

2010 TAX RETURN

CLIENT COPY

Client: OST0100

Prepared for: OSTEOPATHIC FOUNDERS FOUNDATION
4812 E. 81ST STREET SUITE 301
TULSA, OK 74137-1907
(918) 551-7300

Prepared by: JOHN F. GRACE, CPA, ABV, CFF
STANFIELD & O'DELL P.C.
3211 S LAKEWOOD AVE
TULSA, OK 74135-4903
(918) 628-0500

Date: MAY 31, 2011

Comments:

Route to: _____

2010 Exempt Org. Return
prepared for:

Osteopathic Founders Foundation
4812 E. 81st Street Suite 301
Tulsa, OK 74137-1907

STANFIELD & O'DELL P.C.
3211 S LAKEWOOD AVE
TULSA, OK 74135-4903

OSTEOPATHIC FOUNDERS FOUNDATION

73-0583936

	2010	2009	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	192,788	227,559	-34,771
PROGRAM SERVICE REVENUE.....	75,142	63,534	11,608
INVESTMENT INCOME.....	788,174	-515,993	1,304,167
OTHER REVENUE.....	1,681,688	1,018,058	663,630
TOTAL REVENUE.....	2,737,792	793,158	1,944,634
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	287,422	162,318	125,104
SALARIES, OTHER COMPEN., EMP. BENEFITS...	243,879	236,940	6,939
OTHER EXPENSES.....	326,609	277,079	49,530
TOTAL EXPENSES.....	857,910	676,337	181,573
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	1,879,882	116,821	1,763,061
TOTAL ASSETS AT END OF YEAR.....	16,234,751	13,646,624	2,588,127
TOTAL LIABILITIES AT END OF YEAR.....	281,687	146,605	135,082
NET ASSETS/FUND BALANCES AT END OF YEAR.	15,953,064	13,500,019	2,453,045

Return of Organization Exempt From Income Tax

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2010 calendar year, or tax year beginning , 2010, and ending ,

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

D Employer Identification Number
73-0583936

E Telephone number
(918) 551-7300

G Gross receipts \$ 10,561,367.

F Name and address of principal officer: **SHERRI L. WISE**
SAME AS C ABOVE

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If 'No,' attach a list. (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.OSTEOPATHICFOUNDERS.ORG **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of Formation: 1943 **M** State of legal domicile: OK

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>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 OSTEOPATHIC PHILOSOPHY.</u>			
	2 Check this box <input type="checkbox"/> 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)	14	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	8	
	6	Total number of volunteers (estimate if necessary)	30	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	227,559.	192,788.
	9	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.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,018,058.	1,681,688.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	793,158.	2,737,792.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	162,318.	287,422.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	236,940.	243,879.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
		16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 43,205.		
	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 Year	End of Year
	20	Total assets (Part X, line 16)	13,646,624.	16,234,751.
	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.	

Part II 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.

Sign Here

Signature of officer: SHERRI L. WISE Date: _____
 Type or print name and title: PRESIDENT

Paid Preparer Use Only

Print/Type preparer's name: JOHN F. GRACE, CPA, ABV, CF Preparer's signature: JOHN F. GRACE, CPA, ABV, CF Date: 5/31/11
 Check if self-employed PTIN: N/A

Firm's name: STANFIELD & O'DELL P.C. Firm's EIN: N/A
 Firm's address: 3211 S LAKEWOOD AVE
TULSA, OK 74135-4903 Phone no.: (918) 628-0500

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: []) (Expenses \$ 655,476. including grants of \$ 287,422.) (Revenue \$ 76,885.)

SEE SCHEDULE O

4b (Code: []) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code: []) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 655,476.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
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? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
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? <i>If 'Yes,' complete Schedule C, Part III.</i>		
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? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
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>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	X	
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.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
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? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
c 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? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
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)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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 'Yes,' complete Schedule F, Parts I and IV.</i>		X
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 United States? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
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 United States? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
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? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20 a Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b 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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
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? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
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.	X	

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 13		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 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. 8		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4 b	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.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	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?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	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?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12. 		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders. 		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	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.		
13 b	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. 		
13 c	Enter the amount of reserves on hand. 		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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

Check if Schedule O contains a response to any question in this Part VI.

