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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545 0052

2009

Department of the Treasury Internal Revenue Service Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements Jun 30 2010 For calendar year 2009, or tax year beginning Jul 1 , 2009, and ending Initial Return of a former public charity Final return Initial return G Check all that apply Amended return Address change Name change Employer identification number Name of foundation Use the 73-6104267 IRS label American Medical Foundation Otherwise. Number and street (or P O box number if mail is not delivered to street address) Telephone number (see the instructions) print (405) 840-9330 O. Box 18525 or type State ZIP code See Specific City or town С If exemption application is pending, check here Instructions OK 73154-0525 1 Foreign organizations, check here Oklahoma City X Section 501(c)(3) exempt private foundation 2 Foreign organizations meeting the 85% test, check Check type of organization here and attach computation Section 4947(a)(1) nonexempt charitable trust | Other taxable private foundation Ε If private foundation status was terminated X | Accrual Fair market value of all assets at end of year Accounting method Cash under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here **►** S (Part I, column (d) must be on cash basis) 214,147. Part I Analysis of Revenue and (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment Expenses (The total of amounts in columns (b), (c), and (d) may not necesexpenses per books income income for charitable purposes sarily equal the amounts in column (a) (cash basis only) (see the instructions)) Contributions, gifts, grants, etc, received (att sch) X if the foundn is not req to att Sch B 2 Ck ► Interest on savings and temporary 329 cash investments Dividends and interest from securities 0. 0. 5a Gross rents **b** Net rental income or (loss) 5.5 6a Net gain/(loss) from sale of assets not on line 10 **b** Gross sales price for all assets on line 6a ż Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 3- 5- 5 Income modifications 10a Gross sales less returns and allowances b Less Cost of 38 c Gross profit/(loss) (att sch) E1-4 Other income (attach schedule) ည္တ 329. Total. Add lines 1 through 11 A 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) **b** Accounting fees (attach sch) 450. 329. c Other prof fees (attach sch) L-16c Stmt 17 Interest 858 Taxes (attach schedule)(see instr.) Advalorem Taxes Depreciation (attach 19 sch) and depletion Ė 20 Occupancy Travel, conferences, and meetings 21 22 Printing and publications 23 Other expenses (attach schedule) Total operating and administrative expenses. Add lines 13 through 23 ,637 Contributions, gifts, grants paid 8,150. Total expenses and disbursements. Add lines 24 and 25 9.787 Subtract line 26 from line 12: a Excess of revenue over expenses -9,458 and disbursements b Net investment income (if negative, enter 0-) C Adjusted net income (if negative, enter -0-)

Form **990-PF** (2009)

3 3 Other increases not included in line 2 (itemize) 4 4 206,601. Add lines 1, 2, and 3 5

5 Decreases not included in line 2 (itemize) Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6

206,601.

1 a D — Donation C d	C) Date acquired month, day, year)	(d) Date sold (month, day, year)
b c		
С		
e l		
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale	(h) Gain or (e) plus (f) m	(loss) inus (g)
a		
b		
С		
d		
e		
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69	(I) Gains (Colt	
(i) Fair Market Value (j) Adjusted basis (k) Excess of column (i) gain than (ii) as of 12/31/69 over column (j), if any than (iii)	n minus column (k -0-) or Losses (fr	om column (h))
		
<u>b</u>		
_ C		
d		
<u>e</u>		
2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6).		
If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8		
Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income		
If section 4940(d)(2) applies, leave this part blank Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part 1 Enter the appropriate amount in each column for each year, see the instructions before making any entries.	Yes	X No
(a) (b) (c) Base period years Adjusted qualifying distributions Net value of	(d) Distribution nn (b) divided	ratio by column (c))
2008 0.		0.000000
2007 895.		
2006 909. 115,431.		
2005 909.		0.007875
		0.007875
		0.007875
2 Total of line 1, column (d)		
2 Total of line 1, column (d) 2 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3		0.007824
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the		0.007824
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3		0.007824 0.015699 0.005233
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5		0.007824 0.015699 0.005233
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 5 Multiply line 4 by line 3		0.007824 0.015699 0.005233 0.
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b)		0.007824 0.015699 0.005233 0.

