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### 75238-04/20/2010 11 35 AM

Department of the Treasury

### **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 1545-0047 2009 Open to Public

Form **990** (2009)

917

inter	nal Revenue S	Price 3 Ine organization may have to use a copy of this return to satisfy sta	ate reporting requir	ements	Inspection
<u>A</u>	For the 2009,	calendar year, or tax year beginning , and ending			
В	Check if applicable	l Inc.		D Employ	yer Identification number
	Address change	use IRS   American College of Osteopathic	Obs	]	
	Name change	print or Doing Business As		38-	3499619
	Initial return	type. Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	one number
Ξ		See 8851 Camp Bowie West	120	817	-377-0421
	Termination	Instruc- City or town, state or country, and ZIP + 4		<b>G</b> Gross recei	pts \$ 224,313
	Amended return	tions Fort Worth TX 76116			
	Application pendin	F Name and address of principal officer		H(a) Is this a	group return for
	., .	Valerie Brennan, CAE, CEO		affiliates	yes X No
		8851 Camp Bowie West, Suite 120		H(b) Are all a included	affiliates 1? Yes No
		Fort Worth TX 76116		If "No,"	attach a list (see instructions)
<u></u>	Tax-exempt sta	ttus X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527			
J	Website <sup>.</sup> ▶	www.mefacoog.org		H(c) Group e	exemption number
K	Type of organizat	on X Corporation Trust Association Other ▶ 1	Year of formation 1	.999	M State of legal domicile M3
P	art I	Summary			
	1 Briefly	describe the organization's mission or most significant activities			· ·
۵	То	provide financial resources and fund raising activi	ities to fo	ster	
Activities & Governance	COI	ntinuing improvement in women's health care by suppo	orting medi	cal	
Ĕ		cation at the undergraduate, graduate and postegrad	luate=level:	resea	rch
Š	2 Check	this box I if the organization discontinued its operations or disposed of more than?	5% of its net asset	s))	
<u>ن</u> مح	3 Numbe	er of voting members of the governing body (Part VI, line 1a)		[]	8
se S			1AV 51 A 2010		8
ž	i	umber of employees (Part V, line 2a)  umber of volunteers (estimate if necessary)	IAY 1 0 2010	725	0
Ćţį		umber of volunteers (estimate if necessary)			10
•			GDEN, U		
	_	related business taxable income from Form 990-T, line 34	19167 (1918) 111 121 131 131 131 131 131 131 131 131	7b	0
		· · · · · · · · · · · · · · · · · · ·	Prior Ye		Current Year
0	8 Contrib	utions and grants (Part VIII, line 1h)	20	0,412	147,531
Σ	9 Progra	m service revenue (Part VIII, line 2g)			
Revenue	10 Investr	nent income (Part VIII, column (A), lines 3, 4, and 7d)		4,080	-12,341
œ	11 Other	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			6,333
≅ @9	12 Total r	evenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20	4,492	141,523
A 7	13 Grants	and similar amounts paid (Part IX, column (A), lines 1-3)	2	2,250	20,500
ာ	14 Benefi	s paid to or for members (Part IX, column (A), line 4)			
ي ح	15 Salane	s, other compensation, employee benefits (Part IX, column (A), lines 5–10)			
Expenses	16a Profes	sional fundraising fees (Part IX, column (A), line 11e)			
<b>⋑</b>	<b>b</b> Total fo	ındraısıng expenses (Part IX, column (D), line 25) ▶ 6,333			
	17 Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	20	9,257	183,604
	18 Total e	xpenses Add lines 13–17 (must equal Part IX, column (A), line 25)	23	1,507	204,104
2	19 Reven	ue less expenses Subtract line 18 from line 12		7,015	-62,581
s or			Beginning of Cu		End of Year
Net Assets or und Balances	20 Total a	ssets (Part X, line 16)		3,441	668,138
	21 Total li	abilities (Part X, line 26)		9,813	50,000
		sets or fund balances Subtract line 21 from line 20	63	3,628	618,138
_ <u>P</u>		Signature Block			
		Under penaltes of perjury, I declare that I have examined this return, including accompanying schedules and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all inf	and statements, and	to the best of	my knowledge
	Ι.	ind belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all inf	ormation of which pre	parer has any	knowledge
Sig		- Ullm Fallwein			1412010
He	re   !	Signature of officer	_	Date	,
		Valerie Brennan, CAE, CEO Exec	utive Dir	ector	
		Type or print name and title			
		Preparer's Date	Check	ıf	Preparer's identifying number
Pai	ia j	·	20/10 self- employ	red ▶	(see instructions) P00051428
	parer's	GEORGE, MORGAN & SNEED, P.C.	- ,   o.i.pio)	EIN D	75-1999675
Us	~ ~ ,	self-employed), 1849 WALL STREET		Phone	
	T T	ddress, and ZIP + 4 WEATHERFORD, TX 76086-6298			817-594-2704
May		uss this return with the preparer shown above? (see instructions)		l no ▶	X Yes No
- Tray	210 110 0130	and retain that the property shown above. (acc instructions)			A TES NO

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. DAA

Pa	art IV Checklist of Required Schedules			
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable .	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			7.7
4-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			77
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	_15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			7.5
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	ا _ ر		v
10	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.	ᢏ	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		х
20	If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19		X
<u></u>	Did the organization operate one or more hospitals rin ires, complete schedule n	20		47

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O

	1930 (2003) Macatala Badeation Foundation of the 30 3193019			aye •
_ <del>P</del> {	art IV Checklist of Required Schedules (continued)			
	Did the consistence where the control of control and other control of control		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	24	x	
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  Did the organization report more than \$5,000 of grants and other assistance to individuals in the	21	_ <del>^</del>	
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
25	organization's current and former officers, directors, trustees, key employees, and highest compensated	ŀ		
	employees? If "Yes," complete Schedule J	23		х
24a		-		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c		245		
-	to defease any tax-exempt bonds?	24c	1	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b				
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	•		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		ŀ	
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV .	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٦,
20	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<b></b>
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	. 33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		x	
25	III, IV, and V, line 1	34		
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	25		х
36		35		<u> </u>
<b>J</b> U	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	26		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		х

Form **990** (2009)

Pa	it V Statements Regarding Other IRS Filings and Tax Compliance			· · · · · ·		
4.	Fatastha gumbas anadad in Day 2 of Fame 4000. Annual Cumman and Transmitted of				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 4 -	4			
b	U.S. Information Returns. Enter -0- if not applicable.  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1a 1b	0	<del> </del>		
	Did the organization comply with backup withholding rules for reportable payments to vendors and report		<u> </u>			
С	gaming (gambling) winnings to prize winners?	lable		1c	x	Ī
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1		10	41	
Za	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b		Ī
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	•		25		_
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered business.	ıv				
-	this return?	,		3a	•	х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		<del></del>
	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	hority		1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other finan	-		ŀ		
	account)?			4a		х
b	If "Yes," enter the name of the foreign country	•				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Ba	nk				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	•	х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n?		5b		х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	ing				
	Prohibited Tax Shelter Transaction?	•		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds				
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	. 1	•	7c	,	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
0	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal transfer of the organization.	onal				
	benefit contract?			. 7е		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C a	S				
_	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					ŀ
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		
b O	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		_
a	Section 501(c)(7) organizations. Enter.	10a	1			
_	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b		<del> </del>		
b  1	Section 501(c)(12) organizations. Enter	[ מטו	<u> </u>			
a	Gross income from members or shareholders	11a	1			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	114				
~	amounts due or received from them )	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 19			12a		Ī
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	!	120		
	· · · · · · · · · · · · · · · · · · ·					

Form 990 (2009) Medical Education Foundation of the 38-3499619 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below. and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body Enter the number of voting members that are independent b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members 7a 7a of the governing body? 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? X 8ь Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give X 12b rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 13 X Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the

817-377-0421

8851 Camp Bowie West, Suite 120

TX 76116

organization >

Fort Worth

Steve P. Buchanan, D.O.

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons.

X Check this box if the organization did not compensate any current officer, director, or trustee (C) (E) (F) (A) Name and Title Average Position (check all that apply) Reportable Reportable **Estimated** hours per compensation compensation amount of Individual or director nstitutional trustee week from from related other compensation the organizations employee (W-2/1099-MISC) organization from the compensated (W-2/1099-MISC) organization trustee and related organizations Laura Dalton, D.d. 1.00 X X 0 0 0 Chair Patricia Arnett, Vice Chair 1.00 X 0 0 0 Ernest Thompson 1.00 X X 0 0 0 Sec/Treas. Carolyn Quist, D.O. X 0 0 1.00 0 Trustee Rhonda Kobold, D.O. X 0 0 0 Trustee 1.00 John Maceluch, D.O. 0 1.00 X 0 Trustee 0 Carl Della Badia, D.O. 1.00 X 0 Trustee 0 0 Mark Barbee 1.00 X 0 0 Trustee/CPC 0 Steve Buchanan, **D.O.** X X 0 0 Executive VP 4.00 0 dae, Valerie Brenna, CEO Executive Director 40.00 X 0 0 0

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DAA

rm 990 (2009) Medical	Educatio	n F	ou	na	at:	ton	<u> </u>	or the 38-349	Moley (continued)		P	age 8
Part V計 Section A. Offic (A) Name and Title	(B) Average			((	C)	yees, hat ap		Highest Compensated E (D) Reportable	(E) Reportable	(F) Estima	ited	
,	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amour othe compen from organiz and rel organiza	er sation the ation ated	
		_			_							
		-	_									
		+										
		-			-							
			-									
	_	<del> </del>										
						-						
b Total				l	<u> </u>		<b>&gt;</b>					
? Total number of individuals reportable compensation fr	-		to th	ose	liste	d abo	ve)	who received more than \$1	100,000 in			Г
B Did the organization list any employee on line 1a? If "Ye								ee, or highest compensated		3	Yes	No X
For any individual listed on the organization and relate	line 1a, is the sum	of rep	ortat	ole c	omp	ensat	on a	and other compensation fro complete Schedule J for si	om uch	4		х
individual  Did any person listed on lin services rendered to the or										5		x
Section B. Independent Contr I Complete this table for you		oncot	ad in	done	ndo	nt cor	atrac	store that received more than	on \$100 000 of		_	
compensation from the org	anızation		<b>5</b> 0 111	пере	ilue		T				(C)	
Nam	e and business address							Descrij	(B) pton of services		(C) ompensa	ition
											_	