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year.	1 a	14
1 b	Enter the number of voting members included in line 1a, above, who are independent.	1 b	14
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	X
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	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders? . . . SEE SCHEDULE O	6	X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? SEE SCHEDULE O	7 a	X
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? SEE SCH O	7 b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	8 a	X
8 b	Each committee with authority to act on behalf of the governing body?	8 b	X
9	Is there any officer, director or 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	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10 a	X
10 b	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?	10 b	
11 a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11 a	X
11 b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X
12 b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	X
12 c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	12 c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
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?		
15 a	The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O	15 a	X
15 b	Other officers of key employees of the organization	15 b	X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	X
16 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?	16 b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed OK
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 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 SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 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

Check if Schedule O contains a response to any question in this Part VII

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

1 a 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. 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) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREW S. CRAWFORD, D.O. DIRECTOR	2	X						0.	0.	0.
(2) JAMES M. BENIEN DIRECTOR	1	X						0.	0.	0.
(3) STEPHEN G. BOVASSO, D.O. TREASURER	2	X						0.	0.	0.
(4) MICHAEL P. CARNEY, D.O. DIRECTOR	1	X						0.	0.	0.
(5) SHELDON C. BERGER, D.O. DIRECTOR	1	X						0.	0.	0.
(6) DONALD M. DUSHAY, D.O. DIRECTOR	1	X						0.	0.	0.
(7) KIMBERLIE K. DULLYE, M. DIRECTOR	1	X						0.	0.	0.
(8) JEFFREY S. STROUP, PHAR DIRECTOR	1	X						0.	0.	0.
(9) JAY M. WILLIAMSON, D.O. SECRETARY	1	X						0.	0.	0.
(10) LARRY D. MCKENZIE, D.O. DIRECTOR	2	X						0.	0.	0.
(11) RICHARD R. POLK, D.O. DIRECTOR	1	X						0.	0.	0.
(12) ARTHUR G. WALLACE, D.O. DIRECTOR	1	X						0.	0.	0.
(13) HENRY G. WILL DIRECTOR	1	X						0.	0.	0.
(14) SHERRI L. WISE PRESIDENT	40			X				136,501.	0.	10,000.
(15) _____										
(16) _____										
(17) _____										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
(26) -----										
(27) -----										
(28) -----										
(29) -----										
1 b Sub-total							136,501.	0.	10,000.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							136,501.	0.	10,000.	

2 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
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3	X
4 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? <i>If 'Yes' complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a					
	b Membership dues	1 b	3,425.				
	c Fundraising events	1 c	10,584.				
	d Related organizations	1 d					
	e Government grants (contributions)	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	178,779.				
	g Noncash contributions included in lns 1a-1f: \$		10,584.				
	h Total. Add lines 1a-1f		192,788.				
PROGRAM SERVICE REVENUE	2 a <u>TUITION AND FEES</u>	Business Code 611420	75,142.	75,142.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		75,142.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		402,549.			402,549.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	8,101,255.			
		b Less: cost or other basis and sales expenses		7,715,630.			
		c Gain or (loss)		385,625.			
		d Net gain or (loss)		385,625.			385,625.
	8 a Gross income from fundraising events (not including \$ 10,584. of contributions reported on line 1c). See Part IV, line 18	a		211,100.			
		b Less: direct expenses	b	107,945.			
		c Net income or (loss) from fundraising events		103,155.			103,155.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a <u>MEDICARE CLAIM SETTLEMENT</u>			1,576,790.	1,576,790.			
b <u>MISCELLANEOUS</u>			1,743.	1,743.			
c							
d All other revenue							
e Total. Add lines 11a-11d			1,578,533.				
12 Total revenue. See instructions			2,737,792.	1,653,675.	0.	891,329.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	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				
4 Benefits paid to or for members				
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.	0.	0.	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.
11 Fees for services (non-employees):				
a Management				
b Legal	63,422.		57,080.	6,342.
c Accounting	19,448.		17,503.	1,945.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	71,267.	71,267.		
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
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				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
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.)				
a <u>OUTSIDE SERVICES</u>	25,670.	23,342.	2,328.	
b <u>BOARD & COMMITTEE</u>	14,039.	7,020.	7,019.	
c <u>PRINTING AND PUBLICATIONS</u>	11,926.	3,206.	8,720.	
d <u>SUPPLIES</u>	8,539.	6,667.	1,872.	
e <u>TELEPHONE</u>	4,759.	2,826.	1,933.	
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 <input type="checkbox"/> 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.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
ASSETS	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, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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)		6		
	7	Notes and loans receivable, net		7		
	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. Complete Part VI of Schedule D	10a	152,009.		
	b	Less: accumulated depreciation	10b	121,728.	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		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	13,646,624.	16	16,234,751.		
LIABILITIES	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		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.					
	27	Unrestricted net assets	11,549,812.	27	13,921,006.	
	28	Temporarily restricted net assets	987,652.	28	1,066,078.	
	29	Permanently restricted net assets	962,555.	29	965,980.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
	33	Total net assets or fund balances.	13,500,019.	33	15,953,064.	
34	Total liabilities and net assets/fund balances.	13,646,624.	34	16,234,751.		