Part VII - Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(b), or 4948 – see the Instructions) a terrapt practing industant setsorial in stands 495(0(b), chic kine	Form	990-PF (2009) American Medical Foundation		73-610426	7	Р	age 4
1 a Cempt operating foundations described in section 4940(pt), check here Displace of using or elementation letter Catach copy of letter if rescribesary - sec instr.) b Domestic foundations that meet the section 4940(p) requirements in Part V, check here Displace Check here Check			0(b), 4940(e), or 4948	– see the instru	ctions)		
Ditted of ruling or determination letter Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% of Part I, line 27b A lotter formestic foundations enter 2% of Part I, line 27b A lotter formestic foundations enter 2% of Part I, line 27b A lotter formestic foundations enter 2% of Part I, line 27b A lotter formestic foundations enter 2% of Part I, line 12, calumn (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 5 Tax based on investment incomes. Subtract line 4 from line 3 if zero or less, enter -0- 6 CondisciPayments C							
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% of Part I, line 27b and other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 3 Add lines 1 and 2 3		· · · · · · · · · · · · · · · · · · ·	y · see instr.)				
check here	ь			- 1			
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b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities C Did the foundation fle Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation \(\begin{array}{c} in the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers Has the foundation engaged in any activities that have not previously been reported to the IRS? Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes Has the foundation have unrelated business gross income of \$1,000 or more during the year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state ment required by General Instruction 7 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state as the goom assets at any time during the year? By language in the governing instrument? By lift the answer is 'Yes' to line 7, has the foundation reports or with which it is registered (see the instructions) By It the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (see the instruct	-		local legislation or did	ıt		Yes	
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10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	9	Is the foundation claiming status as a private operating foundation within the mear for calendar year 2009 or the taxable year beginning in 2009 (see instructions for f	ning of section 4942(j)(Part XIV)? <i>If 'Yes,' con</i>	3) or 4942(j)(5) aplete Part XIV	9		x x
5. 000 PE (0000)	10	Did any persons become substantial contributors during the tax year? If 'Yes,' atta			10		v
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Part VII-A Statements Regarding Activities Continued			_		
At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11	-	x
Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?			12		x
Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address ► N/A	applicatio	n ⁷	13	Х	
	e no 🕨	(405)	840	-933	 30
Located at P. O. Box 18525 City, OK _ ZIP + 4 **		54-052			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here			-	<u>-</u>	
and enter the amount of tax-exempt interest received or accrued during the year		15			
Part VIII-B. Statements Regarding Activities for Which Form 4720 May Be Required					
File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 a During the year did the foundation (either directly or indirectly)	_				
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	∏Yes	X No	* 1		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No		1~4	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No	7,377	キ 、 ***/* ・	
(5) Transfer any income or assets to a disqualified person (or make any of either available	_		, ~ (. ,	
for the benefit or use of a disqualified person)?	Yes	X No		•	
			9,	41,	į,
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes	X No	,		
b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instruction	ns)?		1 b	,	x
Organizations relying on a current notice regarding disaster assistance check here	•	· 🔲	* 11		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?			1c		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			,	*	1
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	Yes	X No		,	1
If 'Yes,' list the years ▶ 20, 20, 20	_		`	,	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(2)(2)		, , ,		\
(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a all years listed, answer 'No' and attach statement — see the instructions)	a)(2) a)(2) to		2b		×
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years h	ere		(-
► 20,20,20,20					
3a Did the foundation hold more than a 2% direct or indirect interest in any business				!	
enterprise at any time during the year?	Yes	X No		,	
b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved					
by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to	,				
(3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)			3ь		
•					-
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of					
the tax year beginning in 2009?			4b	<u>' </u>	Х
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Form 990-PF (2009) American Medical			73-610	042 <u>67</u>	Page 6
Part VII-B Statements Regarding Activit	ties for Which Form	1 4720 May Be Req	uired (continued)		
5a During the year did the foundation pay or incu	=				1
(1) Carry on propaganda, or otherwise attempt	ot to influence legislation	(section 4945(e))?	∐ Yes X	No	
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registra	lic election (see section attion drive?	4955), or to carry	Yes X	No .	-
(3) Provide a grant to an individual for travel,	study, or other similar p	urposes?	∐ Yes X	No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, org i 4940(d)(2)? (see instru	janization described ctions)	Yes X	No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific, n of cruelty to children o	literary, or r animals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to quality a current notice regardi	ualify under the exception ing disaster assistance	ons	5b	
Organizations relying on a current notice rega	rding disaster assistance	e check here	▶ 📋		<u>-</u>
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response	the foundation claim exer sibility for the grant?	mption from the	Yes	No	
If 'Yes,' attach the statement required by Regu	ulations section 53 4945	·5(d)			
6a Did the foundation, during the year, receive ar on a personal benefit contract?	ny funds, directly or indir	ectly, to pay premiums	Yes X	No	,
b Did the foundation, during the year, pay premi	ums, directly or indirectl	y, on a personal benefit	contract?	6 Б	X
If 'Yes' to 6b, file Form 8870 7 a At any time during the tax year, was the found	lation a norty to a probib	uted tax chelter transact	ion? Yes X	No.	
b If yes, did the foundation receive any proceeds				7b	X
Part VIII Information About Officers, D				,	,
and Contractors			goro, riigiiiy r ala s	pioy003	~,
1 List all officers, directors, trustees, foundation	n managers and their co	ompensation (see instru	ıctions).		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	
John J. Griffin, Jr.			<u> </u>		
P. O. Box 18525, Oklahoma	PresidentTrustee/Part T				
<u>City</u> OK 73154	5.00	0.	0.		0.
Brian C. Griffin	-				
P. O. Box 18525, Oklahoma	VP/Trustee/Part Time				
<u>City</u> <u>OK 73154</u>	5.00	0.	0.		0.
	-				
	-		19		
2 Compensation of five highest-paid employee					
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	e account, owances
NONE					
0	-				
0			<u> </u>		
0					
	-				
0					
Total number of other employees paid over \$50,000) TEFA0305 (77/05/00	•	Form 900	None

