blvd., Suite 102 Tucson, AZ 85716
<b>Amount due or refund</b>	No payment required
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Arizona Department of Revenue PO Box 52153 Phoenix, AZ 85072-2153
<b>Return must be mailed on or before</b>	November 15, 2011
<b>Special Instructions</b>	The return should be signed and dated by an authorized individual.

**ARIZONA FORM 99** **Arizona Exempt Organization Annual Information Return** **2010**

For the  calendar year 2010 or  fiscal year beginning 07/01/10 and ending 06/30/11

CHECK ONE: Original <input checked="" type="checkbox"/> Amended <input type="checkbox"/>  Business telephone number  520-626-9039	Pls Type or Print	Name <b>OSHER LIFELONG LEARNING INSTITUTE AT THE UNIVERSITY OF ARIZONA</b> Number and street or PO Box <b>220 W, 6TH STREET</b> City or town, state and ZIP code <b>TUCSON, AZ 85701-1014</b>	Employer identification number (EIN)  <b>33-1096431</b>  AZ transaction privilege tax number  <b>NONE</b>
68 Check box if: <input type="checkbox"/> This is a first return <input type="checkbox"/> Name change <input type="checkbox"/> Address change		CHECK BOX IF: Return filed under extension. 3-mos. Fed 82 C <input type="checkbox"/> 6-mos. AZ - Fed 82 F <input type="checkbox"/>  REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
A Date Arizona operations began <u>03/25/2004</u>		81 <span style="float: right;">66</span>	
B Nature of Arizona activities <u>EDUCATIONAL</u>			
C Check federal form filed: <input type="checkbox"/> 990 <input checked="" type="checkbox"/> 990-EZ <input type="checkbox"/> Other (specify) _____			
Enclose a copy of the organization's federal return.			

<b>Sources of Income</b>	1 Gross sales or receipts from business activities	1		00
	2 Less: Cost of goods sold or of operations - <i>attach itemized statement</i>	2		00
	3 Gross profit from business activities - <i>subtract line 2 from line 1</i>	3		00
	4 Interest	4		00
	5 Dividends	5	4,215	00
	6 Rents and royalties	6		00
	7 Gain or (loss) from sales of assets, excluding inventory items	7	6,404	00
	8 Dues, assessments, etc., from members	8	129,257	00
	9 Dues, assessments, etc., from affiliated organizations	9		00
	10 Contributions, gifts, grants, etc., received	10	950	00
	11 Other income - <i>attach itemized statement</i>	11	16,418	00
	12 Total income - <i>add lines 3 through 11</i>	12		157,244 00
<b>STATEMENT 1</b>				
<b>Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc.	13		00
	14 Salaries and wages - <i>other than amounts included on line 2</i>	14	55,915	00
	15 Interest	15		00
	16 Taxes	16		00
	17 Rent expense	17	41,637	00
	18 Depreciation - <i>attach schedule</i>	18		00
	19 Miscellaneous expenses - <i>attach itemized statement</i>	19	43,721	00
	20 Total expenses - <i>add lines 13 through 19</i>	20		141,273 00
<b>STATEMENT 2</b>				
<b>Disbursements From Current Income for the Exempt Purposes</b>	21 Dues, assessments, etc., to affiliated corporations	21		00
	22 Contributions, gifts, grants, etc., paid	22		00
	23 Benefit payments to or for members or their dependents:			
	a. Death, sickness, hospitalization, disability, or pension benefits	23a		00
	b. Other benefits	23b		00
	24 Dividends and other distributions to members, shareholders, or depositors	24		00
	25 Other	25		00
	26 Total - <i>add lines 21 through 25</i>	26		00
<b>Disbursements From Principal for the Exempt Purposes</b>	27 Dues, assessments, etc., to affiliated corporations	27		00
	28 Contributions, gifts, grants, etc., paid	28		00
	29 Benefit payments to or for members or their dependents:			
	a. Death, sickness, hospitalization, disability, or pension benefits	29a		00
	b. Other benefits	29b		00
	30 Dividends and other distributions to members, shareholders, or depositors	30		00
	31 Other	31		00
	32 Total - <i>add lines 27 through 31</i>	32		00
<b>Other</b>	33 Other disbursements not itemized above - <i>attach schedule</i>	33		00
<b>Accumulation of Income</b>	34 Accumulation of income in current year - <i>line 12 less the sum of lines 20, 26, 32, and 33</i>	34	15,971	00
	35 Accumulation of income at beginning of year	35	175,643	00
	36 Accumulation of income at end of year - <i>add lines 34 and 35</i>	36	191,614	00
<b>Penalty</b>	37 Penalty for late filing or incomplete filing - <i>See instructions</i>	37		00

