

Return of Organization Exempt From Income Tax

2001

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

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2001 calendar year, or tax year beginning 10/01, 2001, and ending 09/30/2002

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OSTEOPATHIC MEDICAL CENTER OF TEXAS	D Employer identification number 75-0939931
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1000 MONTGOMERY STREET	E Telephone number (817) 735-3142
	City or town state or country, and ZIP + 4 FORT WORTH, TX 76107	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶
	Please use IRS label or print or type. See Specific Instructions	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Web site ▶ WWW.OHST.ORG

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes" enter number of affiliates ▶
H(c) Are all affiliates included? N/A Yes No (if No attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN ▶

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

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 127,548,956

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	50,000		
	b Indirect public support	1b	9,854		
	c Government contributions (grants)	1c	190,694		
	d Total (add lines 1a through 1c) (cash \$ <u>250,547</u> noncash \$ _____)	1d		250,547	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		124,509,447	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4		700,370	
	5 Dividends and interest from securities	5			
	6 a Gross rents	6a	436,994		
	b Less rental expenses	6b	118,621		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		318,373	
7 Other investment income (describe ▶)	7				
	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
		8a	1,651,598		
	b Less cost or other basis and sales expenses	8b	1,268,835		
	c Gain or (loss) (attach schedule) <u>STMT 16</u>	8c	382,763		
d Net gain or (loss) (combine line 8c columns (A) and (B))	8d		382,763		
	9 Special events and activities (attach schedule)				
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b Less direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
	10a Gross sales of inventory less returns and allowances	10a			
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		126,161,500		
Expenses	13 Program services (from line 44 column (B))	13	126,109,445		
	14 Management and general (from line 44 column (C))	14	2,818,502		
	15 Fundraising (from line 44 column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44 column (A))	17	128,927,947		
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-2,766,447		
	19 Net assets or fund balances at beginning of year (from line 73 column (A))	19	26,552,773		
	20 Other changes in net assets or fund balances (attach explanation) <u>STMT 1</u>	20	-2,235,200		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	21,551,126		

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25	826,236	826,236	
26 Other salaries and wages	26	41,534,943	41,045,624	489,319
27 Pension plan contributions	27	662,390	578,388	84,002
28 Other employee benefits	28	2,031,378	1,973,541	57,837
29 Payroll taxes	29	2,964,106	2,900,899	63,207
30 Professional fundraising fees	30			
31 Accounting fees	31	110,700		110,700
32 Legal fees	32	1,400,219	1,400,219	
33 Supplies	33	27,015,758	26,587,867	427,891
34 Telephone	34	415,480	415,480	
35 Postage and shipping	35	179,245	179,245	
36 Occupancy	36	1,503,361	1,503,361	
37 Equipment rental and maintenance	37	3,945,670	3,945,670	
38 Printing and publications	38			
39 Travel	39	218,440	218,440	
40 Conferences, conventions, and meetings	40			
41 Interest	41	5,432,630	5,432,630	
42 Depreciation depletion etc (attach schedule)	42	4,865,055	4,865,055	
43 Other expenses not covered above (itemize) STMT 2	43a	35,822,336	35,063,026	759,310
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	128,927,947	126,109,445	2,818,502

Joint Costs Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24)

What is the organization's primary exempt purpose? <u>ACUTE CARE HOSPITAL</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
a <u>STMT 3</u> ----- ----- ----- (Grants and allocations \$ _____)	
b <u>STMT 3</u> ----- ----- ----- (Grants and allocations \$ _____)	126,109,445
c ----- ----- ----- (Grants and allocations \$ _____)	
d ----- ----- ----- (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B) Program services)	126,109,445

Part IV Balance Sheets (See Specific Instructions on page 24)