	3-6104267	Page 7
Rantvilli Information About Officers, Directors, Trustees, Foundation Managers, Highly P and Contractors (continued)	aid Employe	es,
3 Five highest-paid independent contractors for professional services — (see instructions). If none, enter 'NONE.'		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Co	mpensation
NONE		<u> </u>
Total number of others receiving over \$50,000 for professional services	•	None
Part IX-A Summary of Direct Charitable Activities	<u></u>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Ex	penses
1		
NOT APPLICABLE		
		0.
2		
3		
"		
4		
RantiX:B: Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	A	mount
1		
2		
*		
All other program-related investments See instructions. 3		
Total. Add lines 1 through 3	>	
BAA	Form	990-PF (2009)

Partix Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 1 a a Average monthly fair market value of securities 1 b b Average of monthly cash balances 1 c c Fair market value of all other assets (see instructions) d Total (add lines 1a, b, and c) 1 d e Reduction claimed for blockage or other factors reported on lines 1a and 1c 1 e (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 3 0. Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1-1/2% of line 3 0. Δ (for greater amount, see instructions) 5 0. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 0. Minimum investment return. Enter 5% of line 5 6 Part XIII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and do not complete this part.) and certain foreign organizations check here Minimum investment return from Part X, line 6 1 0. 2a Tax on investment income for 2009 from Part VI, line 5 2 a b Income tax for 2009 (This does not include the tax from Part VI) 2b c Add lines 2a and 2b 2 c 0. 0. 3 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 0. 6 Deduction from distributable amount (see instructions) 7 0. Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1 a 1 b b Program-related investments - total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. purposes 2 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3a 3 b b Cash distribution test (attach the required schedule) Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions) 0. 5 Adjusted qualifying distributions. Subtract line 5 from line 4 6 0.