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 in compensation from the organization

	'ill Statement of R				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2 1a	Federated campaigns	1a				// / / / / / / / / / / / / / / / / / / /		312, 310, 31314
Б	Membership dues	1b	3	5,000				
E c	Fundraising events	1c		2,257				
g d	Related organizations	1d						
Ē .	Government grants (contributions)	1e						
s f	All other contributions, gifts, grants,					1		I .
	and similar amounts not included ab	ove 1f	10	0,274				•
g g	Noncash contributions included in lir	nes 1a-1f	\$					•
h h	Total. Add lines 1a-1f			<b>•</b>	147,531			
1a b c d e f g h 2a b c d e f c			Bu	sn. Code				
2a								
b	•							
C								
d								
О			<u> </u>					
f	All other program service	revenue						
<del>  9</del>	Total. Add lines 2a-2f			<b>•</b>				
3		ling dividend	ls, interest, ar	ıd				
	other similar amounts)	_		. 🏲 📙	2,160			2,16
4	Income from investment of	f tax-exemp	t bond procee	ds 🕨				
5	Royalties							1
	<del></del>	Real	(II) Perso	nal	I			
1	Gross Rents							1
1	Less rental exps				I			1
	Rental inc or (loss)	l			1			1
	Net rental income or (loss Gross amount from		(1) (1)	<b>•</b>	· · · · ·	,		<u> </u>
	sales of assets	cunties	(II) Oth	er	<u> </u>			1
١.	other than inventory	68,289						
"	Less cost or other basis & sales exps	82,790			I I			
_		-14,501			•			1
	Net gain or (loss)				-14,501	-14,501		†
	Gross income from fundraising	n events (			21/302			1
"	(not including \$	g Cvciiis			Į.			1
	of contributions reported on lir	ne 1c)			Į.			
b	See Part IV, line 18	a		6,333	<b>‡</b>			
Ь	Less direct expenses	ь		-,,,,,,,	Ĭ.			<b>‡</b>
c	Net income or (loss) from	(	events	<b>•</b>	6,333	6,333		Ť
	Gross income from gaming ac				`			<u> </u>
	See Part IV, line 19	а						•
ь	Less direct expenses	b			•			1
	Net income or (loss) from	gaming acti	vities	<b>•</b>				Ī
	Gross sales of inventory, I	(						
ļ	returns and allowances	а			Į.			
Ь	Less cost of goods sold	ь			I			
ł	Net income or (loss) from	sales of inve	entory	<b></b>	Ī			Ť
	Miscellaneous Re			sn. Code				
11a								
Ь								
c								
d	All other revenue							
9	Total. Add lines 11a-11d			<b></b>				
12	Total Revenue. See instr	uctions		▶□	141,523	-8,168	(	2,160

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				······
	organizations in the U.S. See Part IV, line 21	20,500	20,500		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22		,		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits			<del></del>	
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	46,782		46,782	
b	Legal	195		195	
c	Accounting	6,530		6,530	
ď	Lobbying	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-
8	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,621		1,621	
g	Other				
12	Advertising and promotion				
13	Office expenses	386		386	
14	Information technology				
15	Royalties				·
16	Occupancy		- <del></del>		
17	Travel				
18	Payments of travel or entertainment expenses			:	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	21,985		21,985	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,219		1,219	
0.4	Other summer the same in				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
	Resident Reporter Program	35,200	35,200		
a b	CPC Membership Due Uncoll	25,000	33,200	25,000	
c	Visiting Professor Progra	13,000	13,000	23,000	
d	Ortho Research Grant	10,000	10,000		
6	COGS	6,333		··	6,333
_	All other expenses	15,353	14,679	674	
	Total functional expenses. Add lines 1 through 24f	204,104	93,379	104,392	6,333
	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				
DAA					Form <b>990</b> (2009)

		(A)		(B)
	•	Beginning of year		End of year
1	Cash—non-interest bearing	551,251	1	497,084
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	20,000	4	15,000
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			17.
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		1	
	Part II of Schedule L		6	
Assets	Notes and loans receivable, net		7	
8   3	Inventories for sale or use		8	
9   ۲	Prepaid expenses and deferred charges		9	
108	a Land, buildings, and equipment cost or			, ,
	other basis Complete Part VI of Schedule D 10a			
t	Less accumulated depreciation 10b		10c	
11	Investments—publicly traded securities	122,190	11	154,659
12	Investments—other securities See Part IV, line 11		12	-
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	1,395
16	Total assets. Add lines 1 through 15 (must equal line 34)	693,441	16	668,138
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue	50,000	19	50,000
20	Tax-exempt bond liabilities		20	
ပ္က 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities 52 23	Payables to current and former officers, directors, trustees, key			
ਰੂ	employees, highest compensated employees, and disqualified		ı	
<u> </u>	persons Complete Part II of Schedule L		22	
_ 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	-
25	Other liabilities Complete Part X of Schedule D	9,813	25	
26	Total liabilities. Add lines 17 through 25	59,813	26	50,000
တ္တ	Organizations that follow SFAS 117, check here ▶ X and			
27 28 29 29 29 29 29 29 29 29 29 29 29 29 29	complete lines 27 through 29, and lines 33 and 34.		1	
<u>e</u> 27	Unrestricted net assets	510,469	27	493,437
g   28	Temporanly restricted net assets	123,159	28	124,701
일 29	Permanently restricted net assets	·	29	
<b>⋾</b> │	Organizations that do not follow SFAS 117, check here ▶	·		
ᡖ	and complete lines 30 through 34.		1	
တ္က   30	Capital stock or trust principal, or current funds	ſ	30	
ğ   31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ğ 32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets 30 31 32 33 34	Total net assets or fund balances	633,628	33	618,138
Ž   34	Total liabilities and net assets/fund balances	693,441	34	668,138

Form **990** (2009)

Form	1990 (2009) Medical Education Foundation of the 38-3499619		Pa	ge <b>12</b>
Pa	art XI Financial Statements and Reporting			
	•		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

### 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. ► Se

► See separate instructions.

OMB No 1545-0047 2009

> Open to Public Inspection

lam	of ti	he Organizatio		lucation Foundat College of Osteo						oyer ide: - 3 4 9 :	ntification nun 9619	nber		
Pa	irt I	Reas	<del></del>	rity Status (All organization			this p	art.) S						
				ause it is (For lines 1 through 11			,e		<u> </u>					
1			•	association of churches describe	•	•	A)(i).							
2	H			(1)(A)(ii). (Attach Schedule E.)	30 111 50001011		٠,,(٠,٠							
3	H		, .,		section 170/h	\/4\/A\/;;;\								
	H		•	ervice organization described in s	-			V & V/!!!\			talla nama			
4	Ш	_	•	ated in conjunction with a hospital	ai described in	Section	Γ)(α)υτι	χ(Α)(III).	Enter tr	ie nospii	iais name,			
_	$\Box$	city, and state		- ·										
5	Ш	•	on operated for the bene <b>b)(1)(A)(iv).</b> (Complete P	efit of a college or university own:	ed or operated	by a gove	emmenta	al unit de	scribed	ın				
6	$\Box$	•		or governmental unit described in	n section 170	(h)(1)(A)(v	n)							
7	H		•	s a substantial part of its support				n the ae	neral or	iblic				
•			section 170(b)(1)(A)(vi).		mom a govern	innomar an	01 1101	ii iiio go	noral po					
8				on 170(b)(1)(A)(vi). (Complete P	Part II \									
9	X					ntribution	e mamh	archin f	ae an	darose				
,		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												
										1 113				
			-	e and unrelated business taxable			ii lax) ii	om busi	nesses					
40	$\Box$	•	-	ie 30, 1975. See section 509(a)(		•	->/4>							
10	H	-	•	ed exclusively to test for public s	-	•								
11	Ш	-	•	ed exclusively for the benefit of,	•			•		<b>4!</b>				
				ported organizations described in						tion				
		· · · · · ·		es the type of supporting organiz		*		—ĭ						
		a   Type		<u> </u>	ctionally integra		а		e IIIOti	ner				
θ	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													
		-	_	ers and other than one or more p	publicly suppo	neo organ	izations	aescribe	a in sec	ction				
_			section 509(a)(2).											
f		-		determination from the IRS that it	rısa iype i, i	ype II, or I	ype III s	upportin	g					
		_	check this box		_									
g		_	· · · · · · · · · · · · · · · · · · ·	nization accepted any gift or conti	ribution from a	ny of the								
		following per											1	
			-	y controls, either alone or togeth	· ·	s describe	ed in (ii)					Yes	No	
		and (III) t	below, the governing bod	dy of the supported organization?	?						11g(i)			
		(ii) A family	member of a person des	scribed in (i) above?							11g(ii)			
		(iii) A 35% c	ontrolled entity of a perso	on described in (i) or (ii) above?							11g(iii	)	<u>L</u>	
h		Provide the f	ollowing information abou	ut the supported organization(s)										
(i)		of supported	(ii) EIN	(Iii) Type of organization	, , ,	organization		ou notify		Is the	(vil) Am			
	org	anızatıon		(described on lines 1–9 above or IRC section		listed in your document?		nization in of your	organizat (i) organi		sup	port		
				(see instructions))	governing	, document:	sup	port?	Ü	S?				
					Yes	No	Yes	No	Yes	No				
						ļ		1						
				<u> </u>		1								
					1									
						<u> </u>								
									<u> </u>					
						<u> </u>		<u> </u>		<u> </u>				
								<u></u>		<u> </u>				
							1							
			I	±	ŧ	1	5	5	5	; 1				

