(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Io	Form 7004 to request an extension of time to file incom	ie tax retur	ns.			
	lentification					
Type or	Name of exempt organization, employer, or other filer, see instructions.			Taxpayer	axpayer identification number (TIN)	
Print	OHIO OSTEOPATHIC FOUNDATION			23-7263316		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 53 WEST THIRD AVENUE	ee instruct	ions.			
return. See instructions.	City, town or post office, state, and ZIP code. For a for COLUMBUS, OH 43201	oreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separa	e application for each return)			01
Applicati			Application Is For	<u></u>		Return
, approut		Code				Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
	/O (individual)	03	Form 5227			10
Form 990		04	Form 6069			11
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	P-T (trust other than above)	06	Form 5330 (individual)			13
	P-T (corporation)	07	Form 5330 (other than individual)			14
Form 104		08				
D'-						
Part II - Au	n Year Ending (MM/DD/YYYY) utomatic Extension of Time To File for Exempt Organ poks are in the care of HEIDI WEBER					
Part II - Au The bo	utomatic Extension of Time To File for Exempt Organ boks are in the care of HEIDI WEBER 53 W. THIRD ST.		MBUS, OH 43201			
Part II - Au The bo Teleph	utomatic Extension of Time To File for Exempt Organ books are in the care of <u>HEIDI WEBER</u> 53 W. THIRD ST. none No. <u>614-299-2107</u>	- COLU	MBUS, OH 43201 Fax No.			
Part II - Au The bo Teleph If the c	utomatic Extension of Time To File for Exempt Organpoks are in the care of HEIDI WEBER53 W. THIRD ST.one No.614-299-2107organization does not have an office or place of business	- COLU	IMBUS , OH 43201 Fax No. ted States, check this box			
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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

	•		EXTENDED TO MARCH 17, 2025 Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
For	m g	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations	2023
		of the Treasury	Do not enter social security numbers on this form as it may Go to www.irs.gov/Form990 for instructions and the lates	-	Open to Public Inspection
		enue Service	-	APR 30, 2024	Inspection
В	Check if	C Name o	f organization	D Employer identifica	ation number
	applicat — Addr				
	 Nam		OSTEOPATHIC FOUNDATION		c
	chan Initia	ge Doing b	usiness as	23-726331	.0
	returi Final	53 10	r and street (or P.O. box if mail is not delivered to street address) Room/su	uite E Telephone number (614)299-	2107
	⊥returi termi ated	n-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	436,343.
	Amer	nded COT TI	MBUS, OH 43201	H(a) Is this a group ret	
	Appli tion pend	F Name a	nd address of principal officer: MATT HARNEY	for subordinates?	Yes X No
		SAME	AS C ABOVE	H(b) Are all subordinates inc	
		empt status: [X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 5011000.0RG		ist. See instructions
	Webs			H(c) Group exemption fear of formation: 1963 Μ	
	art I	Summary			
	1		be the organization's mission or most significant activities: SEE SCHE	DULE O	
Governance		,			
nar	2	Check this bo	x if the organization discontinued its operations or disposed of m	ore than 25% of its net asse	ets.
Nel	3	Number of vo	ting members of the governing body (Part VI, line 1a)	3	10
		Number of inc	dependent voting members of the governing body (Part VI, line 1b)	4	9
80	5	Total number	of individuals employed in calendar year 2023 (Part V, line 2a)	5	0
Activities &	6	Total number	of volunteers (estimate if necessary)	6	10
cti	7 a		d business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	7b	0.
				Prior Year	Current Year
e	8	Contributions	and grants (Part VIII, line 1h)	28,540.	15,060.
Revenue	9	Program servi	ice revenue (Part VIII, line 2g)	289,009.	225,934.
ev V	10		come (Part VIII, column (A), lines 3, 4, and 7d)	58,098.	64,007.
	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,931.	0.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	377,578.	305,001.
	13		milar amounts paid (Part IX, column (A), lines 1-3)	47,000.	45,900.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
se	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.
ă×	. b		ing expenses (Part IX, column (D), line 25)	215 040	
ш	1 1	-	es (Part IX, column (A), lines 11a-11d, 11f-24e)	315,948.	262,866.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	362,948.	308,766.
	19	Revenue less	expenses. Subtract line 18 from line 12	14,630.	<u>-3,765.</u>
sets or		Total assists "	Cast V line 16	Beginning of Current Year 1,647,911.	End of Year 1,491,074.
Asse	20	Total assets (I		258,668.	8,657.
Net A	21		fund balances. Subtract line 21 from line 20	1,389,243.	1,482,417.
	<u>22</u> art II			1,309,249.	1,300,317.
		•	I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my l	knowledge and helief it is
			. Declaration of preparer (other than officer) is based on all information of which prepa		ano mougo una ponor, it io
	,				
		L			