				(A)		(B)	
				Beginning of year		End of year	
Note. Where required attached schedules and amounts within the description column should be for end-of-year amounts only							
Assets	45	Cash - non-interest-bearing			45		
	46	Savings and temporary cash investments		100	46	100	
	47a	47a	27,540,531				
	b	47b	3,920,000	23,514,523	47c	23,620,531	
	48a	48a					
	b	48b			48c		
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51a	STMT 4	51a	22,510,458			
	b		51b	25,140,973	51c	22,510,458	
	52	Inventories for sale or use		3,401,183	52	3,368,086	
	53	Prepaid expenses and deferred charges		3,410,013	53	3,275,946	
	54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54		
	55a	55a					
	b		55b		55c		
56	Investments - other (attach schedule)			56			
57a		57a	125,985,870				
b	STMT 17	57b	68,234,808	58,948,928	57c	57,751,062	
58	Other assets (describe <input type="checkbox"/> STMT 5)		15,349,888	58	14,487,527		
59 Total assets (add lines 45 through 58) (must equal line 74)				129,765,608	59	125,013,710	
Liabilities	60	Accounts payable and accrued expenses		12,549,494	60	11,293,357	
	61	Grants payable			61		
	62	Deferred revenue			62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a	STMT 6	64a	83,455,358	64a	81,755,662	
	b	STMT 7	64b	3,945,000	64b	4,800,000	
	65	Other liabilities (describe <input type="checkbox"/> STMT 8)		3,262,983	65	5,613,565	
66 Total liabilities (add lines 60 through 65)				103,212,835	66	103,462,584	
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74							
Net Assets or Fund Balances	67	Unrestricted		26,552,773	67	21,551,126	
	68	Temporarily restricted			68		
	69	Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid-in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			72		
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, and column (B) must equal line 21).		26,552,773	73	21,551,126		
74 Total liabilities and net assets / fund balances (add lines 66 and 73)				129,765,608	74	125,013,710	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

<p>a Total revenue gains and other support per audited financial statements . . . ▶ a <u>126,143,800</u></p> <p>b Amounts included on line a but not on line 12, Form 990</p> <p>(1) Net unrealized gains on investments . . . \$ <u>-17,700</u></p> <p>(2) Donated services and use of facilities \$ _____</p> <p>(3) Recoveries of prior year grants . . . \$ _____</p> <p>(4) Other (specify) _____</p> <p>_____ \$ _____</p> <p>Add amounts on lines (1) through (4) ▶ b <u>-17,700</u></p> <p>c Line a minus line b ▶ c <u>126,161,500</u></p> <p>d Amounts included on line 12, Form 990 but not on line a.</p> <p>(1) Investment expenses not included on line 6b Form 990 . . . \$ _____</p> <p>(2) Other (specify) _____</p> <p>_____ \$ _____</p> <p>Add amounts on lines (1) and (2) ▶ d _____</p> <p>e Total revenue per line 12, Form 990 (line c plus line d) ▶ e <u>126,161,500</u></p>		<p>a Total expenses and losses per audited financial statements . . . ▶ a <u>129,110,947</u></p> <p>b Amounts included on line a but not on line 17, Form 990</p> <p>(1) Donated services and use of facilities \$ _____</p> <p>(2) Prior year adjustments reported on line 20, Form 990 . . . \$ _____</p> <p>(3) Losses reported on line 20, Form 990 \$ <u>183,000</u></p> <p>(4) Other (specify) _____</p> <p>_____ \$ _____</p> <p>Add amounts on lines (1) through (4) . . ▶ b <u>183,000</u></p> <p>c Line a minus line b ▶ c <u>128,927,947</u></p> <p>d Amounts included on line 17, Form 990 but not on line a.</p> <p>(1) Investment expenses not included on line 6b Form 990 . . . \$ _____</p> <p>(2) Other (specify) _____</p> <p>_____ \$ _____</p> <p>Add amounts on lines (1) and (2) . . ▶ d _____</p> <p>e Total expenses per line 17, Form 990 (line c plus line d) ▶ e <u>128,927,947</u></p>
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Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

(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
SEE STATEMENT 11		826,236	142,109	NONE

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations of which more than \$10,000 was provided by the related organizations? Yes No
 If "Yes," attach schedule - see Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78a Did the organization have unrelated business gross income of \$1 000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination or substantial contraction during the year? If "Yes" attach a statement
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?
80b If "Yes," enter the name of the organization and check whether it is [X] exempt OR [] nonexempt
81a Enter direct or indirect political expenditure See line 81 instructions
81b Did the organization file Form 1120-POL for this year?
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes" you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85a 501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2 000 or less?
85c If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year
85d Dues, assessments and similar amounts from members
85e Section 162(e) lobbying and political expenditures
85f Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85g Taxable amount of lobbying and political expenditures (line 85d less 85e)
85h Does the organization elect to pay the section 6033(e) tax on the amount in 85f?
85i If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86a 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts included on line 12, for public use of club facilities
87a 501(c)(12) orgs Enter a Gross income from members or shareholders
87b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes" complete Part IX
89a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 NONE section 4912 NONE section 4955 NONE
89b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912 4955 and 4958
89d Enter Amount of tax on line 89c above, reimbursed by the organization
90a List the states with which a copy of this return is filed NONE
90b Number of employees employed in the pay period that includes March 12 2001 (See instructions)
91 The books are in care of BRUCE EDWARDS Telephone no 817-735-3142
Located at 1000 MONTGOMERY ST, FT WORTH TX ZIP + 4 76107
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a STMT 13				395,092	124,114,355
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	700,370	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	318,373	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	382,763	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,796,598	124,114,355
105 Total (add line 104 columns (B), (D), and (E))					125,910,953