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Form 990 (2010)

Part XI Reconciliation of Net Assets

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	2,737,792.
2	Total expenses (must equal Part IX, column (A), line 25)	2	857,910.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,879,882.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,500,019.
5	Other changes in net assets or fund balances (explain in Schedule O) . SEE SCHEDULE O	5	573,163.
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	15,953,064.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

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Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization OSTEOPATHIC FOUNDERS FOUNDATION	Employer identification number 73-0583936
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)	187,650.	198,659.	201,750.	223,234.	196,213.	1,007,506.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	187,650.	198,659.	201,750.	223,234.	196,213.	1,007,506.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						1,007,506.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.	187,650.	198,659.	201,750.	223,234.	196,213.	1,007,506.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	752,476.	1,125,691.	481,454.	383,212.	402,549.	3,145,382.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE 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 activities, etc (see instructions).					12	3,903,688.
13 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 .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	23.8%
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	23.1%
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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	%

Section 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.

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

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

Part IV **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).

PART II, LINE 17B - 10% FACTS AND CIRCUMSTANCES TEST - PRIOR YEAR

SEE ATTACHED

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>
OTHER RELATED INCOME	<u>1,744.</u>	<u>1,222.</u>	<u>64,350.</u>	<u>11,222.</u>	<u>105.</u>
TOTAL	<u>\$ 1,744.</u>	<u>\$ 1,222.</u>	<u>\$ 64,350.</u>	<u>\$ 11,222.</u>	<u>\$ 105.</u>

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

Osteopathic Founders Foundation 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:

1. 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.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2010

Name of the organization

OSTEOPATHIC FOUNDERS FOUNDATION

Employer identification number

73-0583936

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

OSTEOPATHIC FOUNDERS FOUNDATION

73-0583936

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DR. AND MRS. STEPHEN BOVASSO 2530 EAST 22ND STREET TULSA, OK 74114	\$ 5,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DIAGNOSTIC IMAGING ASSOCIATES, INC. 4500 SOUTH GARNETT, SUITE 919 TULSA, OK 74146	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	DR. AND MRS. TOM HAMILTON 1516 EAST 37TH STREET TULSA, OK 74105	\$ 5,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	CANCER TREATMENT CENTERS OF AMERICA 10109 EAST 79TH ST. TULSA, OK 74133	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	DR. & MRS. GEORGE ERBACHER 3211 WEST 73RD ST. TULSA, OK 74132	\$ 17,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	HEART INSTITUTE OF TULSA 802 SOUTH JACKSON, SUITE 200 TULSA, OK 74127	\$ 5,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

OSTEOPATHIC FOUNDERS FOUNDATION

73-0583936

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	RICH & CARTMILL ----- 2738 EAST 51ST ST. ----- TULSA, OK 74105 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
8	RODOLF & TODD ----- 401 SOUTH BOSTON ----- TULSA, OK 74103 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
9	SAINT FRANCIS HEALTH SYSTEM ----- 6161 SOUTH YALE AVENUE ----- TULSA, OK 74136 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
10	DR. AND MRS. RICHARD W. SCHAFER ----- 2132 SOUTH NORFOLK ----- TULSA, OK 74114 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
11	SOUTHCREST HOSPITAL ----- 8801 SOUTH 101ST EAST AVENUE ----- TULSA, OK 74133 -----	\$ 21,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
12	SOUJORN CARE ----- 9910 EAST 42ND STREET SOUTH ----- TULSA, OK 74146 -----	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

