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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)

2010

OMB No 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010 D Employer identification number Name of organization B Check if applicable Osteopathic Founders Foundation Address change 73-0583936 Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) (918) 551-7300 4812 E 81st Street Terminated **G** Gross receipts \$ 10,561,367 Amended return City or town, state or country, and ZIP + 4 Tulsa, OK 74137 Application pending Name and address of principal officer Sherri L Wise 4812 East 81st St Ste 301 **H(b)** Are all affiliates included? Tulsa, OK 74137 If "No," attach a list (see instructions) H(c) Group exemption number 🕨 Tax-exempt status **Website: ►** www osteopathicfounders org K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► M State of legal domicile OK L Year of formation 1943 Part I Summary 1 Briefly describe the organization's mission or most significant activities The mission of Osteopathic Founders Foundation is to support osteopathic medical education, to enhance the public's understanding of osteopathic medicine, and to improve the health of the community through projects consistent with the Activities & Governance osteopathic philosophy 2 Check this box 🔰 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . 4 14 5 8 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . Total number of volunteers (estimate if necessary) 6 30 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a ${f b}$ Net unrelated business taxable income from Form 990-T, line 34 7h **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 227,559 192,788 Rayenue Program service revenue (Part VIII, line 2g) . 63,534 75,142 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -515,993 788,174 1,018,058 1,681,688 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 793,158 2,737,792 12) . 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 287,422 162,318 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 236,940 243,879 10) Professional fundraising fees (Part IX, column (A), line 11e) . 16a 0 Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 43,205$ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 277,079 326,609 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 676,337 857,910 19 Revenue less expenses Subtract line 18 from line 12 . 116,821 1,879,882 Net Assets or Fund Balances **Beginning of Current End of Year** Year 16,234,751 20 Total assets (Part X, line 16) . 13,646,624 21 Total liabilities (Part X, line 26) . . 146,605 281,687 22 Net assets or fund balances Subtract line 21 from line 20 13,500,019 15,953,064 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

JOHN F GRACE CPA

ABV CFF

Preparer's signature

May the IRS discuss this return with the preparer shown above? (see instructions) \dots

Signature of officer

Print/Type

preparer's name

Sherri L Wise President Type or print name and title

Firm's name 🕨 STANFIELD & ODELL PC

Firm's address 3211 S LAKEWOOD AVE

JOHN F GRACE CPA

ABV CFF

TULSA, OK 741354903

Sign Here

Paid

Preparer

Use Only

2011-06-01

Check if self-

employed 🕨 「

Firm's EIN

Phone no 🕨 (918) 628-

Form 990 (2010)

Par	t III	Statement of Program S Check if Schedule O contains a			
1	Briefl	y describe the organization's mi	ssion		
				medical education, to enhance the	
oste	opathic	medicine, and to improve the he	ealth of the community through	projects consistent with the osteo	pathic philosophy
2	the pr	or Form 990 or 990-EZ?		ng the year which were not listed oi	↑ Yes V No
		s," describe these new services			
3		ne organization cease conducting		· · · · -	┌ Yes ┌ No
		s," describe these changes on S) 165 P NO
4	Section		nızatıons and section 4947(a)	tion's three largest program service (1) trusts are required to report the th program service reported	
4a	(Code	e) (Expenses \$	655,476 including gr	ants of \$ 287,422) (Revenu	e \$ 76,885)
	Schola assist osteo profes Found Osteo	arships, which are granted competitively osteopathic medical students with the pathic residents enrolled in AOA or ACGI ssional level employees of a hospital will dation's commitment to medical educationaths founders is to continually improves	of and based on academic achievement costs of their tuition, fees, and books ME accredited post graduate training p nich sponsors post graduate training p on reaches to the post-doctoral level we patient care by providing timely, re	icant portion of its resources on activities re nt, professional ambassadorship, and comm Educational stipends, which are also grant programs, professional level employees of corgrams which are accredited by the Ameri through our programs of Continuing Medica elevant, evidence based clinical knowledge erican Osteopathic Association as a Category	unity engagement are provided to ed competitively, are available to colleges of osteopathic medicine, or to can Osteopathic Association. The Iducation The CME mission of the to osteopathic physicians and other
4b	(Code	e) (Expenses \$	ıncludıng gra	ants of \$) (Revenue	\$)
4c	(Code	e) (Expenses \$	ıncludıng gra	ants of \$) (Revenue	\$)
4d		er program services (Describe ii enses \$	n Schedule O) including grants of \$) (Revenue \$)
4e	Tota	l program service expenses►\$	655,476		

art TV	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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b		Νο
С	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.	11c		No
d	Did the organization report an amount for other assets 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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20ь		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a 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		No
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		No
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? <i>If "Yes," complete Schedule L, Part III </i>	27		No
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		No.
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"	28b		No
c	complete Schedule L, Part IV	28c		No
29				No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32		32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	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	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 13			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
_		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		l No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		N.
.	account)?			No
Ь	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	See histractions for him grequirements for Form FB F 30 22 1, Report of Foreign Bunk and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			Νo
		5с		
а	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		No
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		No
	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 goods and services provided to the payor?	7a		N o
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Νο
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		l No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		No
	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 organization, have excess			
	business holdings at any time during the year?	8		l No
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1				
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
h	Enter the amount of reserves the organization is required to maintain by the states			
,	in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	L_L_L_			
1>	Did the organization receive any payments for indoor tanning services during the tax year?	14a		l No