The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

BAA

Form 990-PF (2009)

. Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
Distributable amount for 2009 from Part XI, line 7				0.
Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years 20, 20, 20				<u> </u>
Excess distributions carryover, if any, to 2009				
a From 2004 941				
b From 2005 1,018				
c From 2006 909				
d From 2007 899	<u>2 · </u>) .			
	3,763.			
f Total of lines 3a through e Qualifying distributions for 2009 from Part	3,703.			,
XII, line 4 > \$			1	
a Applied to 2008, but not more than line 2a				
• •				
 b Applied to undistributed income of prior yea (Election required — see instructions) 				
c Treated as distributions out of corpus (Election required – see instructions)				- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-
d Applied to 2009 distributable amount				· · · · · · · · · · · · · · · · · · ·
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2009		,		······································
(If an amount appears in column (d), the same amount must be shown in column (a))			
	, .			
Enter the net total of each column as				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	3,763.			
, ,	3,703.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-				
ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2008 Subtract line 4a from		!		
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2009 Subtract line	es			
4d and 5 from line 1. This amount must be			i	0.
distributed in 2010 Amounts treated as distributions out of				
corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
•				
8 Excess distributions carryover from 2004 no applied on line 5 or line 7 (see instructions)	941.			
••				
Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	2,822.			· · · · · · · · · · · · · · · · · · ·
Analysis of line 9.				
a Excess from 2005 1,01				
b Excess from 2006 90	— 			
c Excess from 2007 89				
	0.			
e Excess from 2009	0.			Form 990-PF (2009

Form 990-PF (2009) American Medical			·	73-610426	7 Page 10
Part VIV Private Operating Foundation					N/A
1a If the foundation has received a ruling or d is effective for 2009, enter the date of the r	etermination letter uling	that it is a private or	perating foundation,	and the ruling	
b Check box to indicate whether the foundation	on is a private opei	rating foundation des		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	41,000	Prior 3 years	4 0 0005	(-) T-A-I
investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
b 85% of line 2a		 			· · · · · · · · · · · · · · · · · · ·
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets(2) Value of assets qualifying under					
section 4942(j)(3)(B)(i) b 'Endowment' alternative test — enter 2/3 of					<u> </u>
minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					
 Total support other than gross investment income (interest, dividends, rents, payments 					
on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
PartiXV Supplementary Information assets at any time during the	(Complete this	s part only if the	organization h	ad \$5,000 or mo	re in
Information Regarding Foundation Managa List any managers of the foundation who had close of any tax year (but only if they have	ers:	ore than 2% of the to	otal contributions rec ection 507(d)(2))	ceived by the foundat	ion before the
b List any managers of the foundation who o a partnership or other entity) of which the	wn 10% or more of foundation has a 10	f the stock of a corpo 0% or greater interes	oration (or an equal st	ly large portion of the	e ownership of
2 Information Regarding Contribution, Gran Check here if the foundation only n requests for funds If the foundation makes complete items 2a, b, c, and d	nakes contributions gifts, grants, etc,	to preselected char (see instructions) to	itable organizations individuals or organ		
a The name, address, and telephone numbe See Information Regarding Contribution, G	•	• •			
b The form in which applications should be s	submitted and infor	mation and materials	s they should includ	е	
c Any submission deadlines:		· · · · · · · · · · · · · · · · · · ·			
d Any restrictions or limitations on awards, s	such as by geograp	hical areas, charitab	ole fields, kinds of in	stitutions, or other fa	actors
PAA		E50210 07/06/09			Form 990-PF (2009)