Sign	Signature of officer		Date		
Here	HEIDI WEBER, EXECUTIVE DI	RECTOR			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date Check PTIN		
Paid	KATHY M. MOSELEY	KATHY M. MOSELEY	03/17/25 self-employed P00116760		
Preparer	Firm's name GBQ PARTNERS LLC		Firm's EIN 20-2122306		
Use Only	Firm's address 230 WEST STREET,	SUITE 700			
	COLUMBUS, OH 4321	5	Phone no. (614) 221-1120		
May the IRS discuss this return with the preparer shown above? See instructions					
LHA For	Paperwork Reduction Act Notice, see the separ	ate instructions. 332001 12-21-23	Form 990 (2023)		

Form	990 (2023) OHIO OSTEOPATHIC FOUNDATION	23-7263316	Page 2
Par			
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: TO RECEIVE AND ADMINISTER FUNDS EXCLUSIVELY FOR SCIENTIE	TC	
	EDUCATIONAL, AND CHARITABLE PURPOSES; TO SUPPORT EDUCAT		
	RESEARCH IN OHIO THROUGH SCHOLARSHIPS & GRANTS TO OSTEOR		ES
	AND INSTITUTIONS; TO PROMOTE THE OSTEOPATHIC PROFESSION		
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	XNo
	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	XNo
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		1
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.	ers, the total expenses, a	na
4a	(Code:) (Expenses \$280,502. including grants of \$39,000.) (Reve	aue \$ 225.	934.)
14	TO PROVIDE CONTINUING MEDICAL EDUCATION AND LEADERSHIP I		<u> </u>
	PROGRAMS FOR THE OSTEOPATHIC PROFESSION.		
4b	(Code:) (Expenses \$6,900. including grants of \$6,900. (Reve	enue\$	0.)
	TO SUPPORT EDUCATION AND RESEARCH IN OHIO THROUGH SCHOLA	ARSHIPS AND	
	SUPPORT TO OSTEOPATHIC MEDICAL STUDENTS AND COLLEGES.		
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
	<u></u>		
4d	Other program services (Describe on Schedule O.)		
-ru	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 287, 402.	1	
	· · ·	Form S	90 (2023)
332002	12-21-23		
	3		

Form 990 (2023)		OSTEOPATHIC	FOUNDATION
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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		<u> </u>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		77	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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	444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>		- 23	
IZd		12a		x
h	Schedule D, Parts XI and XII	120		- 23
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Form	990	(2023)
	330	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23		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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
06	Schedule L, Part I	250		- 23
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
0-	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			77
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
-	I I I I I I I I I		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	<u>990</u>	(2023)
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	5			