		lical Educ				-3499619	Page 2
Pa	rt II Support Schedule for O				(1)(A)(iv) and 1	I70(b)(1)(A)(v	i)
	(Complete only if you che	ecked the box	<u>on line 5, 7, or</u>	8 of Part I.)			<del></del>
	tion A. Public Support	r	r	<del>,</del>	n - · · · · ·		<del></del>
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					-	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	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)						
6	Public support. Subtract line 5 from line 4		<u> </u>				
	tion B. Total Support			····	·	·	
Cal	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4				<u> </u>	<u> </u>	<u> </u>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	L	ŧ.,	<u> </u>	I	L	
12	Gross receipts from related activities, etc (					12	<u> </u>
13	First five years. If the Form 990 is for the o	•	second, third, fourt	n, or titth tax year a	as a section 501(c)(	3)	. □
500	organization, check this box and stop here tion C. Computation of Public Su		2220				
		<del> </del>		(0)	<del></del>	144	1 0/
14	Public support percentage for 2009 (line 6,			(1))		14	
15	Public support percentage from 2008 Sche				4/2 0/	<u>15</u>	%
l6a	33 1/3 % support test—2009. If the organi			s, and line 14 is 33	1/3 % or more, cne	CK this dox	▶ □
	and stop here. The organization qualifies a		•	40	- 00 4/0 0/		
b	33 1/3 % support test—2008. If the organi			•	is 33 1/3 % or more	e, check this	▶ □
_	box and stop here. The organization qualif						▶ 📋
17a	10%-facts-and-circumstances test—200	•			·		
	more, and if the organization meets the "fac					V how the	, m
_	organization meets the "facts-and-circumst		-				▶ ∐
b	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fac			•	•	V how the	, m
	organization meets the "facts-and-circumst		•		•		
18	Private foundation. If the organization did	not check a box on	ı lıne 13, 16a, 16b,	17a, or 17b, check	this box and see in	structions	▶ □

Schedule A (Form 990 or 990-EZ) 2009

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.)

Sec	tion A. Public Support			<u></u>	=		
	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	238,322	157,640	214,518	200,412	153,864	964,756
2	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					6,333	6,333
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	238,322	157,640	214,518	200,412	160,197	971,089
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
þ	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					-	
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						971,089
	ction B. Total Support			·····			
	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	238,322	157,640	214,518	200,412	160,197	971,089
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			29,549	12,469	2,160	44,178
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b			29,549	12,469	2,160	44,178
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	238,322	157,640	244,067	212,881	162,357	1,015,267
14	First five years. If the Form 990 is for the o		econd, third, fourth	n, or fifth tax year as	a section 501(c)(	3)	_
	organization, check this box and stop here					·	▶ _
Sec	ction C. Computation of Public Su					, , , , , , , , , , , , , , , , , , ,	
15	Public support percentage for 2009 (line 8,	* *	•	f))		15	95.65%
16	Public support percentage from 2008 Sched					16	96.17%
	ction D. Computation of Investmen			<del> </del>		1 1	
17	Investment income percentage for 2009 (lin		-	olumn (f))		17	4 %
18	Investment income percentage from 2008 S			4 11 - 4-		<u> 18  </u>	4 %
19a	33 1/3 % support tests—2009. If the organ						▶ 🐨
b	17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2008. If the organ		=		•		<b>▶</b> X
	line 18 is not more than 33 1/3 %, check this						▶ 🗌
20	Private foundation. If the organization did						▶□

Schedule A (Form 990 or 990-EZ) 2009 Medical Education Foundation of the 38-3499619

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;

Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

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Name of the organization **Employer Identification number** Medical Education Foundation of the American College of Osteopathic Obs 38-3499619 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII. line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

-, -,		Cation Found			433013	Page 2
	organizations Maintaining (					ts (continued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, check a	ny of the following t	that are a significan	t use of its	
а	Public exhibition	d Loan or	exchange program	ıs		
b	Scholarly research	e Other		. <b>_</b>		_
C	Preservation for future generations					
4	Provide a description of the organization's collect Part XIV	tions and explain how they	further the organization	ation's exempt purp	oose in	
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be					Yes No
Pa	et IV Escrow and Custodial Arrar				"Yes" to Form	
	IV, line 9, or reported an amo		•			
1a	is the organization an agent, trustee, custodian of			assets not		<del></del>
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV and	complete the following tab	ole:			
	,	<b>-</b>				Amount
С	Beginning balance				1c	<u>-</u>
	Additions during the year				1d	<del></del>
	Distributions during the year				10	<del></del>
	Ending balance		•		1f	
	Did the organization include an amount on Form	990, Part X, line 21?				Yes No
b	If "Yes," explain the arrangement in Part XIV					
Pa	et V Endowment Funds. Comple	te if organization ans	wered "Yes" to	Form 990, Pa	rt IV, line 10.	<del></del>
		(a) Current year	(b) Prior year	(c) Two years back		ack (e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships					
θ	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the year en	d balance held as			···	
а	Board designated or quasi-endowment ▶	%				
b	Permanent endowment ▶ %					
C	Term endowment ▶ %					
3a	Are there endowment funds not in the possession	n of the organization that a	re held and adminis	stered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(II), are the related organizations list					3b
4	Describe in Part XIV the intended uses of the org					
Pa	rt VI Investments—Land, Buildin		See Form 990	, Part X, line 10	0	
_	Description of investment	(a) Cost or other basis (investment)	(b) Cost or oth basis (other)	''	ccumulated preciation	(d) Book value
1a	Land					
b	Buildings					
С	Leasehold improvements					
d	Equipment					
	Other					
otal	. Add lines 1a through 1e (Column (d) must equa	Form 990, Part X, column	(B), line 10(c).)		<u> </u>	

Schedule D (Form 990) 2009 Medical Education Four	<u>ndation of the</u>	38-3499619	Page 3
Part VII Investments—Other Securities. See Form 990	), Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other			
		· · · · · · · · · · · · · · · · · · ·	
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<del>                                     </del>	····	······
Part VIII Investments—Program Related. See Form 99	 Ω Part X line 13		
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) Description of investment type	(b) book value	Cost or end-of-year market value	
		Cost of the or year market value	
	ļ	U-1-9-7-9-78-1	<del></del> -
			·····
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description		(b) Book v	alue
	<del></del>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		•	·
Part X Other Liabilities. See Form 990, Part X, line 2	5.		
(a) Description of liability	(b) Amount		
Federal income taxes			
	<del>  </del>		
	<del> </del>		
	<del>                                     </del>		
	<del> </del>		
	<u> </u>		
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25)			
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization	zation's financial statements th	hat reports the	

organization's liability for uncertain tax positions under FIN 48

	dule D (Form 990) 2009 Medical Education Foundation of the 38-349961		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	141,523
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	204,104
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-62,581
4	Net unrealized gains (losses) on investments	4	47,091
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Pnor period adjustments	7	
8	Other (Describe in Part XIV )	8	
9	Total adjustments (net) Add lines 4 through 8	9	47,091
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-15,490
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	ırn	
1	Total revenue, gains, and other support per audited financial statements	1	188,614
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a 47,091	- 1	
b	Donated services and use of facilities 2b	1	
С	Recoveries of prior year grants 2c	1	
d		1	
	Add lines 2a through 2d	2е	47,091
3	Subtract line 2e from line 1	3	141,523
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	-	
-	Investment expenses not included on Form 990, Part VIII, line 7b	1	
a	Other (Describe in Part XIV )		
b	Add lines 4a and 4b	4.	
_		4c	141,523
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  Int XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re		
			204,104
1	Total expenses and losses per audited financial statements	1	204,104
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	
a	Donated services and use of facilities  2a	1	
D	Prior year adjustments 2b	1	
C		1	
d	Other (Describe in Part XIV )		
_	Add lines 2a through 2d	2е	
3	Subtract line 2e from line 1	3	204,104
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	204,104
Pa	art XIV Supplemental Information		
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
	art to provide any additional information		
•			
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	<b> </b>		
		_	<del>_</del>
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Schedule D (F	orm 990) 20	009 1	Medica	al Ed	ucation	Four	datio	n of	the	<u> 38</u>	3499619	Page <b>5</b>
Schedule D (F	Supple	menta	<u>Il Inform</u>	ation (c	ontinued)							
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SCHEDULE G (Form 990 or 990-EZ Supplemental Information Regarding Fundraising or Gaming Activities

Fundraising or Gaming Activities

Complete If the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or If the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-FZ.

See separate instructions.

OMB No 1545-0047 2009

organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. See separate instructions. Department of the Treasury Internal Revenue Service Medical Education Foundation of the Name of the organization Employer identification number 38-3499619 American College of Osteopathic Obs Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(I) Name of individual or entity (fundraiser)	(II) Activity	raiser custo contri contrib	have dy or ol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			▶			

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

499619 Page

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (c) Other events (d) Total events UOFA Flandau Pl 990PtVIII1c (add col (a) through None col (c)) (total number) (event type) (event type) Revenue 6,333 12,257 18,590 Gross receipts Less: Charitable 12,257 12,257 contributions Gross revenue (line 1 6,333 6,333 minus line 2) Cash prizes Noncash prizes Rent/facility costs Direct Expenses Food and beverages Entertainment Other direct expenses  $\blacktriangleright$ 10 Direct expense summary Add lines 4 through 9 in column (d) 6,333 Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (Add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes % Volunteer labor No No No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Combine line 1, column d, and line 7 Yes No Enter the state(s) in which the organization operates gaming activities is the organization licensed to operate gaming activities in each of these states? 9a If "No," Explain Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers? 11 12 is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Sche	dule G (Form 990 or 990-EZ) 2009	Medical	Education	Foundation	of	the	38-34996	19	Р	age 3
								<i>_</i>	Yes	No
13	Indicate the percentage of gaming activity	operated in:								
а	The organization's facility					13a	%	<u>.                                    </u>		
b	An outside facility					13b	9/	<u>.</u>		
14	Provide the name and address of the pers	on who prepare	es the organization's o	gaming/special events b	ooks					
	and records									
	Name									
	Address									
15a	Does the organization have a contract with	a third party fro	om whom the organiz	ation receives gaming						
	revenue?							15a		
b	If "Yes," enter the amount of gaming reven	ue received by	the organization >	\$		and t	he			
	amount of gaming revenue retained by the	third party	\$							
С	If "Yes," enter name and address of the thi	rd party <sup>.</sup>								
	Name									
	Name >		•							
	Address ▶									
16	Gaming manager information									
	Name ►									
	Gaming manager compensation ▶ \$									
	Garning manager compensation > \$									
	Description of services provided ▶									
	_									
	Director/officer Emplo	yee	Independent co	ntractor						
17	Mandatory distributions									
а	Is the organization required under state lav	v to make chari	table distributions fro	m the gaming proceeds	to					
	retain the state gaming license?	umatan atata 1	الماسية					17a	<b> </b>	
b	Enter the amount of distributions required in the organization's own exempt activities		_	xempt organizations or	spent					