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Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager or contribution recipient substantial contributor Name and address (home or business) a Paid during the year N/A Donation AARS Oklahoma 501(c)3 OK 73102 250. City **AARS** N/A Donation Oklahoma City 501(c)3Donation 150. OK 73119 Harvard College Parents Fund N/A 501(c)3Donation Oklahoma City 501(c)3 125. Oklahoma City OK 73162 501(c)3Donation OU Foundatiob N/A 80% Dnation (80% Norman, OK OK 73118 N/A 501(c)3of \$3,000.00 2,400. Norman, OK Oklahoma Museum of Art Oklahoma City, OK N/A 501(c)3 250. Oklahoma City OK 73102 Donation OU Scholarhip Competition N/A 501(c)3 OklahomaCity, OK Donation 2,000. Oklahoma City OK 73119 SalvationArmy 501(C)3 N/A Oklahoma City, OK 501C(3) Donation 200. OK 73118 Oklahoma City Salvation Army oklahoma City N/A 501(c)3 Oklahoma OK 73102 Donation 200. Salvation Army Oklahoma City, OK N/A 502(c)3 Donation 200. OK 73102 Oklahoma See Line 3a statement 2,375. Total 3a 8,150. **b** Approved for future payment Total 3ь

Part XVI-A Analysis of Income-Producing Activities

Enter gross	amounts unless otherwise indicated	Unrelate	d business income	Excluded	by section 512, 513, or 514	
-		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income
•	am service revenue			code	<u> </u>	(see the instructions)
a						
		1				
ĭ			· · · · · ·		 	· · · · · · · · · · · · · · · · · · ·
a Fees	and contracts from government agencies					
	pership dues and assessments					
	t on savings and temporary cash investments	501(c)3	329.	14		
	ends and interest from securities	501-(c)3	0.	16		
5 Net re	ental income or (loss) from real estate					
a Debt-	financed property					
b Not de	ebt-financed property					
6 Net ren	ntal income or (loss) from personal property					
7 Other	investment income					
8 Gain or	(loss) from sales of assets other than inventory					
9 Net in	ncome or (loss) from special events					
10 Gross	profit or (loss) from sales of inventory		<u> </u>			
11 Other	revenue	, 25, 4	, (s.) 1 2 m/2 1	,	, Pa 1/2 31	11
a	· · · · · · · · · · · · · · · · · · ·					
						·
c					·	
d						•
е						
12 Subto	otal Add columns (b), (d), and (e)	1,45 ; 1	329.	A\$ 1		
12 Subto	Add line 12, columns (b), (d), and (e)	<u> </u>	329.	(*¥ /	13	329.
12 Subto 13 Total. (See works)	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify care.	alculations)	327.		·	329.
12 Subto 13 Total. See works	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify care. Relationship of Activities to the	alculations) e Accompli	shment of Exemp	t Purpo	ses	
12 Subto 13 Total. See works	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify care.	alculations) e Accompli	shment of Exemp	t Purpo	ses	
12 Subto 13 Total. See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify care. Relationship of Activities to the	alculations) e Accompli	shment of Exemp	t Purpo	ses	
12 Subto 13 Total. See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify care. Relationship of Activities to the	alculations) e Accompli	shment of Exemp	t Purpo	ses	
12 Subto 13 Total. See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify care. Relationship of Activities to the	alculations) e Accompli	shment of Exemp	t Purpo	ses	
12 Subto 13 Total. See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify care. Relationship of Activities to the	alculations) e Accompli	shment of Exemp	t Purpo	ses	
12 Subto 13 Total. See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify care. Relationship of Activities to the	alculations) e Accompli	shment of Exemp	t Purpo	ses	
12 Subto 13 Total. See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify care. Relationship of Activities to the	alculations) e Accompli	shment of Exemp	t Purpo	ses	
12 Subto 13 Total. See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify care. Relationship of Activities to the	alculations) e Accompli	shment of Exemp	t Purpo	ses	
12 Subto 13 Total. See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify care. Relationship of Activities to the	alculations) e Accompli	shment of Exemp	t Purpo	ses	
12 Subto 13 Total. See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify care. Relationship of Activities to the	alculations) e Accompli	shment of Exemp	t Purpo	ses	
12 Subto 13 Total. See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify care. Relationship of Activities to the	alculations) e Accompli	shment of Exemp	t Purpo	ses	
12 Subto 13 Total. See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify care. Relationship of Activities to the	alculations) e Accompli	shment of Exemp	t Purpo	ses	
12 Subto 13 Total. See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify care. Relationship of Activities to the	alculations) e Accompli	shment of Exemp	t Purpo	ses	
12 Subto 13 Total. See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify care. Relationship of Activities to the	alculations) e Accompli	shment of Exemp	t Purpo	ses	
12 Subto 13 Total. See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify care. Relationship of Activities to the	alculations) e Accompli	shment of Exemp	t Purpo	ses	
12 Subto 13 Total. See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify care. Relationship of Activities to the	alculations) e Accompli	shment of Exemp	t Purpo	ses	
12 Subto 13 Total. See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify care. Relationship of Activities to the	alculations) e Accompli	shment of Exemp	t Purpo	ses	
12 Subto 13 Total. See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify care. Relationship of Activities to the	alculations) e Accompli	shment of Exemp	t Purpo	ses	
12 Subto 13 Total. See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify care. Relationship of Activities to the	alculations) e Accompli	shment of Exemp	t Purpo	ses	
12 Subto 13 Total. (See works) Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify care. Relationship of Activities to the	alculations) e Accompli	shment of Exemp	t Purpo	ses	
12 Subto 13 Total. (See works) Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify care. Relationship of Activities to the	alculations) e Accompli	shment of Exemp	t Purpo	ses	
12 Subto 13 Total. (See works) Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify care. Relationship of Activities to the	alculations) e Accompli	shment of Exemp	t Purpo	ses	
12 Subto 13 Total. (See works) Part XVI- Line No.	Add line 12, columns (b), (d), and (e) heet in the instructions for line 13 to verify care. Relationship of Activities to the	alculations) e Accompli	shment of Exemp	t Purpo	ses	