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Form	990 (2023) OHIO OSTEOPATHIC FOUNDATION		23-7263	316	Pa	age 5
Par						
					Yes	No
2a	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	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b		
				3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a		-	4a		Х
b	If "Yes," enter the name of the foreign country		,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	coun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
Ua				6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contribution			Ua		
U		5115 01	giits	Gh		1
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b		
7	č , , , , , , , , , , , , , , , , , , ,		rouidad to the powerQ	7-		х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	novided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					v
	to file Form 8282?		I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	I				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
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	13b				
с	Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	5			
-	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		I
	If "Yes," complete Form 6069.					
332005	12-21-23			Form	990	(2023)
						. /

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Form 990	(2023)
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X

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

360	tion A. Governing body and Management					
		Ι.	1 10		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	10	4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
_	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	-	9	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					v
•	officer, director, trustee, or key employee?			2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the					х
			- filed0	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9 Did the organization become aware during the year of a significant diversion of the organization's as			4		X
5				6		X
6 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or a					
1a	more members of the governing body?			7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, affiliates,			
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	, -		100	х	
40	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			14	X	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approva			14	21	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ai by ini	dependent			
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed OH					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	nd 990	-T (section 501(c)(3)	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.		,			

X Own website Another's website X Upon request

	X Own website	Another's website	X Upon request	Other (explain on Schedule O)
19	Describe on Schedule	O whether (and if so, how) the	e organization made its go	overning documents, conflict of interest policy, and financial
	statements available to	o the public during the tax year	r.	

20	State the r	name, addres	ss, and te	lephone number of t	the perso	on who poss	esses the organiza	ation's books an	d records
	HEIDI	WEBER	- 61	4 - 299 - 2107					
	53 W.	THIRD	ST.,	COLUMBUS,	OH	43201			

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Form **990** (2023)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B) (C) Average (do not check more th							(D)	(E)	(F)
Name and title	hours per week	box		heck i ss per	more rson i	than o s both	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	the organization (W-2/1099-MISC		the organization (W-2/1099-MISC/	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
<pre>(1) MATTHEW W. HARNEY PRESIDENT (THRU 5/19/2023)</pre>	2.50	x		х				0.	52,831.	8,678.
(2) JENNIFER L. GWILYM, DO CHAIR	2.50	x		x				0.	0.	0.
(3) NICKLAUS J. HESS, DO VICE CHAIR	2.50	x		x				0.	0.	0.
(4) ANDREW J. EILERMAN, DO TRUSTEE	2.50	x						0.	0.	0.
(5) EDWARD E. HOSBACH II, DO TRUSTEE	2.50	x						0.	0.	0.
(6) MARK S. JEFFRIES, DO TRUSTEE	2.50	x						0.	0.	0.
(7) PAUL T. SCHEATZLE, DO TRUSTEE	2.50	x						0.	0.	0.
(8) M. TERRANCE SIMON, DO TRUSTEE	2.50	x						0.	0.	0.
(9) HEIDI WEBER, MBA TRUSTEE	2.50	x						0.	0.	0.
(10) SHARON L. GEORGE, DO TRUSTEE	2.50	x						0.	0.	0.
		-								
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	990 (2023) OHIO OSTE	EOPATHIC	: F	OU	ND	AT	IO	N		23-7	26331	16	Page 8
Par	t VII Section A. Officers, Directors, Trust		oloye	ees,			ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for	box, offic	not c unles	ss per	nore son is recto	than c s both r/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensatio from related organization (W-2/1099-MIS	on d ns c	(F) Estima amour othe compens from t	ited it of er sation
		related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-NEC))	organiz and relation	ation ated
	Subtotal								0.	52,8	<u>31.</u> 0.	8,	578. 0.
_ <u>d</u> 2	Total number of individuals (including but no			<u></u>	<u></u>	<u></u>			0.	52,82 000 of reportable	31.	8,	<u>578.</u> 0
3	Compensation from the organization Did the organization list any former officer,	-		-	•	-		Ŭ	• •			Yes	s No
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization		3 4	X X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i> tion B. Independent Contractors											5	X
1	Complete this table for your five highest cor the organization. Report compensation for t	-	-								pensatio	n from	
	(A) Name and business	address	NC	ONE	2			_	(B) Description of s	ervices	Con	(C) npensat	ion
								_					
	Total number of independent contents of		~+ II	aite	1+~ '	ber	0 1		obovo) uto received a	are then			
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	JU 111	ntec	1 10 1			leu	above, who received mo	סוב נוומוו	Fc	orm 990	(2023)