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	REVENUE RELATED TO OPERATIONS AS AN ACUTE CARE HOSPITAL

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

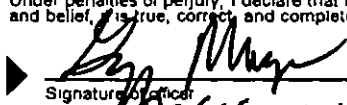
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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, this return is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here:  Date: 8/4/08

Date	7-31-03	Check if self employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
			P00244301

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

OMB No 1545-0047

2001

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

OSTEOPATHIC MEDICAL CENTER OF TEXAS

Employer identification number

75-0939931

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>JOE S. FLOWERS</u> 1000 MONTGOMERY STREET FORT WORTH, TX 76107	EXECUTIVE DIRECTOR 40 HRS/WK	105,204	17,884	NONE
<u>RODNEY A. EDGE</u> 1000 MONTGOMERY STREET FORT WORTH, TX 76107	VP 40 HRS/WK	97,717	16,611	NONE
<u>MIRZA W. BAIG</u> 1000 MONTGOMERY STREET FORT WORTH, TX 76107	PHARMACY DIRECTOR 40 HRS/WK	91,106	14,577	NONE
<u>CHARLES D. MCCLEERY</u> 1000 MONTGOMERY STREET FORT WORTH, TX 76107	PHARMACIST 40 HRS/WK	90,110	13,517	NONE
<u>MARIO J. BRAVOMALO</u> 1000 MONTGOMERY STREET FORT WORTH, TX 76107	PHYS THERAPY DIR 40 HRS/WK	89,113	15,149	NONE
Total number of other employees paid over \$50,000	▶ 215			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NANCY C. ARGO</u> 1190 WHISPERING OAKS, DESOTO, TX 75115	RISK MANAGEMENT	92,389
<u>SUSAN NEORR</u> 1305 CLOVER LANE, FORT WORTH, TX 76107	INS CONTRACT CONSULT	51,211
Total number of others receiving over \$50,000 for professional services	▶ NONE	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2001

Part III Statements About Activities (See page 2 of the instructions)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation including any attempt to influence public opinion on legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amount on line 38, Part VI-A, or line 1 or Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
	STMT 14		
a	Sale, exchange or leasing of property?	X	
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
	STMT 15		
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e	Transfer of any part of its income or assets?		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)		X
4	Do you have a section 403(b) annuity plan for your employees?		X
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.			

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

- The organization is not a private foundation because it is (Please check only ONE applicable box)
- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
 - 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
 - 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
 - 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
 - 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(v) (Also complete the Support Schedule in Part IV-A.)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
 - 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
 - 12 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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5) or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations. (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting NOT APPLICABLE

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Table with columns for calendar year (2000, 1999, 1998, 1997) and Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23-25 Summary rows; 26-28 Public support calculations; 27 Unusual grants; 28 Unusual Grants.

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 29-35 regarding racial nondiscrimination policies, record keeping, and financial aid.

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check **a** if the organization belongs to an affiliated group
 Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b Paid staff or management (include compensation in expenses reported on lines c through h)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Media advertisements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Mailings to members, legislators, or the public	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Publications, or published or broadcast statements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f Grants to other organizations for lobbying purposes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Direct contact with legislators, their staffs, government officials, or a legislative body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash		X
	(ii) Other assets		X
b	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization		X
	(ii) Purchases of assets from a noncharitable exempt organization		X
	(iii) Rental of facilities, equipment, or other assets		X
	(iv) Reimbursement arrangements		X
	(v) Loans or loan guarantees		X
	(vi) Performance of services or membership or fundraising solicitations		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X

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 organization. If the organization 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) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No
b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION -----	AMOUNT -----
NET UNREALIZED LOSS ON INVESTMENTS	183,000.
ADDITIONAL OTHER THEN TEMPORARY UNREALIZED LOSS ON INVESTMENTS	17,700.
DISTRIBUTIONS TO PARENT	2,034,500.