Form 990-PF (2009) American Medical Foundation 73-6104267 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

								1	Yes	No
	descr	ne organization directly objection in section 501(c) on the political organization is the political organization in the political organization is the political organization of the political organization is the political organization	f the Code (ot	ngage in any of the f her than section 501	following with any (c)(3) organization	y other organization ons) or in section 52	27,			
		fers from the reporting		a noncharitable ever	nnt organization	of·		1		
	(1) C		iodridation to	a nonchantable exci	npt organization			1a (1)	-	x
(2) Other assets										X
		transactions						1 a (2)		
			sharitable ave	mat arganization				16/1		v
	• •	ales of assets to a nonc		. •	4			1 b (1) 1 b (2)		X
	• •	urchases of assets from		, 3	tion				 	
	• •	ental of facilities, equip	•	assets				1b (3)		X
		eimbursement arranger						1 b (4)		X
	` '	oans or loan guarantees					•	1 b (5)		X
	• •	erformance of services		,				1 b (6)		X
	c Sharii	ng of facilities, equipme	nt, mailing lis	ts, other assets, or p	aid employees			1c	<u> </u>	X
	the ac	answer to any of the aboods, other assets, or second ansaction or sharing are	ervices given	by the reporting foun	idation. If the fou	indation received les	is than fair market v	rket value value in	of	
(;	a) Line no	(b) Amount involved	(c) Name	of noncharitable exempt o	rganization	(d) Description of tran	nsfers, transactions, and	sharing arrar	igement	.s
_										
						_				
									-	
_										
_										
_										
_										
				-				_		
	 				·					
-					···					
_		<u> </u>								
	descr	foundation directly or in ibed in section 501(c) o	f the Code (ot				tions	Yes	X	No
_	b if Yes	s,' complete the following		(L) T (-> D			
		(a) Name of organization	on	(b) Type of	organization		c) Description of rela	ationship_		
										
										
				 						