Employer identification number

OSTEOPATHIC FOUNDERS FOUNDATION

73-0583936

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	DR. AND MRS. THOMAS STEES 9714 SOUTH QUEBEC TULSA, OK 74137	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	DR. AND MRS. BUCK HILL 4704 CLOUDCROFT COURT NORMAN, OK 73072	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	THE F&M BANK & TRUST COMPANY 7100 SOUTH HARVARD TULSA, OK 74136	\$ 5,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	THE ORTHOPAEDIC CENTER 1809 EAST 13TH ST. SUITE 100 TULSA, OK 74104	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	DR. CANDY AND MR. ANDY TING 6827 SOUTH RICHMOND PLACE TULSA, OK 74136	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	TULSA NEUROLOGY CLINIC, INC. 7134 SOUTH YALE AVENUE, SUITE TULSA, OK 74136	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization OSTEOPATHIC FOUNDERS FOUNDATION	Employer identification number 73-0583936
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Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

OSTEOPATHIC FOUNDERS FOUNDATION

73-0583936

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-2 regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	962,555.	957,530.	956,940.		
b Contributions	3,425.	5,025.	7,000.		
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs			6,410.		
f Administrative expenses					
g End of year balance	965,980.	962,555.	957,530.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		152,009.	121,728.	30,281.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 30,281.

BAA

Part VII Investments—Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		

Part VIII Investments—Program Related. (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets. (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column(B), line 15)	

Part X Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	100,000.
(3) FUNDS HELD FOR OTHERS	21,022.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	121,022.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	2,737,792.
2 Total expenses (Form 990, Part IX, column (A), line 25)	857,910.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	1,879,882.
4 Net unrealized gains (losses) on investments	573,163.
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV)	
9 Total adjustments (net). Add lines 4 through 8	573,163.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	2,453,045.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	
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:	
a Net unrealized gains on investments	2a 573,163.
b Donated services and use of facilities	2b
c Recoveries of prior year grants	2c
d Other (Describe in Part XIV) . . . SEE . PART . XIV	2d 107,945.
e Add lines 2a through 2d	2e 681,108.
3 Subtract line 2e from line 1	3 2,737,792.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV.)	4b
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 2,737,792.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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:	
a Donated services and use of facilities	2a
b Prior year adjustments	2b
c Other losses	2c
d Other (Describe in Part XIV.) . . . SEE . PART . XIV	2d 107,945.
e Add lines 2a through 2d	2e 107,945.
3 Subtract line 2e from line 1	3 857,910.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV.)	4b
c Add lines 4a and 4b	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 857,910.

Part XIV Supplemental Information

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, line 2; 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.

**SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

FUNDRAISING EXPENSES.....	\$	107,945.
TOTAL	\$	<u>107,945.</u>

**SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

FUNDRAISING EXP.....	\$	107,945.
TOTAL	\$	<u>107,945.</u>

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		WINTERSET 2010 (event type)	(event type)	(total number)	(add column (a) through column (c))	
REVENUE	1	Gross receipts	221,684.		221,684.	
	2	Less: Charitable contributions	10,584.		10,584.	
	3	Gross income (line 1 minus line 2)	211,100.		211,100.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes	10,584.		10,584.	
	6	Rent/facility costs				
	7	Food and beverages	46,100.		46,100.	
	8	Entertainment	3,600.		3,600.	
	9	Other direct expenses	47,661.		47,661.	
	10	Direct expense summary. Add lines 4- through 9 in column (d)				107,945.
	11	Net income summary. Combine line 3, column (d), and line 10				103,155.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
					(add column (a) through column (c))	
REVENUE	1	Gross revenue				
DIRECT EXPENSES	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