Form						PAT	HIC FOUNI	DATION		23-7263	<u>316 Pa</u>	age 9
			Check if Schedule O			onse	or note to any line	e in this Part VIII				
				<u>501110</u>				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax un sections 512 -	der
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b d e f g h c d e c d e	Total. Add lines 1a-1f	ibutic grant abov lines 1	1b 1c 1d pns) 1e s, and 1f a-1f 1g		Business Code 541900	15,060. 225,934.	225,934.			
Ъ			All other program service					225 024				
	3	•	Total. Add lines 2a-2f Investment income (includ other similar amounts) Income from investment of	ding o	lividends,	intere	st, and	225,934. 54,744.			54,74	14.
	6	a b	Royalties Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c	(i) Re		(ii) Personal					
venue	7	a b	Net rental income or (loss Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	7a	(i) Secur 140,6 131,3	ities 05. 42.	(ii) Other					
Other Re	8	а	Net gain or (loss) Gross income from fundraisi including \$ contributions reported on Part IV, line 18 Less: direct expenses	ng eve	ents (not of 1c). See	8a		9,263.			9,26	53.
	9	a b	Net income or (loss) from Gross income from gamin Part IV, line 19 Less: direct expenses Net income or (loss) from	ig act	ivities. Se	e 9a 9b						
	10	a b	Gross sales of inventory, I and allowances Less: cost of goods sold Net income or (loss) from	less r	eturns	10a 10b						
Miscellaneous Revenue		b c d e	All other revenue					205 001				
33200	12		Total revenue. See instructio	ons		<u></u>		305,001.	225,934.	0.	64,00 Form 990 (

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OHIO OSTEOPATHIC FOUNDATION 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).

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	39,000.	39,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	6,900.	6,900.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
1	Fees for services (nonemployees):	12 105	12 105		
а	Management	13,195.	13,195.		
b	Legal				
	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	12 1 6 4		12 164	
f	Investment management fees	13,164.		13,164.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	8,200.		8,200.	
2	Advertising and promotion				
3	Office expenses	5,024.	5,024.		
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	200,796.	200,796.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	STUDENT ACTIVITIES	16,273.	16,273.		
b	EDUCATIONAL PROGRAMS	5,365.	5,365.		
c	MISCELLANEOUS	849.	849.		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	308,766.	287,402.	21,364.	0
26	Joint costs. Complete this line only if the organization	,	. ,		•
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2023)

Form 990 (2023)