Schedule G (Form 990 or 990-EZ) 2009

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SCHEDULE I (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047 2009

rplic n

	Complete if the ordanization answered "Yes" on Form 990. Part IV, lines 21 or 22.	Life of reach
Department of the Treasury Internal Revenue Service		Inspection
Name of the organization	Medical Education Foundation of the	
	American College of Osteopathic Obs	
Part i Gener	General Information on Grants and Assistance	

1 Does	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	× ×
2 Descri	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	
Part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	ered "Yes" to
	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	e than \$5,000. Use
	Part IV and Schedule I-1 (Form 990) if additional snace is needed	

**≗** □

Part IV and Schedule I-1 (Form 990) if additional space is needed	0) if additional sp	ace is n	pepee				<b>▲</b>
<ol> <li>(a) Name and address of organization or government</li> </ol>	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American College of Osteopathic Obs 8851 Camp Bowie West, Suite 120							Faculty Development
Fort Worth TX 76116	38-6094734	9	10,000				
2 Enter total number of section 501(c)(3) and government organizations	organizations						

3 Enter total number of other organizations

Schedule I (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule | (Form 990) 2009 Medical Education Foundation of the 38-3499619

Page 2

Part Ⅲ	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	to Individuals in the	<ul> <li>United States. Com</li> </ul>	plete if the organizati	on answered "Yes" to Form	1 990, Part IV, line 22.
	Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	(Form 990) if addition	nal space is needed.			
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
						•
Part iV	Supplemental Information. Complete this part to pri	omplete this part to p	rovide the information	n required in Part I, li	ovide the information required in Part I, line 2, and any other additional information.	nal information.

Schedule I (Form 990) 2009

### **SCHEDULE O**

(Form 990)

**Supplemental Information to Form 990** 

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Medical Education Foundation of the American College of Osteopathic Obs

Employer identification number 38-3499619

Form 990 - Organization's Mission or Most Significant Activities

To provide financial resources and fund raising activities to foster

continuing improvement in women's health care by supporting medical

education at the undergraduate, graduate and post graduate level, research

programs, faculty development and the development of educational networks

in women's healthcare.

Form 990, Part III, Line 4d - All Other Achievements

Gail Goldsmith Memorial Lectureship on Women's Health;

Scholarships; Faculty Development Seminar; History of

ACOOG; OMM Project grant; Visiting Professor Program; Lifelong Learning

Program; Past Presidents Honorary Lecture; Barbara Hawkes Honorary Lecture.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

The Form 990 is available at the organization's website in a pdf file. A secure log-in is required.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
MEFACOOG officers and members of the board of trustees annually sign a
conflict of interest disclosure. For each interest disclosed to the
President of the Board of Trustees, the President will determine whether
to:(a) take no action; (b) assure full disclosure to the Board of Trustees
and other individuals covered by this policy;(c) ask the person to recuse
from participation in related discussions or decisions within the MEFACOOG;
or (d) ask the person to resign from his or her position in the MEFACOOG

Name of the organization

Employer Identification number 38-3499619

or, if the person refuses to resign, become subject to possible removal in accordance with the MEFACOOG's removal procedures. The MEFACOOG's chief employed executive will monitor proposed or ongoing transactions for conflicts of interest and disclose them to the President in order to deal with potential or actual conflicts, whether discovered before or after the transaction has occurred.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

SCHEDULE R	Cost Cost Cost	II bac sacitoria	outrol botto	ori qu		OMB N
(Form 990)	Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.	Related Organizations and Officiated Fartificialitys plete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 3	in elateu raitile Form 990, Part IV, line 3	13, 34, 35, 36, or 37.		7
Department of the Treasury Internal Revenue Service	► Attach to Form 990.		▶ See separate instructions.	ιή		Open
Name of the organization	Medical Education Foundation of the American College of Osteopathic Obs				Employer identification 38-3499619	identificat
Part i Identifica	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	rganization answere	ed "Yes" to Form 99	90, Part IV, line 33.)		
Na	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Direct
Part II Identifica	Identification of Related Tax–Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	omplete if the organ the tax year.)	ization answered "	Yes" to Form 990, F	art IV, line 34 beca	iuse it
Nan	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	Direct
American College of O 8851 Camp Bowie West, Fort Worth	e of Osteopathic Obs West, Suite 120 38-6094734 TX 76116	Education	MO	9		N/A

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Come no 1545-0047

Comen to Public inspection
Employer identification number
38-3499619

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Direct controlling
entity

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Schedule R (Form 990) 2009

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Direct controlling
entity

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Schedule R (Form 990) 2009

Page 2

38-3499619

Medical Education Foundation of the

(I) · General or managing partner? Yes No Schedule R (Form 990) 2009 Percentage ownership Ξ amount in box 20 of Schedule K-1 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Code V—UBI (Form 1065) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) end-of-year assets Share of 9 (h) Dispro-portionate Yes No alloc? (g) Share of end-of-year Share of total income assets (f) Share of total income (Coorp, Scorp, Type of entity or trust) e (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections
512-514) Direct controlling entity ਉ (d) Direct controlling Legal domicile foreign country) (state or (c) Legal domicile (state or foreign country) (b) Primary activity Primary activity e Name, address, and EIN of related organization Name, address, and EIN of related organization Part III Part IV ĕ

Page 3

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Yes

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Medical Education Foundation of the 38-3499619 Schedule R (Form 990) 2009

# Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

c Gift, grant, or capital contribution from other organization(s) b Gift, grant, or capital contribution to other organization(s)

d Loans or loan guarantees to or for other organization(s)

Loans or loan guarantees by other organization(s)

Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

Lease of facilities, equipment, or other assets from other organization(s)

Performance of services or membership or fundraising solicitations for other organization(s)

1 Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

Sharing of paid employees

Reimbursement paid to other organization for expenses

Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	tion thresholds	
	(a)	(q)	(၁)
	Name of other organization	Transaction	Amount involved
		type (a-r)	
<b>(4)</b>		,	010 10
	American Correge of Obleopathic Obs	q	002,12
(2)	American College of Osteopathic Obs	E	4,624
(3)	American College of Osteopathic Obs	ជ	30,512
(4)	American College of Osteopathic Obs	0	11,646
(5)			
(9)			

Schedule R (Form 990) 2009

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Schedule R (Form 990) 2009 Medical Education Foundation of the 38-3499619

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Page 4

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

No General or managing partner? Ξ Yes Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) <u>6</u> (f)
Disproportionate
allocations? Ŷ Yes (e) Share of end-of-year assets (d)
Are all partners section 501(c)(3) organizations? Yes (c)
Legal domicile
(state or foreign
country) Primary activity (a) Name, address, and EIN of entity

Schedule R (Form 990) 2009



MEDICAL EDUCATION FOUNDATION OF THE AMERICAN COLLEGE OF OSTEOPATHIC OBSTETRICIANS AND GYNECOLOGISTS

EIN # 38-3499619

FISCAL YEAR ACTIVITY

		REALIZED CAP	ZED CAPITAL GAIN AND LOSS SUMMARY	SUMMARY		
Quantity	Security Description	Date of Acquisition	isition Date of Liquidation	Sale Price	Cost Basis	Gain or (Loss)
						:
7.0000	ABBOTT LABS	10/16/08	01/07/09	356.92	363.95	(7.03) ST
5.0000	BAXTER INTERNTL INC	01/24/08	01/01/09	269.98	311.23	(41.25) ST
1.0000	CME GROUP INC	10/08/08	01/16/09	171.39	421.63	(250.24) ST
1.0000	CME GROUP INC	10/09/08	01/16/09	171.39	404.17	(232.78) ST
1.0000	CME GROUP INC	10/17/08	01/16/09	171.40	378.41	(207.01) ST
1.0000	CME GROUP INC	11/10/08	01/16/09	171.40	268.42	(97.02) ST
4.0000	DEVON ENERGY CORP NEW	90/08/00	01/21/09	228.79	251.32	(22.53) LT <