Name of the organization

OSTEOPATHIC FOUNDERS FOUNDATION

Employer identification number

73-0583936

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. **SEE PART IV**

Part II 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 duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN RED CROSS 10151 EAST 11TH STREET TULSA, OK 74128	73-0579223	501 (C) (3)	10,000.	0.			DISASTER ASSISTANCE
(2) GOOD SAMARITAN HEALTH S 7600 S. LEWIS AVE. TULSA, OK 74136	73-1559561	501 (C) (3)	15,000.	0.			MEDICAL SERVICES
(3) HOPE (HIV OUTREACH) 1821 FULTON ST HARRISBURG, PA 17102	73-1537952	501 (C) (3)	10,000.	0.			HIV PREVENTION
(4) IRON GATE 501 SOUTH CINCINNATI AV TULSA, OK 74103	20-3164551	501 (C) (3)	20,000.	0.			FEEDING THE HOMELESS
(5) OKLAHOMA STATE UNIVERS P.O. BOX 1749 STILLWATER, OK 74076	73-6097060	501 (C) (3)	10,000.	0.			SCHOLARSHIPS
(6) OKLAHOMA STATE UNIVERS P.O. BOX 1749 STILLWATER, OK 74076	73-6097060	501 (C) (3)	122,754.	0.			SCHOLARSHIP ENDOWMENT
(7) THE MENTAL HEALTH ASSO 1870 SOUTH BOULDER AVEN TULSA, OK 74119	73-0657931	501 (C) (3)	15,000.	0.			HOUSING
(8) ----- -----							

2 Enter total number of section 501(c)(3) and government organizations ▶ 5

3 Enter total number of other organizations ▶ 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 EDUCATIONAL CONFERENCE					
2 GRANTS FOR HEALTHCARE					TRAINING, CONFERENCES,
3 PROFESSIONALS	274		40,977.	PURCHASE PRICE	SEMINARS
4 EDUCATIONAL STIPENDS FOR					
5 HEALTHCARE PROFESSIONALS	7	5,530.			
6 SCHOLARSHIPS FOR MEDICAL					
7 STUDENTS	4	16,500.			

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

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.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

OSTEOPATHIC FOUNDERS FOUNDATION

Employer identification number

73-0583936

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

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 OSTEOPATHIC PHILOSOPHY.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

AS PART OF ITS OVERALL MISSION, THE OSTEOPATHIC FOUNDERS FOUNDATION UTILIZES A SIGNIFICANT PORTION OF ITS RESOURCES ON ACTIVITIES RELATED TO MEDICAL EDUCATION. SCHOLARSHIPS, WHICH ARE GRANTED COMPETITIVELY AND BASED ON ACADEMIC ACHIEVEMENT, PROFESSIONAL AMBASSADORSHIP, AND COMMUNITY ENGAGEMENT ARE PROVIDED TO ASSIST OSTEOPATHIC MEDICAL STUDENTS WITH THE COSTS OF THEIR TUITION, FEES, AND BOOKS. EDUCATIONAL STIPENDS, WHICH ARE ALSO GRANTED COMPETITIVELY, ARE AVAILABLE TO OSTEOPATHIC RESIDENTS ENROLLED IN AOA OR ACGME ACCREDITED POST GRADUATE TRAINING PROGRAMS, PROFESSIONAL LEVEL EMPLOYEES OF COLLEGES OF OSTEOPATHIC MEDICINE, OR TO PROFESSIONAL LEVEL EMPLOYEES OF A HOSPITAL WHICH SPONSORS POST GRADUATE TRAINING PROGRAMS WHICH ARE ACCREDITED BY THE AMERICAN OSTEOPATHIC ASSOCIATION. THE FOUNDATION'S COMMITMENT TO MEDICAL EDUCATION REACHES TO THE POST-DOCTORAL LEVEL THROUGH OUR PROGRAMS OF CONTINUING MEDICAL EDUCATION. THE CME MISSION OF THE OSTEOPATHIC FOUNDERS IS TO CONTINUALLY IMPROVE PATIENT CARE BY PROVIDING TIMELY, RELEVANT, EVIDENCE BASED CLINICAL KNOWLEDGE TO OSTEOPATHIC PHYSICIANS AND OTHER HEALTH CARE PROVIDERS. IN 2009 THE FOUNDATION RECEIVED ACCREDITATION FROM THE AMERICAN OSTEOPATHIC ASSOCIATION AS A CATEGORY 1-A PROVIDER.

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

THE AMENDED AND RESTATED BYLAWS 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

Name of the organization

OSTEOPATHIC FOUNDERS FOUNDATION

Employer identification number

73-0583936

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER (CONTINUED)

CONTRIBUTION OF AT LEAST \$250.