TOTAL	<u>2,235,200.</u>

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
PROVISION FOR UNCOLLECTIBLES	19276426.	19276426.	
PURCHASED SERVICES	9,172,323.	9,172,323.	
CATERING/FOOD	690,716.	690,716.	
BOOKS & SUBSCRIPTIONS	431,591.	431,591.	
COLLECTION AGENCY	1,060,036.	1,060,036.	
FLOWERS, MEMORIALS, GRATUITIES	35,242.	35,242.	
ADVERTISING	344,837.	344,837.	
EDUCATION/RECRUITMENT	503,947.	503,947.	
INSURANCE	1,567,385.	1,567,385.	
ADVALOREM TAXES	339,643	339,643	
WORKMANS COMPENSATION	1,638,667.	1,638,667.	
CONSULTING/MGMT FEES	759,310.		759,310.
BANK CHARGES	2,213.	2,213.	
TOTALS	35822336.	35063026.	759,310.

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION

EXPENSES

THE ORGANIZATION IS AN ACUTE CARE HOSPITAL. TOTAL CHARITY CARE AND GOVERNMENT-SPONSORED INDIGENT HEALTH CARE FOR THE YEAR IS \$7,090,797. THE HOSPITAL PROVIDES EDUCATION PROGRAMS FOR MEDICAL PROFESSIONAL AND THE COMMUNITY IN GENERAL AT A COST OF \$617,748. COMMUNITY BENEFIT PROGRAMS INCLUDE DIABETIC SCREENING AND EDUCATION, CHOLESTEROL AND

BLOOD PRESSURE SCREENINGS AND SENIOR HEALTH & FITNESS FAIRS.

126,109,445.

TOTAL

126,109,445.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

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

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note. Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization OSTEOPATHIC MEDICAL CENTER OF TEXAS	Employer identification number 75-0939931
	Number, street, and room or suite no. If a P O box, see instructions 1000 MONTGOMERY STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions FORT WORTH, TX 76107	

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

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

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

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 05/15, 2003 to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year _____ or

▶ tax year beginning 10/01, 2001, and ending 09/30, 2002

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

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

Signature ▶ *Jacobs Ch* Title ▶ CPA FOR TAXPAYER Date ▶ 2-4-03

For Paperwork Reduction Act Notice, see Instruction Form 8868 (12-2000)

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box **X**
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization OSTEOPATHIC MEDICAL CENTER OF TEXAS	Employer identification number 75-0939931
	Number, street, and room or suite no. If a P O box, see instructions 1000 MONTGOMERY STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions FORT WORTH, TX 76107	

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

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

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

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

4 I request an additional 3-month extension of time until 08/15/2003

5 For calendar year _____, or other tax year beginning 10/01/2001 and ending 09/30/2002

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

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ _____

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

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

Signature *Jackie S. Coburn* Title CPA FOR TAXPAYER Date 5-5-03

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in Item 7, we cannot grant you a 3-month extension of time to file. We are not granting a 10-day grace period. **EXTENSION APPROVED**
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested 5
- Other _____

LINDA WEISKOPF, FIELD DIRECTOR
SUBMISSION PROCESSING, OGDEN

Director _____ By _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print JSA	Name ERNST & YOUNG LLP ATTN JACKIE COBURN
	Number and street (include suite, room, or apt. no.) Or a P O box number 2121 SAN JACINTO STREET, SUITE 1500
	City or town, province or state, and country (including postal or ZIP code) DALLAS, TX 75201

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE

BORROWER: NOTES RECEIVABLE FROM AFFILIATES

BEGINNING BALANCE DUE	13,748,308.
ENDING BALANCE DUE	15,281,259.

BORROWER: OTHER RECEIVABLES

BEGINNING BALANCE DUE	11,392,665.
ENDING BALANCE DUE	7,229,199.

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	25,140,973.
--	-------------

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES	22,510,458.
--	-------------

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION -----	ENDING BOOK VALUE -----
ASSETS LIMITED AS TO USE:	
HELD BY TRUSTEES UNDER BOND AGREEMENTS	9,529,272.
BOARD DESIGNATED DEPRE- CIATION RESERVE FUNDS	4,728,929.
BOARD DESIGNATED SELF INSURANCE FUNDS	229,326.