Statement Period Year Ending 12/31/09



### MEDICAL EDUCATION FOUNDATION O

Quantity

		REALIZED CAPI	LIZED CAPITAL GAIN AND LOSS SUMMARY	SUMMARY		
ļ	Security Description	Date of Acquisition	Date of Liquidation	Sale Price	Cost Basis	Gain or (Loss)
_	EXPRESS SCRIPTS INC. COM	08/23/07	01/12/09	311.35	325.85	(14.50) [
	GENERAL MILLS	06/23/08	01/08/09	116.28	126.91	(10.63)
_	GILEAD SCIENCES INC COM	90/80/50	01/07/09	194.65	113.10	81.55 1
_	JPMORGAN CHASE & CO	01/24/08	01/12/09	254.19	447.81	(193.62)
_	JPMORGAN CHASE & CO	01/24/08	01/13/09	233.99	403.03	(169.04)
_	JPMORGAN CHASE & CO	01/24/08	01/21/09	120.97	268.70	(14/./3)
_	_	01/31/08	01/21/09	80.66	189.57	(108.91)
_		05/18/07	01/13/09	79.05	62.09	16.96
_		06/18/07	01/13/09	79.05	65.98	13.07
_	STREET	01/25/08	01/14/09	330.01	721.88	(391.87)
_	STREET	01/25/08	01/21/09	32.41	160.42	(128.01)
_	STREET	01/28/08	01/21/09	48.62	235.16	(186.54)
_	STREET	03/24/08	01/21/09	32.41	167.21	(134.80)
_	STREET	03/31/08	01/21/09	48.62	240.34	(191.72)
_	STREET	04/21/08	01/21/09	97.26	406.80	(309.54)
_	STREET	10/08/08	01/21/09	48.62	131.25	(82.63)
_	STREET	10/10/08	01/21/09	81.05	213.84	(132.79)
_	)RP	11/13/08	01/21/09	48.64	116.40	(67.79)
_	SYMANTEC CORP COM	08/29/08	01/23/09	307.76	515.77	(10802)
_	UNION PACIFIC CORP	04/30/08	01/21/09	156.79	292.04	(135.25)
_	VISA INC CL A SHRS	03/20/08	01/06/09	113.66	125.31	(31.65)
_	WAL-MART STORES INC	01/24/08	12/31/08	110.81	97.49	13.32
_	WAL-MART STORES INC	01/30/08	12/31/08	332.46	294.97	37.49
_	WEYERHAEUSER CO	08/04/08	01/01/09	254.86	439.28	(184.42)
_		08/04/08	01/14/09	54.77	109.82	(55.05)
_	WEYERHAEUSER CO	80/90/80	01/14/09	136.93	265.39	(128.46)
_	WEYERHAEUSER CO	08/15/08	01/14/09	82.17	161.80	(79.63)
_	WEYERHAEUSER CO	08/12/08	01/15/09	85.66	161.80	(76.14)
_	WEYERHAEUSER CO	09/22/08	01/15/09	85.66	181.52	(95.86)
_		10/02/08	01/21/09	384.74	952.84	(568.10)
_	WELLS FARGO & CO NEW DEL	10/16/08	01/21/09	29.60	64.66	(35.06)
_	APPLIED MATERIAL INC	03/27/08	02/13/09	158.90	342.68	(183.78)
_	APPLIED MATERIAL INC	03/28/08	02/13/09	364.53	769.75	(405.22)
_	ž	11/05/08	02/13/09	138.91	10.612	(03.10)
	CISCO SYSTEMS INC. COM	08/10/08	07/1/03	01./9 180.65	788 49	1.16
	DEVON ENERGY CORP NEW	05/05/05	60/27/10	203.36	251.33	(47.97)
	DEVON ENERGY CORP NEW	08/11/06	02/12/09	101.69	125.80	(24.11)
_	EXXON MOBIL CORP COM	11/26/08	02/02/09	607.06	628.85	(21.79)
_	EMERSON ELEC CO	90/80/50	02/03/09	130.12	1/4.18	(44.00)

6.0000 2.0000 9.0000 1.0000 1.0000 1.0000 1.0000 2.000 2.0000 2.0000 2.0000 2.0000 2.0000 2.0000 2.0000 2.0000

(14.50) LT (10.63) ST (10.63) ST (10.63) ST (10.63) ST (10.63.62) ST (10



REALIZED CAPITAL GAIN AND LOSS SUMMARY

# MEDICAL EDUCATION FOUNDATION O

Gain or (Loss)	(68.14) LT (52.37) LT (13.23) LT (123.37) LT (123.01) ST (141.52) LT (104.28) LT (104.48) LT (104.48) LT (104.48) LT (104.48) LT (104.48) LT (104.48) LT (106.09) ST (106.09) ST (11.89) ST (11.89) ST (126.24) LT (126.24) LT (126.24) LT (126.25) ST (126.25) LT (126.25) ST (126.26) LT (126.26) LT (126.26) LT (126.27) ST (126.27) ST (126.28) LT (126.28) LT (126.28) LT (126.29) LT
Cost Basis	304.81 261.28 190.08 47.71 172.01 57.34 189.72 342.03 342.03 342.03 342.03 189.72 209.10 289.80 230.59 153.74 144.84 146.40 175.20 162.40 176.40 176.03 176.
Sale Price	236.67 137.71 34.42 103.29 34.63 37.39 138.55 198.24 198.24 147.54 100.82 100.82 164.69 164.69 164.69 175.31 170.67 170.67
Date of Liquidation	02/06/09 02/09/09 02/09/09 02/10/09 02/10/09 02/12/09 02/09/09 02/09/09 02/06/09 02/06/09 02/06/09 02/06/09 02/06/09 02/06/09 02/06/09 02/06/09 02/06/09 02/06/09 02/06/09 02/06/09 02/06/09 02/06/09 03/18/09 03/18/09 03/18/09 03/18/09 03/18/09
Date of Acquisition	05/08/06 04/30/07 04/30/07 05/29/08 05/29/08 05/29/08 06/10/08 05/08/07 05/08/07 07/19/07 11/14/07 11/14/07 11/14/07 11/14/08 11/19/08 06/27/08 06/27/08 06/27/08 01/23/08 01/23/08 01/24/08 01/24/08 01/24/08 05/08/06 01/24/08 05/08/06 01/24/08 05/08/06
Security Description	EMERSON ELEC CO INITED TECHS CORP COM UNITED TECHS CORP COM WESTERN UN CO WESTERN
Quantity S	7.0000 EM 4.0000 EM 1.0000 EM 4.0000 EM 7.0000 EM 7.0000 UN 7.0000 UN 8.0000 UN 7.0000

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### MEDICAL EDUCATION FOUNDATION O

		REALIZED CAP	ED CAPITAL GAIN AND LOSS SUMMARY	SUMMARY		
Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sale Price	Cost Basis	Gain or (Loss)
3.0000	DEVON ENERGY CORP NEW	09/56/08	03/05/08	120.49	290.50	(170.01) ST
2,0000	DEVON ENERGY CORP NEW	10/29/08	03/05/09	80.33	148.46	(68.13) ST
3.0000	DEVON ENERGY CORP NEW	11/05/08	03/02/09	120.51	162.97	(7.23) 1.1
3.0000		11/26/01	02/12/20	62.03	78.61	TS (911)
0000.1	EXXON MOBIL CORP. COM	12/01/08	90/19/09	335 11	386.68	
0000		12/02/08	03/2/20	351 33	379.40	
3.000		12/04/08	03/26/09	21.35	234.90	(24.10) ST
2000	EXXON MOBIL CORP. COM	01/22/08	60/52/60	210.81	232.25	
5.0000	200	06/23/08	02/27/09	264.22	317.29	
20000	GENERAL MILLS	06/23/08	03/05/09	251.03	317.29	
2.0000	GENERAL MILLS	06/23/08	60/90/60	100.54	126.93	
3.0000	GENERAL MILLS	07/16/08	03/06/09	150.81	192.00	
2.0000	GENERAL MILLS	07/16/08	03/26/09	97.93	128.00	
4.0000	GENERAL MILLS	01/23/08	03/26/09	195.88	259.90	_
0000'9	GENERAL MILLS	80/02/08	03/26/09	293.82	403.32	
4.0000	GENERAL MILLS	09/18/08	03/26/09	195.88	280.07	(84.19) SI
2.0000	GENERAL MILLS	10/16/08	03/26/09	97.94	126./3	15 (58.79) SI
4.0000	SINCCC	02/08/06	03/18/09	179.32	113.10	
5.0000	8	02/08/06	03/05/08	136.50	07.691	(32.70) L4
15.0000	HEWLE I I PACKARD CO DEL	90/80/10	03/03/03	390.07	06.706	T1 (01:20)
3,0000	MEWLETT PACKARD CO DEL	03/08/06	03/26/09	140.10	136.82	
2.0000 A 0000	NIKE INC CL D	06/12/08	03/03/03	156.76	271.73	
22,0000	ROSS STORFS INC COM	60/00/00	02/25/09	665.82	716.60	
90000	ROSS STORES INC COM	02/17/09	02/25/09	181.59	182.13	
2.0000	WAL-MART STORES INC	01/30/08	03/06/09	10.76	98.33	(1.32) LT
4.0000	WAL-MART STORES INC	01/31/08	60/90/£0	194.03	201.45	(7.42) LT
2.0000	ABBOTT LABS	10/16/08	04/06/09	214.51	259.97	(45.46) SI
4.0000	ABBOTT LABS	10/16/08	04/07/09	171.47	207.98	(36.31) SI (44.43) ST
3.0000	ABBOIL LABS	80// 1/01	04/07/09	128.51	173.04	-
0000	ABBOIT LABS	10/1/08	04/09/09	42.33	540.04	
0000	ABBOTT LABO	90/67/01	04/09/09	215.00	274 96	_
10.000	<u> </u>	01/14/09	04/03/03	276.18	325.81	
7.0000		01/15/09	04/02/09	193.33	227.04	(33.71) ST
4.0000	7	01/21/09	04/02/09	110.48	128.00	(17.52) ST
4.0000			03/27/09	200.66	248.99	(48.33) L1
2.0000	BAXTER INTERNIT INC	01/25/08	03/27/09	100.33	123.85	(23.32) L1 (188 64) ST
0000.1	COVIDIEN LID	9/11/09	04/03/03	10:170		_
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REALIZED CAPITAL GAIN AND LOSS SUMMARY