				 	 					
-	Llador pan	alting of parium. I declare that I	have examined th	ns satura, includina accomi	annung schadulas and	f statements, and to the he	est of my knowledge and h	adjof it is buy		t and
	complete I	alties of perjury, I declare that I Declaration of preparer (other t	han taxpayer or fit	ductary) is based on all info	ormation of which prep	arer has any knowledge	est of my knowledge and t	rener, it is true	;, conec	i, and
		0 0		4		1				
s	 	12h) 14	Min.	B		3/14/11	► President	/Trust	ee	
G	\$100	ature of officer of trustee	yo			Date	Title			
N .						Date	Chask of Prep.	arer's Identify	ing num	ber
H	Paid	Preparer's signature					self-	Signature ເຄົ	ine insti	:5)
R	Pre-	<u> </u>			00.00		employed			
	parer's Use	Firm's name (or yours if self-			PAID Prep	& C'	EIN ►			
	Only	employed), address, and	<u> </u>				-			
		ZIP code (<u></u>	-		_ 	Phone no			,0000:
ď/	AA							Form 99	U-PF ((2009)

Form 990-PF, Page 10	, Part XV, Line 2	
Information Regarding	Contribution, Grant, Gift, Loan, Scholarship,	etc, Programs

Name	John	J. Gr	iffin,	Jr.	 			
Address	P. O.	Box	18525		 			
City, St, Z	Zıp, Pho	ne <u>Ok</u>	lahoma	City	OK	73154	(000)	000-0525

The form in which applications should be submitted and information and materials they should include: Informal letter which includes the purpose of the organization and a

Any submission deadlines:

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

Name					
Address					
City, St, Z	ip, Phone			 	

The form in which applications should be submitted and information and materials they should include: copy of the organization's tax exempt letter.

Any submission deadlines.

December 31 of each year

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

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

				
Recipient	If recipient is an individual,	Foun- dation	Purpose of grant or contribution	Person or Business
Name and address	show any	status		Checkbox
(home or business)	relationship to	of re-		
	any foundation manager or substantial contributor	cipient		Amount
	-			
a Paid during the year				
YWCA				Person or
Oklahoma City, OK	<u>N/A</u>	501(c)3		Business X
Oklahoma City OK 73102			Donation	2,250.
Harvard Varsity Fund	N/A	501C(3)		Person or
Oklahoma City				Business X
Oklahoma OK 73102	N/A	501(c)3	Donation	125.

Total

Form 990-PF, Page 1, Part I

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MidFirst Bank	Interest Income	329.			

Total

329.

Form 990-PF, Page 2, Part II, Line 14

L-14 Stmt

Line 14b - Description of Land, Buildings, and Equipment	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Oklahoma County Sec. 27 & 28	171,836.	0.	171,836.
Total	171,836.	0.	171,836.

Supporting Statement of:

Form 990-PF, p1/Line 5a(a)

Description	Amount
All Chase related properties sold	0.
Total	0.

Supporting Statement of:

Form 990-PF, p1/Line 18(a)-1

Description	Amount
Advalorem Taxes Secs. 27 and 28	858.
Total	858.

AMERICAN MEDICAL FOUNDATION Oklahoma City, Oklahoma 73-6104267

FISCAL YEAR ENDED 06/30/10

No individuals received any grants or contributions from American Medical Foundation during year ended 06/30/10. Insofar as is known, all donees of contributions from this foundation are tax exempt organizations. All cash contributions from this foundation were to benefit the recipient and to further their tax-exempt charitable, religious, educational or other benevolent activities.

All disbursements were in the form of cash and were for contributions to tax exempt organizations or for the foundation's general administrative expenses or taxes. There were no scholarships, direct charitable activities, program-related investments or other grants.