TOTALS	<u>14,487,527.</u>

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

DESCRIPTION -----	ENDING BOOK VALUE -----
TARRANT CO. HEALTH FACILITIES CORP HOSPITAL REVENUE BONDS, SERIES 1997, STATED INTEREST RATE 4.8%-5.25%, PAYABLE IN VARYING AMOUNTS TO 2028.	13,466,633.
TARRANT CO. HEALTH FACILITIES CORP HOSPITAL REVENUE BONDS, SERIES 1996, STATED INTEREST RATE 4.1%-5.3%, PAYABLE IN VARYING AMOUNTS TO 2011.	21,475,077.
TARRANT CO. HEALTH FACILITIES CORP HOSPITAL REVENUE BONDS, SERIES 1993, STATED INTEREST RATE 4.8%-7.0%, PAYABLE IN VARYING AMOUNTS TO 2028.	46,813,952.
TOTALS	----- 81,755,662. =====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: LINE OF CREDIT TO BANK

BEGINNING BALANCE DUE	3,900,000.
ENDING BALANCE DUE	4,800,000.

LENDER: LAND PURCHASE NOTE

BEGINNING BALANCE DUE	45,000.
ENDING BALANCE DUE	NONE

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	3,945,000.
---	------------

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	4,800,000.
--	------------

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION -----	ENDING BOOK VALUE -----
OTHER LONG-TERM LIAB	5,613,565.
TOTALS	<u>5,613,565.</u>

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
LUCILA F. NORRIS 1000 MONTGOMERY STREET FORT WORTH, TEXAS 76107	SR VP 40 HRS/WK	125,212.	23,790	NONE
WINFRED T. COLBERT 1000 MONTGOMERY STREET FORT WORTH, TEXAS 76107	DIRECTOR 1 HR/WK	NONE	NONE	NONE
WARWICK DRAKEFORD 1000 MONTGOMERY STREET FORT WORTH, TEXAS 76107	DIRECTOR 1 HR/WK	NONE	NONE	NONE
GIBSON LEWIS 1000 MONTGOMERY STREET FORT WORTH, TEXAS 76107	DIRECTOR 1 HR/WK	NONE	NONE	NONE
DR. RICHARD O'NEAL 1000 MONTGOMERY STREET FORT WORTH, TEXAS 76107	DIRECTOR 1 HR/WK	NONE	NONE	NONE
JAY E. SANDELIN 1000 MONTGOMERY STREET FORT WORTH, TEXAS 76107	CHAIRMAN 40-50 HRS	235,705.	40,069.	NONE
JANE SCHLANSKER 1000 MONTGOMERY STREET FORT WORTH, TEXAS 76107	DIRECTOR 1 HR/WK	NONE	NONE	NONE
J. THOMAS O'SHEA, D.O. 1000 MONTGOMERY STREET FORT WORTH, TEXAS 76107	DIRECTOR 1 HR/WK	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ROBERT C. ADAMS, D.O. 1000 MONTGOMERY STREET FORT WORTH, TEXAS 76107	DIRECTOR 1 HR/WK	NONE	NONE	NONE
JAY G. BECKWITH, D.O. 1000 MONTGOMERY STREET FORT WORTH, TEXAS 76107	DIRECTOR 1 HR/WK	NONE	NONE	NONE
SAM W. BUCHANAN, D.O. 1000 MONTGOMERY STREET FORT WORTH, TEXAS 76107	DIRECTOR 1 HR/WK	NONE	NONE	NONE
WILLIAM M. JORDAN 1000 MONTGOMERY STREET FORT WORTH, TEXAS 76107	DIRECTOR 1 HR/WK	NONE	NONE	NONE
ROBERT M. LANSFORD 1000 MONTGOMERY STREET FORT WORTH, TEXAS 76107	DIRECTOR 1 HR/WK	NONE	NONE	NONE
IRWIN SCHUSSLER, D.O. 1000 MONTGOMERY STREET FORT WORTH, TEXAS 76107	DIRECTOR 1 HR/WK	NONE	NONE	NONE
JAMES T. HAWA, D.O. 1000 MONTGOMERY STREET FORT WORTH, TEXAS 76107	DIRECTOR 1 HR/WK	NONE	NONE	NONE
RANDALL L. KRESSLER 1000 MONTGOMERY STREET FORT WORTH, TEXAS 76107	SECRETARY/TREASURER 1 HR/WK	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
BARTON E. HEAD, CPA 1000 MONTGOMERY STREET FORT WORTH, TEXAS 76107	DIRECTOR 1 HR/WK	NONE	NONE	NONE
GREG UPP 1000 MONTGOMERY STREET FORT WORTH, TEXAS 76107	DIRECTOR 1 HR/WK	NONE	NONE	NONE
BRUCE BEYER 1000 MONTGOMERY STREET FORT WORTH, TEXAS 76107	SR VP 40 HRS/WK	190,204.	32,334.	NONE
GREGG MOGERS 1000 MONTGOMERY STREET FORT WORTH, TEXAS 76107	SR VP 40 HRS/WK	162,903.	27,963.	NONE
YOLANDA CERUANLES 1000 MONTGOMERY STREET FORT WORTH, TEXAS 76107	SR VP 40 HRS/WK	112,212.	17,953.	NONE
GRAND TOTALS		826,236.	142,109.	NONE