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 MEMBERS OF THE CORPORATION IN ORDER TO BE PLACED ON THE BALLOT. BALLOTS ARE REQUIRED TO BE MAILED TO ALL MEMBERS OF THE CORPORATION.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

THE AMENDED AND RESTATED BY-LAWS OF THE CORPORATION RESERVE THE POWER TO AMEND THE BY-LAWS TO THE MEMBERSHIP OF THE CORPORATION. THE PROCEDURE REQUIRED TO AMEND THE BY-LAWS BEGINS WITH THE INITIATION OF THE PROPOSED AMENDMENT BY THE BOARD OF DIRECTORS. AT THE NEXT MEETING OF THE BOARD OF DIRECTORS, SUBSEQUENT TO THE MEETING AT WHICH THE PROPOSED AMENDMENTS WERE PRESENTED, SUCH AMENDMENTS MUST RECEIVE THE AFFIRMATIVE VOTE OF THE MAJORITY OF THE DIRECTORS. IF APPROVED BY THE BOARD OF DIRECTORS, THE PROPOSED AMENDMENTS SHALL BE MAILED TO THE MEMBERS OF THE CORPORATION AT LEAST 30 DAYS PRIOR TO THE DATE ESTABLISHED FOR THE BALLOT ON WHICH THEY ARE TO BE CONSIDERED FOR ADOPTION. TO BE EFFECTIVE, AMENDMENTS MUST RECEIVE THE AFFIRMATIVE VOTE OF TWO-THIRDS OF THE MEMBERS OF THE CORPORATION, COUNTING ONLY MEMBERS PRESENT IN PERSON AND MEMBERS REPRESENTED BY ABSENTEE BALLOT AT A MEETING OF THE MEMBERS OF THE CORPORATION AT WHICH A DULY QUALIFIED QUORUM IS PRESENT.

Name of the organization

OSTEOPATHIC FOUNDERS FOUNDATION

Employer identification number

73-0583936

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE REVIEW OF THE FORM 990 IS CONDUCTED BY THE CEO WITH THE FOUNDATION'S INDEPENDENT ACCOUNTANT AVAILABLE TO ANSWER QUESTIONS.

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.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGT

THE COMPENSATION OF THE FOUNDATION'S PRESIDENT/CEO IS DETERMINED BY THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE IS COMPOSED OF MEMBERS OF THE EXECUTIVE COMMITTEE PLUS ADDITIONAL MEMBERS OF THE BOARD OF DIRECTORS WHO ARE INVITED BY THE

Name of the organization

Employer identification number

OSTEOPATHIC FOUNDERS FOUNDATION

73-0583936

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG

CHAIRMAN DUE TO SPECIALIZED KNOWLEDGE. ALL MEMBERS OF THE COMPENSATION COMMITTEE ARE INDEPENDENT MEMBERS OF THE GOVERNING BODY. THE COMMITTEE DETERMINES, BASED ON BUDGETARY CONSIDERATIONS, WHETHER AN ADJUSTMENT IN COMPENSATION WILL BE CONSIDERED FOR THE YEAR. IF THE DECISION IS AFFIRMATIVE, THE COMMITTEE REVIEWS DATA FROM THE COUNCIL ON FOUNDATIONS ANNUAL SALARY SURVEY WHICH COMPILES SALARY AND BENEFIT INFORMATION FROM MORE THAN 800 FOUNDATIONS NATIONWIDE, STRATIFYING IT GEOGRAPHICALLY, BY ASSET SIZE, STAFF SIZE, AND MANY OTHER VARIABLES. THE COMMITTEE COMPARES THE ORGANIZATION'S CURRENT SALARY FOR THE CEO TO THE MEDIAN SALARY OF SIMILARLY LOCATED, LIKE-SIZED FOUNDATIONS AND DISCUSSES WHETHER AN ADJUSTMENT IN COMPENSATION IS WARRANTED. THE DISCUSSION AND SUBSEQUENT DECISION IS DOCUMENTED BY THE CHAIRMAN AND THE CONCLUSIONS OF THE COMMITTEE PRESENTED TO THE CEO IN A FOLLOW-UP MEETING.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ALL DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS.....	\$	573,163.
TOTAL	\$	<u>573,163.</u>