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Charle of Cabadula O	contains a response to an	v avection in this Dort VI						 7
Check ii Schedule O	contains a response to an	y question in tills Fait vi		•				

Se	ction A. Governing Body and Management			
			Yes	No
4-	Enter the number of voting members of the governing body at the end of the tax			
1a	year			
b	Enter the number of voting members included in line 1a, above, who are			
_	ındependent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			1
<u>Re</u>	venue Code.)			1
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		No
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	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 with a taxable entity during the year?	16a		No.
b	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		No.
Se	ection C. Disclosure	_00		1 110
17	List the States with which a copy of this Form 990 is required to be filed ►OK			

- Section 6104 requires an organization to make its Form 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 of Own website. Another's website. Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Figure 1. Sherri L Wise

4812 E 81st St Ste 301

Tulsa, OK 74137 (918) 551-7300

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) (C) A verage Position (check all that apply)							(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) Stephen G Bovasso DO Treasurer	2 00	х						0	0	0
(2) Sherri L Wise President	40 00			х				136,501	0	10,000
(3) Sheldon C Berger DO Director	1 00	х						0	0	0
(4) Richard R Polk DO Director	1 00	х						0	0	0
(5) Michael P Carney DO Director	1 00	х						0	0	0
(6) Larry D McKenzie DO Director	2 00	х						0	0	0
(7) Kımberlie K Dullye MD Dırector	1 00	х						0	0	0
(8) Jeffrey S Stroup PharmD Director	1 00	х						0	0	0
(9) Jay M Williamson DO Secretary	1 00	х						0	0	0
(10) James M Benien Director	1 00	х						0	0	0
(11) Henry G Will Director	1 00	х						0	0	0
(12) Donald M Dushay DO Director	1 00	х						0	0	0
(13) Arthur G Wallace DO Director	1 00	х						0	0	0
(14) Andrew S Crawford DO Director	2 00	х						0	0	0

\$100,000 in compensation from the organization ▶0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

week (describe hours for related regarizations in Schedule O) Sub-Total S		(A) Name and Title	Name and Title A verage Position (check all Reportable Reportable hours that apply) compensation compensation from the from relationships from the compensation compensation from the from relationships from the from the from relationships from the compensation from the from the from the from the from the compensation from the compensation from the from the compensation fro							Reportable compensation	1	(F) Estima amount o	ated fother	
Total from continuation sheets to Part VII, Section A			week (describe hours for related organizations in Schedule O)										from t organizati relat	the ion and ed
Total from continuation sheets to Part VII, Section A												_		
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
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Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶1 Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	.b								-					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►1 Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual									-	136 501				10 000
\$100,000 in reportable compensation from the organization 1. Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<u>a</u>									· ·	<u> </u> n			10,000
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual								220,0	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
on line 1a? If "Yes," complete Schedule J for such individual													Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3						eye •	mploy •	ee, o	r highest compens	ated employee	_		N
Individual	Ļ	·					oens	ation	and o	other compensation	n from the	3		NO
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person			ations greater th	nan \$15	0,00	07 1	f "Y	es," co • •	mple •	te Schedule J for su	ch	4		N.a
Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C)	5		receive or accru	ue comi	- oensa	- ition	fror	n anv	- unrel	ated organization o	or individual for	4		NO
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C)											•	5		No
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C)	Se	ection B. Independent Cor	tractors											
(A) (B) (C)	L	Complete this table for your five	hıghest comper		ndep	ende	ent o	ontra	ctors	that received more	e than			
			(A)							Descr				
									· · ·					
I L														