Part X Balance Sheet

OHIO OSTEOPATHIC FOUNDATION

		l Oback if Cabadula O contains a versional av sa		line in this Davit V			
		Check if Schedule O contains a response or no	te to any		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			270,547.	1	16,766.
	2	Savings and temporary cash investments			49,355.	2	39,247.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4,242.	4	2,162.
	5	Loans and other receivables from any current o			•	-	
	-	trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual	-			_	
		under section 4958(f)(1)), and persons describe	-			6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	52,822.			
	b	Less: accumulated depreciation	10b	52,822.	0.	10c	0.
	11	Investments - publicly traded securities			954,113.	11	980,591.
	12	Investments - other securities. See Part IV, line			369,654.	12	452,308.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			1,647,911.	16	1,491,074.
	17	Accounts payable and accrued expenses			258,668.	17	8,657.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	-				20	
	21	Escrow or custodial account liability. Complete	Part IV o	f Schedule D		21	
ŝ	22	Loans and other payables to any current or form	ner office	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	stantial co	ontributor, or 35%			
abi		controlled entity or family member of any of the	se perso	ns		22	
	23	Secured mortgages and notes payable to unrel	ated third	parties		23	
	24	Unsecured notes and loans payable to unrelate	d third pa	arties		24	
	25	Other liabilities (including federal income tax, pa	ayables to	o related third			
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D		····· -		25	
	26				258,668.	26	8,657.
s		Organizations that follow FASB ASC 958, cho	eck here	X			
Ce		and complete lines 27, 28, 32, and 33.			201 540		207 121
alar	27			······ –	301,540.	27	327,131.
ΪBέ	28	Net assets with donor restrictions			1,087,703.	28	1,155,286.
nn		Organizations that do not follow FASB ASC S	958, cheo	ck here			
Ϋ́		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or e				30	
¢t A	31	Retained earnings, endowment, accumulated in			1 200 212	31	
Ň	32	Total net assets or fund balances			1,389,243. 1,647,911.	32	1,482,417.
	33	Total liabilities and net assets/fund balances			1,04/,911.	33	1,491,074.

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1,491,074. Form **990** (2023)

	990 (2023) OHIO OSTEOPATHIC FOUNDATION	23-72	63316	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	305		
2	Total expenses (must equal Part IX, column (A), line 25)	2	308		
3	Revenue less expenses. Subtract line 2 from line 1	3			65.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,389		
5	Net unrealized gains (losses) on investments	5	96	5,9	39.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,482	2,4	<u>17.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L

Form **990** (2023)

332012 12-21-23

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization

Name of	the organization			_				identification number
David			IC FOUNDATIO					3-7263316
Part I	Reason for Public					ee instruction	S.	
	nization is not a private found							
	A church, convention of ch				n 170(b)(1	I)(A)(i).		
2	A school described in sect							
3	A hospital or a cooperative							41 1 1- 11
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(III). Enter	the hospital's name,
e 🖂	city, and state: An organization operated f	or the herefit of a col	llogo or university owned	l or operat	od by o go	vorpmontol u	nit doooriba	ad in
5 📖	•		lege of university owned	or operation	eu by a go	veninentai u		
e 🗔	section 170(b)(1)(A)(iv).		aantal unit daaaribad in	contion 1	70/L)/4)/A)	60		
6 🛄 7 🗌	A federal, state, or local go An organization that norma	-					o gonoral r	aublic described in
•	section 170(b)(1)(A)(vi). (C	-	nital part of its support if	on a gove	minentai		ie general j	
8	A community trust describe		(1)(Δ)(vi) (Complete Par	+ 11)				
9	An agricultural research or				ed in conii	inction with a	land-grant	college
•	or university or a non-land-	-			-		-	-
	university:	9999			·····, ···,	,		
10	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities related to its exer							
	income and unrelated busi	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
11	An organization organized							
12 X	An organization organized	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to ca	rry out the	purposes of one or
	more publicly supported or	rganizations describe	d in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3). (Check the box on
	lines 12a through 12d that	• •					-	
a 🛛	Type I. A supporting orga							
	the supported organizati			majority c	of the direc	tors or truste	es of the su	ipporting
	organization. You must	-						
b	Type II. A supporting org					-		-
	control or management o			ame perso	ns that co	ntroi or manag	ge the supp	Dorted
c 🗌	organization(s). You mus	-		in connoct	ion with	and functional	ly intograte	od with
	its supported organizatio	• • • •					ly integrate	a with,
d	Type III non-functionally		-				ted organiz	zation(s)
u	that is not functionally in						-	
	requirement (see instruct			-		-	anatonin	
e X	Check this box if the org						II. Type III	
	functionally integrated, o					31 / 31	, ,	
f Ent	er the number of supported	organizations		•••				1
g Pro	vide the following informatio	n about the supporte	d organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of		(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
	OSTEOPATHIC							
ASSOC	IATION	31-6049335	10	X		36	,000.	
Total						36	,000.	0.