### MEDICAL EDUCATION FOUNDATION O

Quantity	Security Description D	Date of Acquisition	Date of Liquidation	Sale Price	Cost Basis	Gain or (Loss)
9.0000	COVIDIEN LTD	08/06/08	04/06/09	779.47	460.31	(180.89) ST
1.0000	COVIDIEN LTD	08/53/08	04/06/09	31.05	54.72	
7.0000	COVIDIEN LTD	08/29/08	04/07/09	220.41	383.11	
4.0000	COVIDIEN LTD	10/22/08	04/01/09	125,96	177.55	
1.0000	COCA COLA COM	07/14/06	04/24/09	42.90	42.85	0.05
4.0000	COCA COLA COM	12/07/06	04/24/09	171.64	194.95	(23.31) LT
8.0000	NC S	08/23/07	03/27/09	355.36	434.49	(79.13) LT
2.0000	EXPRESS SCRIPTS INC COM	10/56/07	03/27/09	88.85	122.21	(33.36) LT
0000.6	<u>≥</u>	10/26/01	03/30/08	404.63	549.98	(145.35) LT
4.0000	EXPRESS SCRIPTS INC COM	07/25/08	60/08/00	179.84	266.93	
2.0000	EXPRESS SCRIPTS INC COM	11/10/08	03/30/06	89.92	123.74	
3.0000	GILEAD SCIENCES INC COM	02/08/06	04/03/09	138.92	84.82	_
4.0000	GILEAD SCIENCES INC COM	02/08/06	04/06/09	188.30	113.10	75.20 LT
3.000	GILEAD SCIENCES INC COM	02/08/06	04/20/09	396.92	254.49	142.43 LT
9:000	GILEAD SCIENCES INC COM	0//14/06	04/20/09	220.52	151.22	69.30 L1
0000	Ž	10/13/06	04/13/09	113.61	112.15	1.46 LI
2.000	MAL-MADT CTORE COM	02/08/06	04/2//09	2/251	1/6.65	95.86
0000:4	WAL-IMAKI SIORES INC	01/31/08	04/13/09	205.08	240.45	3.62 LI 6.01 LT
5.0000	STORES	03/14/08	04/13/09	230.30 256.36	243.43	0.31 L1 (11.05) 1 T
5.0000	STORES	04/04/08	04/13/09	250.55	272.00	(15.64) LT
7.0000	STORES	04/28/08	04/13/09	358.90	404.57	(45.67) ST
8.0000	STORES	05/29/08	04/13/09	410.17	461.73	(51.56) ST
0000.6	STORES	80/90/90	04/13/09	461.45	529.97	(68.52) ST
10.0000	WAL-MART STORES INC	06/19/08	04/13/09	512.73	580.23	(67.50) ST
3.0000	WAL-MART STORES INC	06/19/08	04/15/09	153.72	174.07	(20.35) ST
2.0000	WAL-MART STORES INC	01/21/09	04/15/09	102.48	97.72	4.76 ST
4.0000	WAL-MART STORES INC	05/06/09	04/15/09	204.99	199.58	5.41 ST
4.0000	APOLLO GROUP INC CL A	01/01/09	05/11/09	236.96	311.30	(74.34) ST
14.0000	AMERICAN TOWER CORP CL A	04/24/08	02/01/09	422.73	597.87	(175.14) LT
8.0000	AMERICAN TOWER CORP CL A	05/01/08	05/07/09	241.56	349.50	(107.94) LT
5.0000	AMERICAN TOWER CORP CL A	05/05/08	02/01/09	150.98	223.23	(72.25) LT
4.0000	≥ M	08/12/08	05/01/09	195.43	260.45	(65.02) ST
5.0000	CEPHALON INC COM	01/06/09	05/22/09	290.15	395.22	(105.07)
3.0000	COCA COLA COM	12/07/06	05/14/09	131.54	146.23	(14.69) LT
6.0000	COCA COLA COM	02/14/07	05/14/09	263.09	287.52	(24.43) LT
7.0000	COCA COLA COM	03/12/07	05/14/09	306.95	332.50	(25.55) LT
0000.	₹: 3:0	04/05/07	05/14/09	43.85	149.71	(5.86)
3.0000	COCA COLA COM	04/05/07	05/14/09	133.28	149.13	
70000:3	5		05/14/09	88.80	103.20	(14.34) LI
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**REALIZED CAPITAL GAIN AND LOSS SUMMARY** 

### MEDICAL EDUCATION FOUNDATION O

Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sale Price	Cost Basis	Gain or (Loss)
2.0000	COCA COLA COM	04/17/07	90/51/50	89.59	103.20	(13.61) LT
5.0000		08/05/07	05/15/09	224.00	268.33	(44.33) LT
2.0000	COCA COLA COM	11/16/07	05/15/09	224.00	312.80	(88.80)
22.0000	E M C CORPORATION MASS	01/09/09	05/14/09	258.66	257.65	1.01
00006	E M C CORPORATION MASS	01/09/09	05/21/09	104.87	105.41	_
10.0000	E M C CORPORATION MASS	01/13/09	05/21/09	116.52	114.30	
17.0000	E M C CORPORATION MASS	01/16/09	05/21/09	198.11	190.97	
3.0000	E M C CORPORATION MASS	01/16/09	05/22/09	35.00	33.71	
13.0000	E M C CORPORATION MASS	01/23/09	05/22/09	151.69	143.09	
10.0000	E M C CORPORATION MASS	05/02/09	05/22/09	116.69	117.92	(1.23) ST
1.0000	GILEAD SCIENCES INC COM	02/14/06	05/01/09	44.94	30.25	
00000	GILEAD SCIENCES INC COM	05/09/01	05/01/09	269.64	215.97	53.67 LT
00009	GILEAD SCIENCES INC COM	03/26/07	05/01/09	269.65	222.84	
3.0000	GILEAD SCIENCES INC COM	10/22/08	05/01/09	134.83	138.45	_
1.0000		02/28/07	05/05/09	177.38	104.57	72.81 L1
3.000	MICEONALDS CORP COM	02/08/09	05/05/09	109.34	105.99	53.35 LI
3.0000	NINE INC CL B	90/1/90	05/13/09	245.55	339.00	
4 0000		80/67/60	05/11/09	61.94	3   3.93 85 51	
8.0000	CORP	80/60/60	05/18/09	118.83	171.04	(52.21) ST
2.0000	CORP	09/22/08	05/18/09	74.28	97.47	
4.0000	CORP	09/22/08	05/19/09	60.56	77.98	(17.42) ST
11.0000	CORP	10/22/08	05/19/09	166.54	161.61	
00000	CORP	11/10/08	05/19/09	136.26	120.31	
3.0000	CORP	05/02/09	05/19/09	45.43	47.22	
4.0000	SYMANTEC CORP COM	05/02/09	02/20/03	61.47	62.96	(1.49) ST
4.0000		04/21/09	05/20/09	61.48	69.36	(7.88) ST
3.0000	BAXTER INTERNTL INC	01/25/08	60/80/90	147.24	185.78	
1.0000		02/14/08	06/03/09	49.09	86.09	(11.89) LT
3.0000		02/14/08	60/50/90	143.45	182.95	
4.0000		03/05/08	60/90/90	191.28	234.73	(43.45) LT
0000		03/02/08	06/12/09	49.92	58.69	
2.0000	BAXIER INTERNIL INC	06/23/08	06/12/09	249.65	309.04	
4.0000	NIEKNIL	80/91//0	06/12/09	199.71	265.99	(66.28) \$1
2.0000		10/09/08	06/12/09	98.86	123.50	
2.0000	BAXIEK INIEKNIL INC	10/29/08	06/12/09	98.66	118.04	
3.0000		01/23/09	06/12/09	149.80	170.54	(20.74) ST
0000.11	Squippe	12/24/08	06/03/09	220.44	253.94	
90009	BRISTOL-MYERS SQUIBB CO	12/24/08	06/04/09	278.19	323.19	(45.00) SI (10.07) ST
	2000	00/42/21	60/63/03	G	130.32	5
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### MEDICAL EDUCATION FOUNDATION O

		REALIZED CAP	ED CAPITAL GAIN AND LOSS SUMMARY	SUMMARY		
Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sale Price	Cost Basis	Gain or (Loss)
3,0000	RDISTOL-MVEDS SOLIIBB CO	01/04/09	06/05/09	59.73	67.59	(7.86) ST
2.0000	BRISTOL-MYERS SOUIBB CO	01/09/09	06/10/09	96.57	112.65	(16.08) ST
5.0000	BRISTOL-MYERS SOUIBB CO	01/27/09	06/10/09	96.57	117.49	
2.0000	SSOL	02/17/09	06/10/09	96.58	110.45	_
2.0000	CEPHALON INC COM	01/08/09	05/28/09	281.81	388.53	
2.0000		05/23/09	02/28/09	112.72	145.62	_
2.0000		03/56/09	05/28/09	112.73	135.64	
2.0000	CEPHALON INC COM	04/13/09	05/28/09	112.73	136.14	
28.0000	DELTA AIR LINES INC	09/11/08	05/28/09	155.37	252.79	(9/.42) SI
35.0000	DELTA AIR LINES INC	09/11/08	06/01/09	220.51	315.99	
48.0000	DELTA AIR LINES INC	09/18/08	06/01/09	302.42	435.29	
78.0000	DELIA AIR LINES INC	80//0/01	06/01/09	1/0/4	124.02	(17.21) 12 (17.21)
16.0000	DELIA AIR LINES INC	11/26/08	06/07/09	100.82	303.03	
9.0000	FIDELITY NATIONAL FINANC	04/13/09	06/03/09	20.41.C	202.02	
9.0000	FIDELITY NATIONAL FINANC	04/13/09	06/11/09	20.111	30.702	
0000.6	MONOANTO CO NEW DEL COM	04/20/03	60/11/00	148 79	13.1.69	_
3,0000		70/1/60	00/53/03	146.73	205.03	
3,000		04/25/07	00/23/03	250.52	170.13	88.10 LT
18.0000	ACTIVISION BI 177ARD INC	06/12/08	07/2/0	204.88	303.47	(98.59) LT
4.0000	ACTIVISION BLIZZARD INC	06/19/08	07/27/09	45.54	73.62	(28.08) LT
1.0000	APPLE INC	11/13/06	07/24/09	159.87	84.11	_
4.0000	FREEPRT-MCMRAN CPR & GLD	03/13/09	07/21/09	225.84	146.62	79.22 ST
2.0000	FIRST SOLAR INC	11/14/07	06/26/09	324.73	389.23	(64.50) LT
12.0000	JPMORGAN CHASE & CO	01/31/08	01/11/09	439.12	568.74	(129.62) LT
7.0000		05/01/08	07/11/09	256.16	333.04	_
1.0000		08/27/07	07/01/09	74.65	68.35	6.30 LT
3.0000		09/18/02	07/01/09	223.97	225.83	(1.86)
3.0000	MONSANTO CO NEW DEL COM	05/14/09	07/01/09	223.98	269.27	
1.0000	MYRIAD PHARMACEUTICALS	02/12/09	07/02/09	3.86	20.08	15 (27.91) T3 (57.75)
1.0000	MYRIAD PHARMACEUTICALS	05/53/09	07/02/08	3.86	28.59	(24.13) 31 (46.54) CT
3.0000	MYRIAD PHARMACEUTICALS	03/30/06	07/02/09	11.59	37.13	
0000.	MYKIAD PHAKMACEU IICALS	04/14/09	67/07/0	3.80	10.40	
0000.	MYKIAU PHAKMACEUIICALS	05/13/09	60/05/06	5.07 2.07	17.24	
000.	MITRIAD PRAKMACEU IICALS	06/12/09	0//07/03	50.61 50.61	67 94	
3,000	כל	08/18/08	60/57/90	151.86	186.60	
00001	לכ	09/26/08	60/57/90	50.62	65:99	
2.0000	NC C	09/52/08	07/23/09	103.24	132.00	
4.0000		10/14/08	07/23/09	206.50	234.46	(27.96) ST
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REALIZED CAPITAL GAIN AND LOSS SUMMARY