		Statement of Boyen					Pa	age 9
art V	<u> </u>	Statement of Reven	ие		(A) Total revenue	or exempt function	(C) Unrelated business revenue	exclude from tax
						revenue		under section 512, 513, o 514
	1a F	ederated campaigns	1a					
contributions, gitts, grants and other similar amounts	b M	lembership dues	. 1b	3,425				
<u>€</u> ₩	c F	undraising events	. 1c	10,584				
<u>~</u> =	d R	elated organizations	. 1d					
를 등	e G	overnment grants (contributions)	1e					
2	f Al	ll other contributions, gifts, grants milar amounts not included above	, and 1f	178,779				
Ö	g N	oncash contributions included in li	nes 1a-1f \$	10,584				
a a	h T	otal. Add lines 1a-1f			192,788			
<u>a</u>				Business Code				
를	_	uition and Fees		611420	75,142	75,142		
Program Service Revenue	b _							
) F	c d							
33	ё – е							
<u> </u>	f A	. Il other program service re	venue					
<u>်</u>	- T	otal.Add lines 2a-2f	_		75,142			
-		nvestment income (includin			73,142			
		nd other similar amounts)	· ·		402,549			402,
		ncome from investment of tax-ex			0			
	5 R	oyaltıes	<u> </u>		0			
	6 - C	iross Rents	(ı) Real	(II) Personal				
		ess rental						
		xpenses ental income						
	01	r (loss) let rental income or (loss)			0			
-	<u> </u>	ret rental income of (1033)	(ı) Securities	(II) O ther				
	fr as	ross amount om sales of ssets other Ian Inventory	8,101,255					
	ot sa	ess cost or ther basis and ales expenses	7,715,630					
	_	ain or (loss)	385,625		385,625			385,6
F		et gain or (loss)						303,0
	(r \$	not including 10,584 f contributions reported on						
		ee Part IV, line 18						
	b 1	ess direct expenses	a b	211,100 107,945				
		et income or (loss) from fur			103,155	<u>L</u>	<u> </u>	103,
	9a G	ross income from gaming a	ctivities See Part IV, line 19 . a					
		•		ь	0			
F		et income or (loss) from ga						
		eturns and allowances .						
	h ·	ess cost of goods sold .	a h					
		et income or (loss) from sa	<u>.</u>		0			
		Miscellaneous Revenue		Business Code				
	11a M	Iıscellaneous			1,743	1,743		
	b M	ledicare Claim Settlement			1,576,790	1,576,790		
	С					, ,		
	d A	Il other revenue						
	е Т	otal. Add lines 11a-11d			1,578,533			
	12 -	otal revenue. See Instructi	one b		, · · ,,			
	14 1	otai revenue. See Instructi	uns		2,737,792	1,653,675		891,3

Part IX Statement of Functional Expenses

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

Δ	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).										
Do no	other organizations must complete column (x) but are not required to cooperate amounts reported on lines 6b, p, 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	202,754	202,754								
2	Grants and other assistance to individuals in the	,	,								
	U S See Part IV, line 22	84,668	84,668								
3	Grants and other assistance to governments,										
_	organizations, and individuals outside the U S See										
	Part IV, lines 15 and 16	0									
4	Benefits paid to or for members	0									
5	Compensation of current officers, directors, trustees, and key employees	136,501	93,641	26,200	16,660						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0									
7	Other salaries and wages	67,682	52,390	7,030	8,262						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,000	6,500	2,000	1,500						
9	Other employee benefits	16,348	11,940	2,519	1,889						
10	Payroll taxes	13,348	9,700	2,085	1,563						
а	Fees for services (non-employees) Management	0									
ь	Legal	63,422		57,080	6,342						
c	Accounting	19,448		17,503	1,945						
d	Lobbying	0			·						
e	Professional fundraising services See Part IV, line 17	0									
f	Investment management fees	71,267	71,267								
g	Other	0									
12	Advertising and promotion	0									
13	Office expenses	0									
14	Information technology	0									
15	Royalties	0									
16	Occupancy	52,437	44,269	4,901	3,267						
17	Travel	10,118	7,484	2,300	334						
18	Payments of travel or entertainment expenses for any federal,										
	state, or local public officials	0									
19	Conferences, conventions, and meetings	0									
20	Interest	0									
21	Payments to affiliates	0									
22	Depreciation, depletion, and amortization	13,905	11,548	1,414	943						
23	Insurance	4,433	2,345	2,088							
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)										
а	Telephone	4,759	2,826	1,933							
ь	SUPPLIES	8,539	6,667	1,872							
С	Printing and Publications	11,926	3,206	8,720							
d	OUTSIDE SERVICES	25,670	23,342	2,328							
e	Board & Committee	14,039	7,020	7,019							
f	All other expenses	26,646	13,909	12,237	500						
25	Total functional expenses. Add lines 1 through 24f	857,910	655,476	159,229	43,205						
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the										
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										