Form 8868	(Rev 4-2009) American Medical Foundation		13-6104261	raye z
• If you a	are filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and check the	s box	► X
Note. Only	complete Part II if you have already been granted an automatic 3-month exten	sion on a previously	filed Form 8868	
• If you a	ere filing for an Automatic 3-Month Extension, complete only Part I (on page 1))		
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original		
	Name of Exempt Organization	1	Employer identification number	
Type or				
print	American Medical Foundation		73-6104267	
	Number, street, and room or suite number. If a P O box, see instructions		For IRS use only	
File by the extended				
due date for filing the	P. O. Box 18525			;
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions			į
	Oklahoma City OK 73154-0525]		
Check type	e of return to be filed (File a separate application for each return).			
Form 9	90 X Form 990-PF	Form 1041-A	Form 6069	
Form 9	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720	Form 8870	
Form 9	90-EZ Form 990-T (trust other than above)	Form 5227		
STOP! Do	not complete Part II if you were not already granted an automatic 3-month ext	ension on a previo	usly filed Form 8868.	
	() 7 1 7 0 1 5 5 1 7 7			
	one No ► (405) 840-9330 FAX No ►		_	
If the o	rganization does not have an office or place of business in the United States, c	check this box		
	s for a Group Return, enter the organization's four digit Group Exemption Numb		If this is for	the
	ip, check this box If it is for part of the group, check this box		th the names and EINs of all	
members t	he extension is for			
4 I requ	uest an additional 3-month extension of time until May 16 , 20 1	11		
5 For a	alendar year , or other tax year beginning Jul 1 , 20	09, and ending 3	Jun 30 , 20 <u>10</u> .	
6 If this	s tax year is for less than 12 months, check reason Initial return	Final return	Change in accounting period	bc
	in detail why you need the extension	_	-	
8a If this	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tental	tive tax, less any		
nonre	efundable credits. See instructions		8a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax				
tiavitients thate thende ally bill year dycipayinent allowed as a creat and any amount paid provides.			0.	
		.f		<u>·</u>
c Bala with	nce Due. Subtract line 8b from line 8a Include your payment with this form, or, FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	, ii requirea, aeposii System): See instrs	8c \$	0.
	Signature and Verificatio	n		
Under penaltic	es of perjury. I declare that I have examined this form, including accompanying schedules and statement ompleter and that I am authorized to prepare this form	ts, and to the best of my k	nowledge and belief, it is true,	
correct, and o		W	-//-	
Signature	Chenne Title - 03/14/11 /200	Keepa	Date wod, 41a	
	U	•		

FIFZ0502 03/11/09

Form 8868 (Rev 4-2009)

BAA

THE JOURNAL RECORD

Oklahoma City, Oklahoma 73126-0370 Telephone 278-2801

PUBLISHER'S AFFIDAVIT

NOTICE	
08/31/2009	
ANNUAL REPORT	

NUMBER **PUBLICATION DATES**

LEGAL NOTICE

STATE OF OKLAHOMA **COUNTY OF OKLAHOMA**

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1, of lawful age, being duly swom, am a legal representative of The Journal Record of Oklahoma City, Oklahoma, a daily newspaper of general circulation in Oklahoma County, Oklahoma, printed in the English Language and published in the City of Oklahoma City, in Oklahoma County, State of Oklahoma, continuously and uninterruptedly published in the County for a period of more than 104 consecutive weeks prior to the first publication of the attached notice, and having a paid general subscription circulation therein and with admission to the United States mails as paid second-class mail matter

That said notice a true copy of which is attached hereto, was published in the regular edition of said newspaper during the period and time of publication and not in a supplement on the ABOVE LISTED DATE(S)

(MS164076R)
NOTICE
The Annual Report of The American Medical Foundation is available for inspection at its principal office at 1800 MidAmerica Tower, 20 N Broadway, Oklahoma City, Oklahoma 73102, at the request of any citizen The principal manager of the organization is John J Griffin, Jr The report may be inspected any time from 9 a m to 5 p m, Monday through Friday, except holidays, until 365 days from the publication of this notice

John J Griffin, Jr Principal Manager (8-31-09)

Teper Jantooser

(Representative Signature)

Subscribed and sworn to before me this 31 st day of August 2009

07006934 EXP. 07/30/11 OF OKLANDING

Notary Public

Commission Number 07006934 My Commission expires 07/30/2011

Order Number

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Publisher's Fee

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