**NOTE:** Amounts used in attached schedules and in this column should be end of year amounts.

	(a) Beginning of year	(b) End of year
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**Assets**

A1 Cash .....		176,143	00	A1	202,013	00
A2a Accounts receivable .....	A2a		00			
b Less: allowance for doubtful accounts .....	A2b		00			
c Line A2a less line A2b. Enter difference in column (b) .....			00	A2c		00
A3a Other notes and loans receivable - <i>attach schedule</i> .....	A3a		00			
b Less: allowance for doubtful accounts .....	A3b		00			
c Line A3a less line A3b. Enter difference in column (b) .....			00	A3c		00
A4 Inventories .....			00	A4		00
A5 Investments (securities) - <i>attach schedule</i> .....			00	A5		00
A6 Investments (other) - <i>attach schedule</i> .....			00	A6		00
A7a Land, buildings, and equipment; basis .....	A7a		00			
b Less: accumulated depreciation - <i>attach schedule</i> .....	A7b		00			
c Line A7a less line A7b. Enter difference in column (b) .....			00	A7c		00
A8 Other assets - <i>describe</i> .....			00	A8		00
<b>A9 Total assets - add lines A1 through A8</b> .....		<b>176,143</b>	<b>00</b>	<b>A9</b>	<b>202,013</b>	<b>00</b>

**Liabilities**

A10 Accounts payable and accrued expenses .....			00	A10		00
A11 Mortgages and other notes payable - <i>attach schedule</i> .....			00	A11		00
A12 Other liabilities - <i>describe</i> .....		500	00	A12	543	00
					SEE STATEMENT 3	
<b>A13 Total liabilities - add lines A10 through A12</b> .....		<b>500</b>	<b>00</b>	<b>A13</b>	<b>543</b>	<b>00</b>

**Net Assets**

A14 Capital stock or trust principal .....			00	A14		00
A15 Paid-in or capital surplus .....			00	A15		00
A16 Retained earnings or accumulated income .....		175,643	00	A16	201,470	00
<b>A17 Total net assets - add lines A14 through A16</b> .....		<b>175,643</b>	<b>00</b>	<b>A17</b>	<b>201,470</b>	<b>00</b>
<b>A18 Total liabilities and net assets - add lines A13 and A17</b> .....		<b>176,143</b>	<b>00</b>	<b>A18</b>	<b>202,013</b>	<b>00</b>

**Certification** 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 a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here \_\_\_\_\_ | \_\_\_\_\_ | **TREASURER**  
 Officer's signature Date Title

Paid Preparer's Use Only \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
 Preparer's signature Date Preparer's EIN, PTIN or SSN

**PETO & COMPANY CPA'S, PLLC** | **20-5936744**  
 Firm's name (or preparer's, if self-employed) Firm's  EIN or  SSN

**2525 E. BROADWAY BLVD., SUITE 102** | **85716** | **520-326-0496**  
**TUCSON, AZ** Firm's address ZIP code Firm's telephone number



AZ 99	OTHER INCOME	STATEMENT	1
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DESCRIPTION	AMOUNT
PROGRAM SERVICE REVENUE	16,418.
TOTAL TO FORM 99, PAGE 1, LINE 11	16,418.

AZ 99	MISC EXPENSES	STATEMENT	2
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DESCRIPTION	AMOUNT
PROFESSIONAL FEES TO INDEPENDENT CONTRACTORS	14,332.
PRINTING, PUBLICATIONS, POSTAGE, SHIPPING	3,800.
ADVERTISING	3,577.
OFFICE EXPENSE	3,358.
TRAVEL	660.
CONFERENCE AND MEETINGS	4,413.
INSURANCE	4,274.
OTHER EXPENSE	6,826.
BANK CHARGES	118.
REPAIR AND MAINTENANCE	960.
OFFICE SUPPLY	1,403.
TOTAL TO FORM 99, PAGE 1, LINE 19	43,721.

AZ 99	OTHER LIABILITIES	STATEMENT	3
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DESCRIPTION	BEG OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	500.	543.
TOTAL TO FORM 99, PAGE 2, LINE A12	500.	543.