	A (Form 990)) 2023
Part II	Suppor	t Sc

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support				_		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	ohere					
Sec	ction C. Computation of Publi	c Support Per	rcentage				
14	Public support percentage for 2023 (I	ine 6, column (f), c	livided by line 11, o	column (f))		14	%
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2022. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2023. If the or	ganization did not o	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	e re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	blicly supported o	organization		
b	10% -facts-and-circumstances test	- 2022. If the or	ganization did not o	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructions	s
						Schedule A	(Form 990) 2023

			or Organ	izations Described	in Section 509(a)(2)
Schedule A	(Form 990)	2023	OHIO	OSTEOPATHIC	FOUNDATION

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified 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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		_		_		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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						
~	Add lines 10a and 10b					-	
	Net income from unrelated business activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	nization,
_	check this box and stop here						
Sec	ction C. Computation of Publ	c Support Per	rcentage				
15	Public support percentage for 2023 (ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			line 13, column (f))			%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the						ine 17 is not
	more than 33 1/3%, check this box at	-	•				
b	33 1/3% support tests - 2022. If the						
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n dia not check a	box on line 14, 19	ba, or 190, check t	nis dox and see in		
JJ202	23 12-21-23		16	5		Schei	dule A (Form 990) 2023

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Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2023 OHIO OSTEOPATHIC FOUNDATION

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Yes No

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		Х
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's oncers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
		_	

supervisea	<u>. or controllea the st</u>	ipporting organizatic	on.
Section C. Ty	pe II Supportin	g Organization	S

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control or management of the supporting organization (s).

 1
 Image: Control or management of the supporting organization (s).
 Image: Control or management of the support of the

Sec	ction D. All Type III Supporting Organizations	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	

significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea	ar (see instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructi	ion <u>s).</u>
---	--	---	--	----------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 3a
 ...

 3b
 ...

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Schedule A (Form 990) 2023

1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ig trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus	t complete §	Sections A through E. (A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

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c From 2020 d From 2021 e From 2022

line 7:

and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

f Total of lines 3a through 3e

Part VI. See instructions.

g Applied to underdistributions of prior years h Applied to 2023 distributable amount

a Applied to underdistributions of prior years b Applied to 2023 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if

than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

any. Subtract lines 3g and 4a from line 2. For result greater

4 Distributions for 2023 from Section D,

i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

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OHIO OSTEOPATHIC FOUNDATION

Sche		HIC FOUNDATION		2	3-7263316 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

OHIO OSTEOPATHIC FOUNDATION

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART IV, SECTION A, LINE 3B:

OHIO OSTEOPATHIC FOUNDATION (OOF) SUPPORTS OHIO OSTEOPATHIC ASSOCIATION

(OOA), AN ORGANIZATION EXEMPT UNDER IRC SECTION 501(C)(6). OOF

CONFIRMED THAT OOA IS A QUALIFIED SECTION 501(C)(6) ORGANIZATION AND

THAT OOA WOULD PASS THE PUBLIC SUPPORT TEST UNDER SECTION 509(A)(2).

PART IV, SECTION A, LINE 3C:

THE OOA DEDICATES RESOURCES TO CONTINUING MEDICAL EDUCATION (CME)

OFFERINGS. THIS EDUCATIONAL PROGRAMMING ENCOMPASSES A BROAD ARRAY OF

CLINICAL TOPICS AS WELL AS ADDITIONAL COMPETENCIES SUCH AS PATIENT CARE

OPTIMIZATION, COMMUNICATION, AND PROFESSIONALISM. EDUCATION PROGRAMS

ARE LED BY A CME CHAIR OR COMMITTEE AND COORDINATED THROUGH THE

DIRECTOR OF EDUCATION. OOF OFFICERS ALSO SERVE ON THE OOA BOARD AND

HELP ENSURE PROGRAM COORDINATION.