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### MEDICAL EDUCATION FOUNDATION O

Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sale Price	Cost Basis	Gain or (Loss)
1.0000	NIKE INC CL B	10/14/08	07/24/09	52.09	58 62	15 (8 93) ST
5.0000	NIKE INC CL B	11/05/08	07/24/09	260.48	271.98	200
3.0000	NIKE INC. C. B.	06/19/09	02//24/09	156 29	171 18	
12.0000	PNC FINCL SERVICES GROUP	11/07/08	07/23/09	430.87	789.35	
4.0000	PNC FINCL SERVICES GROUP	11/13/08	60/22/00	143.62	249.37	
3.0000	PNC FINCL SERVICES GROUP	05/17/09	07/23/09	107.71	77.48	
5.0000	PNC FINCE SERVICES GROUP	04/13/09	02/23/08	179.54	191.24	(11.70) ST
2.0000	RESEARCH IN MOTION LTD	60/60/20	07/01/09	142.49	118.63	
10,0000	ST JUDE MEDICAL INC	01/30/09	07/23/09	371.42	360.71	
3.0000	ST JUDE MEDICAL INC	02/02/09	07/23/09	111.43	111.33	
4.0000	AMPHENOL CORP CL A NEW	02/05/09	02/30/08	134.83	114.45	
2.0000	AMPHENOL CORP CL A NEW	05/02/09	08/04/09	170.57	143.07	-
1.0000	APPLE INC	11/13/06	07/31/09	164.03	84.11	
1.0000		11/30/06	07/31/09	164.04	92.28	
00006	0	08/10/06	07/30/09	198.80	175.68	23.12 ₺₮
8.0000	MCDONALDS CORP COM	90/80/90	07/31/09	439.43	282.64	
3.0000		02/08/06	08/02/08	164.93	105.99	
3.0000	CORP	90/80/00	08/11/09	168.35	105.99	
8.0000	MCDONALDS CORP COM	02/08/06	08/17/09	436.94	282.64	154.30 LT
2.0000	MCDONALDS CORP COM	02/08/06	08/18/09	109.97	70.67	39.30 LT
3.0000		04/16/07	60/81/80	164.97	143.41	Z1.56 L1
2,000	3	04/16/0/	60/61/80	11.75	95.62	16.13 1.1
7,0000	KESEARCH IN MOJION LID	05/06/20	07/30/09	153.73	118.64	
0000	ST JODE MEDICAL INC	60/60/20	07/31/09	151.51	149.22	12 63.2
3.000	STUDE MEDICAL INC	60/60/60	0//31/09	113.65	90.00	14.61 SI
0000:		03/03/03	08/04/09	15.50	98.03	
3,0000	JUDE MEDICAL	03/13/09	08/04/09	38.51	36.43	2.08 51
2,000	JUDE MEDICAL	03/13/09	60/11/80	/6./4	72.89	
9000.4	JUDE MEDICAL	04/21/09	08/11/09	153.50	136.64	
3.0000	JUDE MEDICAL	60/8L/50	08/11/09	115.13	109.85	
3.0000	ST JUDE MEDICAL INC	06/03/09	08/13/09	114.27	121.16	(6.89) ST
0000.4	ST JUDE MEDICAL INC	06/12/09	08/13/09	152.36	152.96	
0000.	ST JUDE MEDICAL INC	06/12/09	60/18/00	37.13	38.24	
3.0000	SI JUDE MEDICAL INC	60/61/90	08/18/09	111.39	122.50	_
64.0000	NEXTEL	03/05/09	08/10/09	235.51	211.16	
69.0000	NEXIEL	03/05/09	08/11/09	245.63	227.67	
10.0000	SPRINT NEXTEL CORP	03/04/09	08/11/09	35.60	33.97	•••
33.0000		03/04/09	08/12/09	122.09	112.11	
22.0000	SPRINT NEXTEL CORP		08/12/09	81.40	91.96	(10.56) ST
2.0000	KANSOCEAN LID	05/15/08	60/90/80	153.92	306.46	(152.54) LI
99000000 X	Page Statement Period	iod 2/31/00				
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# MEDICAL EDUCATION FOUNDATION O

6.0000 ACTIVISION BLIZZARD INC 15.0000 ACTIVISION BLIZZARD INC 7.0000 AUTOZONE INC NEVADA COM 7.0000 CORNING INC 7.0000 CORNING INC 7.0000 CORNING INC 7.0000 FREEPRT-MCMRAN CORP 7.0000 FREEPRT-MCMRAN CORP 7.0000 PREEPRT-MCMRAN PADR 7.0000 OUALCOMM INC 7.0000 QUALCOMM INC	Date of Acquisition 06/19/08 07/01/08 07/16/08 07/16/08 11/24/08 11/24/08 02/17/09	Date of Liquidation	Sale Price	Cost Basis	Gain or (Loss)
ACTIVISION BLIZZARD IN AUTOZONE INC NEVADA AUTOZONE INC CORNING INC CORNING INC CORNING INC BOSTON SCIENTIFIC CORFIGOLOMAN SCIENTIFIC CORFIGOLOMA INC QUALCOMM	06/19/08 07/01/08 07/01/08 07/16/08 07/24/08 11/24/08 02/17/09 02/17/09				7
ACTIVISION BLIZZARD IN CORNING INC CORNING INC CORNING INC COUALCOMM INC COUALCO	07/01/08 07/01/08 07/16/08 07/24/08 11/24/08 02/17/09 02/17/09	08/21/08	69.64	110.44	(40.80) I T
ACTIVISION BLIZZARD INV AUTOZONE INC NEVADA AUTOZONE INC NEVAD	07/01/08 07/16/08 07/24/08 11/24/08 02/17/09 02/17/09	08/27/09	174.10	251.60	
ACTIVISION BLIZZARD INV AUTOZONE INC NEVADA CORNING INC CORNING INC CORNING INC BOSTON SCIENTIFIC CORF GOLDMAN SACHS GROUF NOKIA CORP SPON ADI NOKIA CORP SPON ADI NOKIA CORP SPON ADI NOKIA CORP SPON ADI OUALCOMM INC QUALCOMM INC	07/16/08 07/24/08 11/24/08 02/17/09 02/17/09	08/28/09	81.38	117.42	(36.04) LT
ACTIVISION BLIZZARD ING AUTOZONE INC NEVADA CORNING INC GUALCOMM INC QUALCOMM INC	07/24/08 11/24/08 02/17/09 02/17/09 07/09/09	08/28/09	279.03	429.57	(150.54) LT
ACTIVISION BLIZZARD ING ACTIVISION BLIZZARD ING ACTIVISION BLIZZARD ING ACTIVISION BLIZZARD ING AUTOZONE INC NEVADA CORNING INC GOLDMAN SACHS GROUF NOKIA CORP SPON ADI NOKIA CORP SPON ADI NOKIA CORP SPON ADI NOKIA CORP SPON ADI OUALCOMM INC QUALCOMM INC	11/24/08 02/17/09 02/17/09 07/09/09	08/28/09	162.76	251.90	_
ACTIVISION BLIZZARD ING ACTIVISION BLIZZARD ING ACTIVISION BLIZZARD ING AUTOZONE INC NEVADA CORNING INC GUALCOMM INC QUALCOMM INC	02/17/09 02/17/09 07/04/09	08/28/09	104.64	96.30	8.34 ST
ACTIVISION BLIZZARD INV AUTOZONE INC NEVADA CORNING INC COLDMAN SACHS GROUF NOKIA CORP SPON ADI OUALCOMM INC QUALCOMM INC	02/17/09	08/28/09	11.63	09.6	
ACTIVISION BLIZZARD ING AUTOZONE INC NEVADA CORNING INC COLDMAN SACHS GROUF NOKIA CORP SPON ADI NOKIA CORP SPO	P0/P0/L0	08/31/09	80.98	67.20	
AUTOZONE INC NEVADA CORNING INC GOLDMAN SACHS GROUP NOKIA CORP SPON ADI OUALCOMM INC QUALCOMM INC		08/31/09	80.99	81.13	
AUTOZONE INC NEVADA AUTOZONE INC NEVADA AUTOZONE INC NEVADA AUTOZONE INC NEVADA CORNING INC GOLDMAN SACHS GROUP NOKIA CORP SPON ADI NOKIA CORP SPON ADI NOKIA CORP SPON ADI NOKIA CORP SPON ADI COLALCOMM INC QUALCOMM INC		09/24/09	143.40	144.68	(1.28) ST
		09/24/09	143.40	144.63	
		09/24/09	143.40	141.29	
	03	09/24/09	143.41	151.31	
	8	09/24/09	143.42	154.48	(11.06) ST
	60/02/10	09/17/09	156.50	169.90	
	01/31/09	09/11/09	219.11	235.57	
	60/90/80	09/17/09	234.77	249.31	
		09/11/09	187.82	195.24	_
		09/23/09	361.71	183.28	
	11/30/06	10/01/09	182.89	92.27	90.62 LT
	03/26/09	10/21/09	466.61	475.13	(8.52) ST
NOKIA CORP NOKIA CORP NOKIA CORP NOKIA CORP SPON NOKIA CORP QUALCOMM INC QUALCOMM INC QUALCOMM INC QUALCOMM INC QUALCOMM INC QUALCOMM INC QUALCOMM INC QUALCOMM INC		10/22/09	182.95	183.60	
NOCATOR STORY NO	06/04/09	10/16/09	4/0./1	533.30	15 (60.29) T3 (60.40)
QUALCOMM INC QUALCOMM INC	60/11/90	10/16/09	188.28	223.10	_
QUALCOMM QUALCOMM QUALCOMM QUALCOMM QUALCOMM QUALCOMM QUALCOMM	07/30/09	10/16/09	147.95	144.70	
QUALCOMM QUALCOMM QUALCOMM QUALCOMM QUALCOMM QUALCOMM QUALCOMM	04/28/08	10/12/09	583.50	615.33	(31./3) L1
QUALCOMM QUALCOMM QUALCOMM QUALCOMM QUALCOMM QUALCOMM	04/29/08	60/21/01	208.42	218.4/	(10.05) L.I
QUALCOMM QUALCOMM QUALCOMM QUALCOMM QUALCOMM	00/10/60 00/10/30	10/17/09	333.49	331.10	(1/.0/) (4/8)
QUALCOMM QUALCOMM QUALCOMM QUALCOMM QUALCOMM	03/2//08	10/12/03	2014	46.13	(0:40) (32 66)
QUALCOMM QUALCOMM QUALCOMM QUALCOMM	05/24/08	10/13/09	165.75	195 10	(33.30) [2]
QUALCOMM QUALCOMM QUALCOMM	05/23/08	10/13/09	41.44	49.86	T ( ( 28 )
QUALCOMM	06/13/08	10/15/09	169.35	199.44	(30:05)
QUALCOMM	07/25/08	10/15/01	254 03	325.14	(71.11)
	08/04/08	10/15/09	42.34	53.68	(11.34) LT
	08/04/08	10/19/09	168.81	214.76	(45.95) LT
	01/07/09	10/19/09	253.22	214.86	
BOSTON SCIENTIFIC	03/26/09	11/04/09	81.12	84.85	
15.0000 BOSTON SCIENTIFIC CORP 16.0000 BOSTON SCIENTIFIC CORP	03/27/09 04/22/09	11/04/09 11/04/09	154.14 129.82	157.70 139.18	(3.56) ST (9.36) ST
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REALIZED CAPITAL GAIN AND LOSS SUMMARY