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

HEALTH CARE OF TEXAS	75-2036980	EXEMPT
HCT MANAGEMENT & VENTURES	75-2058444	NON-EXEMPT
OSTEOPATHIC FAMILY MEDICINE CLINICS	75-2503140	NON-EXEMPT
TIOPA, INC.	75-2590432	NON-EXEMPT

FORM 990, PART VII - PROGRAM SERVICE REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
NET PATIENT SERVICE REVENUE					123,969,897.
MEDICAL RECORDS					1,324.
SUPPLY SALE					3,502.
CAFETERIA INCOME	3	380,400			
PURCHASE DISCOUNTS					7,281.
OTHER INCOME					10,251.
VENDING MACHINES	3	14,692.			119,570.
VENDOR REBATES					1,500.
SPECIAL PROJECTS					1,030.
NURSING EDUCATION					
LAB MISCELLANEOUS					
TOTALS				395,092.	124,114,355

SCHEDULE A, PART III - EXPLANATION FOR LINE 2A

RELATED PARTIES RENT OFFICE SPACE FROM THE TAXPAYER. RENT RECEIVED FOR THE YEAR INCLUDED \$42,900 FROM OSTEOPATHIC FAMILY MEDICINE CLINICS, \$31,583 FROM OCCUPATIONAL MEDICINE CLINICS AND \$12,750 FROM OSTEOPATHIC HEALTH GROUP.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

SEE FORM 990, PART V.

PART I, LINE 8 - NET GAIN FROM SALE OF ASSETS OTHER THAN INVENTORY

DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST	ACCUMULATED DEPRECIATION	BOOK VALUE	PROCEEDS	GAIN (LOSS)
Scrap Items Sold		Oct-01	0	0	0	500	500
Scrap Items Sold		Jan-02	0	0	0	489	489
Cityview Sale 2001-deferred till 2002		Jun-02	0	0	0	437,470	437,470
Sold 1 17 acres Saginaw Blvd		Jun-02	59,541	0	59,541	147,672	88,131
Sold 1916 N Beach		Jun-02	125,215	13,564	111,651	119,443	7,792
Sold Lots 5, 6 Diamond Hill		Jun-02	59,563	0	59,563	48,160	(11,403)
Sold W Hills Clinic		Jun-02	552,868	70,268	482,600	395,696	(86,904)
Sold Lake Worth Clinic		Jun-02	609,335	70,627	538,708	248,563	(290,145)
Sold W Hills Lot		Jun-02	16,772	0	16,772	56,905	40,133
Scrap Items Sold		Aug-02	0	0	0	700	700
Sold Home Health Business		Aug-02	0	0	0	196,000	196,000
Totals			1,423,294	154,459	1,268,835	1,651,598	382,763

OSTEOPATHIC MEDICAL CENTER OF TEXAS
PERIOD ENDED SEPTEMBER 30, 2002

75-0939931
2001 FORM 990

PART II, LINE 42 - DEPRECIATION
PART IV, LINE 57 - LAND, BUILDINGS, AND EQUIPMENT

<u>DESCRIPTION</u>	<u>COST</u>	<u>ACCUMULATED DEPRECIATION</u>	<u>BOOK VALUE</u>
LAND AND IMPROVEMENTS	10,238,787	836,845	9,401,942
BUILDINGS AND IMPROVEMENTS	52,425,079	19,581,875	32,843,204
EQUIPMENT	61,771,689	47,816,088	13,955,601
CONTRUCTION IN PROGRESS	1,550,315	0	1,550,315
	<u>125,985,870</u>	<u>68,234,808</u>	<u>57,751,062</u>

DEPRECIATION EXPENSE

4,865,055

DEPRECIATION CALCULATED USING THE STRAIGHT-LINE METHOD OVER THE ESTIMATED
USEFUL LIFE OF EACH CLASS OF DEPRECIABLE ASSETS