Pa	rt X	Balance Sheet										
					(A) Beginning of year		(B) End of year					
	1	Cash—non-interest-bearing			3,435	1	94,132					
	2	Savings and temporary cash investments			55,617	2	82,942					
	3	Pledges and grants receivable, net				3	26,417					
	4	Accounts receivable, net			3,675	4	1,581,069					
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key e	employees, and								
		Schedule L				5	0					
	6		persons described in section $4958(c)(3)(B)$, and contributing employers, and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions)									
- 3		Schedule L				6	0					
ssets	7	Notes and loans receivable, net			7	0						
⋖	8	Inventories for sale or use		734	8	48						
	9	Prepaid expenses and deferred charges	-		4,552	9	4,446					
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	152,009								
	ь	Less accumulated depreciation	10Ь	121,728	40,438	10c	30,281					
	11	Investments—publicly traded securities			13,058,461	11	13,904,620					
	12	Investments—other securities See Part IV, line 11			479,712	12	510,796					
	13	Investments—program-related See Part IV, line 11			13	0						
	14	Intangible assets			14	0						
	15	Other assets See Part IV, line 11			15	0						
	16	Total assets. Add lines 1 through 15 (must equal line 34)		13,646,624	16	16,234,751						
	17	Accounts payable and accrued expenses .			35,583	17	160,665					
	18	Grants payable				18						
	19	Deferred revenue				19						
	20	Tax-exempt bond liabilities				20						
68	21	Escrow or custodial account liability Complete Part IV of Schedule	e D .			21						
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified										
Lia		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			111,022	25	121,022					
	26	Total liabilities. Add lines 17 through 25			146,605	26	281,687					
Š		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete li	nes 27								
ည		through 29, and lines 33 and 34.										
<u> </u>	27	Unrestricted net assets			11,549,812		13,921,006					
Fund Balances	28	Temporarily restricted net assets		987,652	\vdash	1,066,078						
Ξ	29	Permanently restricted net assets		962,555	29	965,980						
		Organizations that do not follow SFAS 117, check here ▶ ☐ and	plete									
٥	30	lines 30 through 34.										
Assets	30	Capital stock or trust principal, or current funds			30							
Š	31	Paid-in or capital surplus, or land, building or equipment fund				31						
	32	Retained earnings, endowment, accumulated income, or other fu		40.500.515	32	45.050.551						
Ř	33	Total net assets or fund balances			13,500,019		15,953,064					
	34	Total liabilities and net assets/fund balances			13,646,624	34	16,234,751					

Pa	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,7	737,79:
2	Total expenses (must equal Part IX, column (A), line 25)	2			 357,91
3	Revenue less expenses Subtract line 2 from line 1	3	1,879,8		379,88
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		13,5	500,01
5	Other changes in net assets or fund balances (explain in Schedule O)	5		5	573,16
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		15,9	953,06
Pai	Tt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		•	୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?		2b		Νo
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ssued			
_	Separate basis Consolidated basis Both consolidated and separated basis				
3 a	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?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		Νo

DLN: 93493152006171

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization Osteopathic Founders Foundation

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Employer identification number

73-0583936

Pa	rt I	Reas	on for Pu	blic Charity Stat	tus (All org	janizations	must comp	olete this p	oart.) See i	nstructions	
he o	organi	zatıon ıs	not a privat	e foundation becaus	eıtıs (Forl	ınes 1 throu	ıgh 11, check	only one bo	ox)		
1	Г	A churc	h, conventi	on of churches, or as	ssociation of	churches d	escribed in s e	ection 170(l	b)(1)(A)(i).		
2	Γ	A schoo	ol described	ın section 170(b)(1)(A)(ii). (A ti	tach Sched	ule E)				
3	Γ	A hospi	tal or a coo	perative hospital sei	vice organiz	atıon descr	ıbed ın sectio	n 170(b)(1)	(A)(iii).		
4	Γ			ı organızatıon operat ty, and state	ed in conjun	ction with a	hospital desc	cribed in sec	ction 170(b)	(1)(A)(iii). E	Enter the
5	Γ			erated for the benefit		or universi	ty owned or o	perated by a	a governmen	tal unit desc	cribed in
_	_			A)(iv). (Complete P	· ·			4-0/13/4			
6	 			local government or	_						
7	 	describ	ed ın	t normally receives A)(vi) (Complete P		I part of its	support from	a governme	ental unit or i	rom the gen	eral public
8	Γ			described in section		A)(vi) (Cor	nplete Part II	:)			
9	Г	Anorga	nization tha	t normally receives	(1) more th	an 331/3%	of its support	from contri	butions, mer	nbership fee	s, and gross
		receipts	s from activ	ities related to its ex	empt function	ns—subjec	t to certain e	xceptions, a	and (2) no mo	ore than 331	./3% of
		ıts supp	ort from gro	ss investment incoi	me and unrel	ated busine	ss taxable ın	come (less	section 511	tax) from bu	ısınesses
		acquire	d by the org	anızatıon after June	30,1975 S	ee section !	509(a)(2). (C	omplete Pai	rt III)		
LO	Γ	Anorga	nızatıon org	anized and operated	l exclusively	to test for p	public safety	Seesection	509(a)(4).		
11	Γ	one or r	more publicl	anized and operated y supported organiza bes the type of supp b Type II	atıons descri ortıng organı	bed in sect zation and o	ion 509(a)(1)) or section s 11e throu	509(a)(2) S gh 11h	ee section 5	
e f g	1	other the section of the ocheck the Since A	nan foundati 509(a)(2) rganization his box ugust 17, 2 g persons?	ox, I certify that the on managers and other received a written decoded, has the organic certify or undersetty or	ner than one etermination zation accep	or more pub from the IR ted any gıft	olicly support	ed organizat Type I, Typ on from any	e II or Type	ed in sectio	n 509(a)(1) or ng organization,
				rectly or indirectly co governing body of th				persons des	scribed in (ii,	119	Yes No
			•	er of a person describ		_	ation.			11g	
			•	led entity of a persoi			ahove?			11g	
h		• •		ig information about						119	(/
•				ig illionidation about	the supporte	.u organizat					
	(i) Name suppo rganız	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you not organizat col (i) of suppor	ion in your	(vi Is the organization or	ne tion in ganized	(vii) A mount of s upport
				instructions))	Yes	No	Yes	No	Yes	No	
					I	I	1	1	1	1	