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MEDICAL EDUCATION FOUNDATION O

Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sale Price	Cost Basis	Gain or (Loss)
3,0000	BOSTON SCIENTIFIC CODE	04/22/00	11/06/09	24 18	26.10	TS (1.92)
0000.01		04/27/09	11/06/09	80.63	83.80	
24,0000	BOSTON SCIENTIFIC CORP	60/60/90	11/06/09	193.52	232.19	(38.67) ST
15.0000	SCIENTIFIC	07/24/09	11/06/09	120.96	157.50	(36.54) ST
1.0000		11/15/07	10/30/09	127.26	186.76	
1.0000	FIRST SOLAR INC	11/20/07	10/30/09	127.21	217.58	(90.31) LT
1.0000	SOLAR	01/18/08	10/30/09	127.27	172.00	(44.73) LT
1.0000	SOLAR	04/03/08	10/30/09	127.21	244.38	(117.11) LT
1.0000	SOLAR	08/04/08	10/30/09	127.27	272.63	(145.36) LT
1.0000	FIRST SOLAR INC	09/22/08	10/30/09	127.27	228.23	
1.0000	FIRST SOLAR INC	11/05/08	10/30/09	127.28	162.16	(34.88) ST
17.0000	JUNIPER NETWORKS INC	05/21/09	11/13/09	436.93	396.80	40.13 ST
2.0000	JUNIPER NETWORKS INC	00/03/03	11/13/09	128.51	119.05	
9.0000	JUNIPER NETWORKS INC	60/60/10	11/13/09	231.32	206.82	
8.0000		08/04/09	11/13/09	202.62	210.16	(4.34) 51
6.0000	CHASE &	03/13/08	11/02/09	256.19	220.48	35./1 [1]
2.0000	CHASE &	03/13/08	60/21/11	8. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	13.50	coc
4.0000	CHASE &	03/26/08	11/12/09	66.9/L	1/6.96	0.03 L1
2.0000	CHASE	04/09/08	60/21/11	98.30	96.30	U.2.0 1. 03.0.
4.0000	CHASE &	04/09/08	11/16/09	. 67.2/1	1/6:60	(3.83) 21
0.000	<b>8</b>	04/09/08	60/1/11	2/.74	171 56	(1,43) L1
3.0000	JAMORGAN CHASE & CO	0//24/08	60//1/11	128.19	121.30	0.03 L1
4.0000	MYRIAD GENETICS INC	02/12/09	11/10/09	94.49	153.09	(36.60) SI
4.0000	MYRIAD GENETICS INC	02/23/09	60/01/11	94.50	145.26	(30.70) 31 (34.53) CT
2.0000	MYRIAD GENETICS INC	02/23/08	11/12/09	48.10	167.83	12 (56.93) SI
5.0000	MYKIAU GENETICS INC	03/30/09	11/12/09	120.25	20.75	10 (40.17)
2.0000	NOTION NI	90/11/09	11/03/09	115.19	95.67	19.32 31 E4 E1 CT
3.0000	IN MOLICA	02/23/09	11/03/09	1/2.80	118.29	10.16.10.1
4.0000	NO LOW N	03/05/08	11/10/09	252.23	72.64	102.07 SI
2.0000		03/03/03	11/10/03	21.021	26.33	
0000:-	RESEARCH IN MOTION LID	03/09/09	11/20/09	07.60	10.50 Ca kat	_
0000		04/06/03	11/20/03	130.03	121.00	
2,0000		04/0/03	60/02/11	04.00	07 061	15 (0: 0) TS (0: 0)
2,0000	DESCRIPTION LID	04/13/09	11/20/09	119.40	131.53	
2,0000		60/03/40	11/20/09	119.40	137.17	
3,000		04/23/03	11/20/03	17911	213.13	(34.02) ST
12,000	LINION PACIFIC CORP	05/01/08	10/28/09	670.91	867.69	(196.78) LT
4.0000	UNION PACIFIC CORP	07/31/08	10/28/09	223.64	334.03	
2.0000	UNION PACIFIC CORP	11/05/08	10/28/09	111.82	137.38	(25.56) ST

Statement Period Year Ending 12/31/09

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# MEDICAL EDUCATION FOUNDATION O

		REALIZED CAP	ZED CAPITAL GAIN AND LOSS SUMMARY	MMARY		
Quantity	Security Description	Date of Acquisition	Date of Liquidation	Sale Price	Cost Basis	Gain or (Loss)
4.0000		60/90/80	12/02/09	195.77	156.85	38.92 ST
4.0000		60/90/60	12/03/09	191.07	156.85	
8.0000	DOLLAR TREE INC	03/26/09	12/04/09	379.29	347.36	
3.0000	FREEPRT-MCMRAN CI	03/13/09	12/07/09	239.03	109.96	129.07 ST
2.0000	JPMORGAN CHASE &	07/24/08	12/16/09	82.39	81.05	
7.0000	D JPMORGAN CHASE & CO	09/22/08	12/16/09	288.39	298.97	
2.0000	JPMORGAN CHASE &	09/26/08	12/16/09	206.00	219.95	
4.0000	JPMORGAN CHASE &	10/09/08	12/16/09	164.80	165.74	
4.000	JPMORGAN CHASE &	10/09/08	12/18/09	161.99	165.74	_
5.0000	JPMORGAN CHASE &	10/14/08	12/18/09	202.49	204.03	
1.0000	JPMORGAN CHASE &	10/29/08	12/18/09	40.51	37.11	3.40 LT
4.0000	JPMORGAN CHASE &	10/29/08	12/22/09	167.43	148.44	18.99 LT
3.0000	JPMORGAN CHASE &	11/24/08	12/22/09	125.58	76.79	
5.0000	JPMORGAN CHASE &	03/09/09	12/22/09	209.31	83.12	
7.0000	JPMORGAN CHASE &	60/60/00	12/28/09	293.09	116.39	
14.0000	•	04/13/09	12/28/09	586.19	459.06	
6.0000	MYRIAD GENETICS	03/30/09	12/01/09	142.98	237.48	
3.0000		04/14/09	12/01/09	71.49	118.04	(46.55) ST
5.0000		05/13/09	12/01/09	119.16	144.44	
4.0000	MYRIAD GENETICS	06/12/09	12/01/09	95.33	131.41	(36.08) ST
7.0000	NEWMONT MI	01/30/09	12/07/09	361.62	281.41	
2.0000	TRANSOCEAN	05/15/08	12/10/09	162.41	306.47	(144.06) LT
4.0000		05/23/08	12/10/09	324.83	617.07	(292.24) LT
2.0000		09/05/08	12/10/09	162.41	251.00	(88.59) L1
4.0000	TRANSOCEAN	10/22/08	12/10/09	324.83	281.53	
2.0000	TRANSOCEAN	10/29/08	12/10/09	162.41	149.40	
3.0000	TRANSOCEAN LID	04/06/09 04/27/09	12/10/09	162.42 243.63	126.01 200.72	36.41 SI 42.91 ST
			) ;			
				68,289	82,790	√105'+1>
			146			
			SUMMERY			
						,
			SHORT -TERM	41,220	52,041	< 10,8717
			LON 6 - TEAM	27,069	30,644	7 3,630 >