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

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

	under Fait III. II th	e organizacion i	ans to quanty u	idei tile tests i	sted below, pie	sase co	IIIpiete r	ait III.)
S	ection A. Public Support							
Cale	endar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	187,65	198,659	201,750	223,234		196,213	1,007,506
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to							0
	the organization without charge	107.55	100.550	204 750	222.224		105 212	1 007 506
4	Total. Add lines 1 through 3 The portion of total contributions b	187,65	198,659	201,750	223,234		196,213	1,007,506
5	each person (other than a	^y						
	governmental unit or publicly supported organization) included o line 1 that exceeds 2% of the amount shown on line 11, column	n						0
6	(f) Public Support. Subtract line 5 from line 4	n						1,007,506
S	ection B. Total Support		-1		L			
	endar year (or fiscal year	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	210	(f) Total
_	beginning in) 🟲	187,650	198,659	201,750	223,234	(0) = (196,213	1,007,506
7 8	A mounts from line 4 Gross income from interest,	187,030	198,039	201,730	223,234		190,213	1,007,300
0	dividends, payments received on securities loans, rents, royalties and income from similar	752,476	1,125,691	481,454	383,212		402,549	3,145,382
9	sources Net income from unrelated business activities, whether or not the business is regularly							0
10	carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	105	11,222	64,350	1,222		1,744	78,643
11	Total support (Add lines 7 through 10)							4,231,531
12	Gross receipts from related activit	ies, etc (See insti	uctions)		·	12		3,903,688
13	First Five Years If the Form 990 is check this box and stop here	for the organization	on's first, second,	thırd, fourth, or fı	fth tax year as a	501(c)(, -	ation, ▶
	ection C. Computation of Pu							
14	Public Support Percentage for 201	0 (line 6 column (f) divided by line	l1 column (f))		14		23 810 %
15	Public Support Percentage for 200	9 Schedule A, Par	t II, lıne 14			15		23 080 %
16a	33 1/3% support test—2010. If the and stop here. The organization qu				ne 14 is 33 1/3%	or more	, check th	nis box
	33 1/3% support test—2009. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization me organization	n qualifies as a pu — 2010. If the orga ation meets the "fa	blicly supported on nization did not c cts and circumst	organization heck a box on lind ances" test, chec	e 13, 16a, or 16t k this box and st	and line	e 14 Explain	▶┌
	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organiza supported organization Private Foundation If the organiza	nization meets the ation meets the "fa	"facts and circui cts and circumst	nstances" test, c ances" test The	heck this box and organization qual	d stop h e ifies as a	ere. a publicly	▶ ┌
18	instructions	cion ulu not check	a DOX OII IIIIE 13,	10a, 10b, 1/a Or	1/D, CHECK LIHS	DOX alld	566	▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

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

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

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

Supplemental Information. 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Part II, Line 17b--see attached

Part II, Line 17b--see attached

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493152006171

OMB No 1545-0047

Open to Public Inspection

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.

Employer identification number Name of the organization Osteopathic Founders Foundation 73-0583936 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 Aggregate contributions to (during year) 3 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 ┌ No 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II 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 importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during
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 violations, and enforcement of the conservation easements it holds?
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►
A mount 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 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?
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

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 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
- 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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part	Organizations Maintaining Co	llections of Art	t, His	tori	cal Tr	easui	res, or O	the	<u>r Simil</u>	ar Ass	sets (continued)
	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e foll	lowing ti	hat are	asıgnıfıca	ant us	se of its	collecti	on	
а	Public exhibition		d	Γ	Loan o	rexch	ange progi	ams				
b	Scholarly research		e	Γ	Other							
с	Preservation for future generations											
	Provide a description of the organization's co	ollections and expla	un hav	v the	v furthe	r the o	rdanization	'S 6 Y	emnt nu	rnose ir	1	
	Part XIV	onections and expla	1111 1101	v ciic	y luitile	i the or	rgamzatioi	13 CX	стрс ра	i pose ii		
	During the year, did the organization solicit								ılar	_	- Yes	_ N.
Part	assets to be sold to raise funds rather than t								os" to E			│ No
Раги	Part IV, line 9, or reported an ar						answere	u re	es to r	01111 9	<i>3</i> 0,	
	Is the organization an agent, trustee, custoo included on Form 990, Part X?						rotherass	ets n	ot	Г	Yes	
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing t	able		_					
										Am	ount	
c	Beginning balance							1 c				
d	Additions during the year						L	1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?				_			Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	1										
Par	t V Endowment Funds. Complete	ıf the organızatıo	n ans	were	ed "Yes	s" to F	orm 990,					
		(a)Current Year	(b)	Prior \		(c) Two	o Years Back		Three Yea	rs Back	(e) Four	Years Back
La	Beginning of year balance	962,555			957,530		956,94	+				
b	Contributions	3,425			5,025		7,00	0				
c	Investment earnings or losses											
d	Grants or scholarships											
	Other expenditures for facilities and programs						6,41	0				
f	Administrative expenses											
g	End of year balance	965,980			962,555		957,53	0				
2	Provide the estimated percentage of the yea	r end balance held	as					_				
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment											
С	Term endowment ▶											
	Are there endowment funds not in the posse	ssion of the organiz	ation 1	that a	are held	and ac	dministere	d for t	:he			
	organization by										Yes	No
	(i) unrelated organizations									. 3a(i		No
	(ii) related organizations									3a(i	i)	No
	If "Yes" to 3a(II), are the related organizatio	•						•		. 3b		No
	Describe in Part XIV the intended uses of th					20 0		10				
Part	VI Investments—Land, Building	s, and Equipme	nt. S				· ·				.	
	Description of investment				a) Cost or sıs (ınves		(b)Cost or basis (oth			umulated eciation	(d)	Book value
1 a L	and											
b B	uildings											
c L	easehold improvements											
⊿ ⊏	quipment											
u L												
)ther	<u> </u>					15	2,009		121,7	28	30,281

(a) Description of security or category	e Form 990, Part X, line 12.	(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other (A) Money market funds	101,345	C
(B) US Treasury Securities	103,532	C
Table (California (h.) abasilda assal Farra 2000, Bart V. and (D.) kan di 2.)	F	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. Se		
(a) Description of investment type		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	 -	
Part IX Other Assets. See Form 990, Part X,		T
(a) Descr	ription	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Part (a) Description of Liability		
	(b) A mount	
Federal Income Taxes Funds held for others	31.033	
Deferred Compensation	21,022	
Deferred Compensation	100,000	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	▶ 121,022	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,737,792
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	857,910
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,879,882
4	Net unrealized gains (losses) on investments	4	573,163
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	573,163
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,453,045
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retur	n
1	Total revenue, gains, and other support per audited financial statements	1	3,418,900
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	681,108
3	Subtract line 2e from line 1	3	2,737,792
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,737,792
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1	965,855
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	· · · · · · · · · · · · · · · · · · ·		
•	Donated services and use of facilities 2a		
ь	Donated services and use of facilities		
ь	Prior year adjustments		
ь	Prior year adjustments	2e	107,945
b c d	Prior year adjustments	2e 3	107,945 857,910
b c d e	Prior year adjustments 2b Other losses 2c Other (Describe in Part XIV) 2d 107,945 Add lines 2a through 2d		
b c d e	Prior year adjustments 2b Other losses 2c Other (Describe in Part XIV) 2d 107,945 Add lines 2a through 2d		
b c d e 3	Prior year adjustments 2b Other losses 2c Other (Describe in Part XIV) 2d 107,945 Add lines 2a through 2d Subtract line 2e from line 1		
b c d e 3 4 a	Prior year adjustments		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete 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 and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
•	Part XIII, Line 2d Other expenses and losses per audited F/S	fundraising exp \$107945
·	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	fundraising expenses \$107945

DLN: 93493152006171

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Mail solicitations

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding 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-EZ. See separate instructions.

e Solicitation of non-government grants

Inspection

Name of the organization **Employer identification number** Osteopathic Founders Foundation 73-0583936 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply

c d 2a	Internet and e-mail so Phone solicitations In-person solicitations Did the organization have or key employees listed in If "Yes," list the ten higher to be compensated at leas	s a written or oral agre i Form 990, Part VII st paid individuals or) or entity entities (in conne (fundraise	ction with professional rs) pursuant to agreem	ng events rs, directors, trustees fundraising services? ents under which the fui	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
Tot a		l	1	-			

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

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form				
			(a) Event #1 Winterset 2010 (event type)	(b) Event #2 (event type)	(c) O ther Events (total number)	(d) Total Events (Add col (a) through col (c))
ξ	1	Gross receipts	221,684	1		221,684
Revenue	2	Less Charitable contributions	10,584			10,584
<u>~</u>	3	Gross income (line 1 minus line 2)	211,100			211,100
	4	Cash prizes				
မွာ	5	Non-cash prizes	10,584	1		10,584
Expenses	6	Rent/facility costs				
	7	Food and beverages	46,100			46,100
<u>D</u>	8	Entertainment	3,600			3,600
Δ	9	Other direct expenses .	47,661			47,661
	10	Direct expense summary Add lin	ies 4 through 9 in column	(d)	🛌	107,945
	11	Net income summary Combine li	nes 3 and 10 ın column (d)		103,155
Par	t III	Gaming. Complete if the oil \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	irt IV, line 19, or rep	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Γ Yes % Γ No	Γ Yes % Γ No	┌ Yes % ┌ No	_
	7	Direct expense summary Add line	s 2 through 5 ın column (d)		
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	ımn (d)	<u> </u>	
9 a		er the state(s) in which the organize the organization licensed to operate				· · F _{Yes} F _{No}
b	If"	No," Explain				
10a b		re any of the organization's gaming Yes," Explain			the tax year?	· · Fyes Fno

11	Does the organization operate ga	aming activities with nonmembers?		Г үе	s Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (jaming?		Г _{Yе}	s Γ_{No}
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation > \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	* \$			
	Description of services provided	>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				· Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par			r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

DLN: 93493152006171

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Inspection

Employer identification number Name of the organization Osteopathic Founders Foundation 73-0583936 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "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. Part II can be (c) IRC Code section (e) A mount of non-(f) Method of 1 (a) Name and address of **(b)** EIN (d) A mount of cash (g) Description of (h) Purpose of grant ıf applıcable organization grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 15,000 (1) The Mental Health Asso 73-0657931 501(c)(3) 0 Housing 1870 South Boulder Avenue West Tulsa, OK 74119 (2) Oklahoma State Univers 73-6097060 501(c)(3) 122,754 Scholarship PO Box 1749 Endowment Stillwater, OK 74076 (3) Oklahoma State Univers 73-6097060 501(c)(3) 10,000 Scholarships PO Box 1749 Stillwater, OK 74076 (4) Iron Gate 501 South 20-3164551 20.000 501(c)(3) Feeding the homeless Cincinnati Avenue Tulsa, OK 74103 (5) HOPE HIV Outreach 73-1537952 501(c)(3) 10,000 HIV Prevention 1821 Fulton St Harrisburg, PA 17102 (6) Good Samarıtan Health 73-1559561 15,000 0 Medical Services 501(c)(3) Services 7600 S Lewis Ave Tulsa, OK 74136 73-0579223 501(c)(3) 10,000 (7) American Red Cross Disaster Assistance 10151 East 11th Street Tulsa, OK 74128

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. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Textbooks	80		21,661	Purchase Price	Textbooks
(2) Scholarships for medical students	4	16,500			
(3) Educational Stipends for healthcare professionals	7	5,530			
(4) Educational conference grants for healthcare professionals	274		40,977	Purchase price	Training, conferences, seminars

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		The Foundation requires that grants of \$5,000 or more be made to a written agreement. The agreement specifies the agreed upon purpose of the grant and other requirements of the grantee. The expenditure agreement requires that all funds must be utilized for the specified purpose within 15 months or returned to the Foundation. The agreement also requires that the grantee will furnish to the Foundation a complete report on the manner in which the funds were expended within twelve months of the date of the agreement and the records of all expenditures under the grant must be retained and made available for at least four years. The Foundation's expenditure agreement specifically prohibits any of its grant funds from being used to influence legislation or any public election and denies any transfer of grant funds to another.

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As Filed Data -

DLN: 93493152006171

OMBNo 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Name of the organization Osteopathic Founders Foundation **Employer identification number**

73-0583936

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	All documents are made available upon request

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	The organization has a written conflict of interest policy which serves to assist directors, officers, and employees of the corporation to identify situations that present potential conflicts of interest and to provide a procedure which will allow a transaction which is in the best interest of the corporation to be binding even though a director, officer, or employee may have a conflict of interest in respect to that transaction. The policy is distributed annually at the first meeting of the Board of Directors following the beginning of the corporation's fiscal year. The policy is reviewed during that meeting. Each person serving as a director, officer, or key employee of the corporation is required to annually complete a disclosure form identifying any relationships, positions, or circumstances in which he or she is involved that he or she believes could contribute to a conflict of interest arising. Materials for meetings of the Board of Directors are distributed electronically in advance of the meeting, giving directors, officers, and key employees and opportunity to identify any proposed action in which he or she may have a conflict of interest. Following the call to order at each meeting of the Board of Directors, a request for disclosure of any potential conflict of interest is made. An absence of a declaration of a conflict of interest at that time does not preclude the later announcement of a conflict of interest which is determined by a director, officer, or key employee during the meeting.

ldentifier	Return Reference	Explanation	
Form 990, Part VI, Line 11	, , , , , , , , , , , , , , , , , , ,	The review of the Form 990 is conducted by the CEO with the Foundation's independent accountant available to answer questions	

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	The Amended and Restated Bylaws of the organization state that the Chairman of the Board will annually appoint a nominating committee composed of five members of the corporation who are not then serving on the Board of Directors. The nominating committee, not less than ninety days prior to the corporation's fiscal year-end, shall nominate one candidate to fill the position of each director whose term is expiring. The nominations are announced to all members of the corporation 60 days prior to year-end. A form is made available at the principal office of the corporation for write-in nominations. Write-in nominations require the affirmation of three membbers of the corporation in order to be placed on the ballot. Ballots are required to be mailed to all members of the corporation.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	The Amended and Restated Bylaw's of the organization provide that membership in the corporation is granted to any person who is an osteopathic physician and who makes an annual financial contribution to the Foundation, or who makes a one-time contribution of at least \$250

Attachment to Form 990, Schedule A

Tax Year 2010

Reason for Public Charity Status under "Facts and Circumstances Test" as described in Temp. Reg. Sec. 1.170A-9T(f)(3)

Osteopathic Foundarion is recognized as an organization described in Code Sec 501(c)(3) It was created to support osteopathic medical education, to enhance the public's understanding of osteopathic medicine, and to improve the health of the community through projects consistent with the osteopathic philosophy

Previously, as part of its exempt activities, the Foundation operated a hospital, which was sold in 1996 Because of the hospital operations, the Foundation received a significant amount of its support in the form of program service revenue, and was classified as a public charity because it normally received (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, and (2) no more than 33 1/3% of its support from gross investment income Code Section 509(a)(2)

As a result of the sale of the hospital, the Foundation no longer receives the majority of its support from program service revenue. The organization did receive over \$2 million in 2006 and accrued an additional \$1.5 million in 2010 in Medicare fees from previous hospital activities. The 2010 accrual is the final settlement with Medicare. These two years' activities push the Code Section 509(a)(2) five-year public-support percentage in 2010 to 60.4%, up from 50.3% in 2009. Without this program service revenue, the Code Section 170(b)(1)(A)(iv) public-support percentage for 2010 is 23.8% from membership dues, public contributions, and fundraising contributions.

The Foundation had accrued contingent liabilities related to prior hospital operations. Because of these liabilities, the funds from the proceeds of the sale were retained to offset those accrued liabilities. The obligation to retain funds was completed in 2009 and \$1.1 million of liabilities were eliminated. The cash retention to fund the contingent liabilities resulted in a five-year investment-income percentage of 38.7% in 2010 and 47.9% in 2009.

Due to the sale of the hospital operation, which curtailed the Foundation's program service revenue, and the increased investment income due to the holding of funds to offset accrued liabilities, the Foundation did not meet the Code Section 509(a)(2) public-support test for its current or prior tax year. The organization can continue to qualify as a public charity because it receives a substantial part of its support from the general public described in Code Section 170(b)(1)(A)(iv). The public-support percentage exceeds 10%, and the Foundation conducts the following activities to attract public support

- Annual fundraising event "Winterset," a gala event featuring music, entertainment, guest speakers and a banquet Proceeds go to supporting scholarship programs of the Foundation
- 2 Membership dues from Foundation members, both annual dues and lifetime dues are solicited
- 3 Contributions are solicited through the membership, during the fundraising event, and through personal contact for the support of the Foundation's charitable programs (scholarships, educational programs, community grants, and the ECC training center)

The Foundation has continued the following activities related to its exempt purpose

- 1 Scholarships and educational stipends to assist osteopathic medical students
- 2 Sponsorship of a two-day educational program for all senior residents training in the regional area
- 3 Community grants awarded to organizations who share in our mission of providing care to the sick and in the prevention of disease
- 4 Operation of an Emergency Cardiovascular Care (ECC) training center In 2010, over 500 people were trained in basic life support (CPR), advanced cardiac life support, and pediatric advanced life support

Based on the ongoing efforts to attract public support, the activities conducted in keeping with its exempt purpose, meeting the 10%-of-support test, and because the Foundation plans to devote more of its assets to charitable expenditures in the future (which will reduce the amount of investment income), the organization meets the "facts and circumstances test" and is classified as publicly supported for the current tax year