332028 12-21-23

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 3 **Open to Public** Inspection

Employer identification number

23-7263316

Name	of the	organization
nume	01 110	organization

Department of the Treasury

Internal Revenue Service

Part I

OHIO OSTEOPATHIC FOUNDATION

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		s or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed funds
-	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ad		
-	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	, , , , ,	°
Par			
1	Purpose(s) of conservation easements held by the organizatio		· · · ·
	Preservation of land for public use (for example, recreati		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included on line 2c acquir	ed after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year		с с
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		-
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		YesNo
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 958	B, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under FASB AS	-	
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2023
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		44	

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Sche		EOPATHIC F					23-72			age 2
Pa	t III Organizations Maintaining Co	lections of Art	, Historical 7	reasures, o	r Othe	r Simila	r Assets	contin	nued)	
3	Using the organization's acquisition, accession	, and other records	, check any of t	ne following that	t make s	ignificant (use of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or	exchange progra	am					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain	how they furthe	r the organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or r				er similar	assets		_		_
_	to be sold to raise funds rather than to be main							Yes		No
Pa	t IV Escrow and Custodial Arrange		e if the organiza	tion answered "	Yes" on	Form 990	, Part IV, li	ne 9, or		
	reported an amount on Form 990, Part 3									
1 a	Is the organization an agent, trustee, custodian							7		٦
-	on Form 990, Part X?						∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII an	d complete the foll	owing table:					Amoun	+	
								Amoun		
	Beginning balance									
	Additions during the year									
e	Distributions during the year					<u>1e</u> 1f				
f 2a	Ending balance Did the organization include an amount on Form							Yes		No
	If "Yes," explain the arrangement in Part XIII. C						····· ∟]
Pa						0.	<u></u>			<u>_</u>
		(a) Current year	(b) Prior year	,			/ears back	(e) Fou	vears	back
1a	Beginning of year balance	1,087,703.	1,142,06		8,707.		65,736.		,065,	
b	Contributions		10,00		0,000.	-	10,000.			000.
c	Net investment earnings, gains, and losses	116,332.	-10,96	017	1,350.		82,971.			801.
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs	48,749.	53,40	0. 5	3,483.					
f	Administrative expenses				1,811.					
g	End of year balance	1,155,286.	1,087,70	3. 1,14	2,063.	1,3	58,707.	1	,065,	736.
2	Provide the estimated percentage of the currer	t year end balance	(line 1g, columr	(a)) held as:						
а	Board designated or quasi-endowment	-	%							
b	Permanent endowment 67.4739	%								
с	Term endowment <u>32.5261</u> %									
	The percentages on lines 2a, 2b, and 2c should	l equal 100%.								
3a	Are there endowment funds not in the possess	ion of the organizat	ion that are held	l and administer	red for th	ne				
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		Х
								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization			٦?				3b		L
4	Describe in Part XIII the intended uses of the or	0	vment funds.							
Pa	t VI Land, Buildings, and Equipme			0 5 000						
	Complete if the organization answered				, ,					
	Description of property	(a) Cost or ot	• •	ost or other				(d) Boo	k value	е
		basis (investm		sis (other)	ae	preciation				
	Land									
b	Buildings									
	Leasehold improvements			52,822.		52,8	22			0.
	Equipment			54,044.		JZ,0	44•			0.
	Other		(line 10 :							0.
1018	I. Add lines 1a through 1e. <i>(Column (d) must equ</i>	ai Form 990, Part X	<u>, iine i Uc, colu</u>	<u>пп (В))</u>			Schedule	D (Form	000	
							Concurre	וויט ון ש		

Schedule D (Form 990) 2023 OHIO OSTEOP.	ATHIC FOUNDATI	ON 23	3-7263316 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) AMERICAN BOND FUND OF	05.014		
(B) AMERICA CLASS F2	85,314.	END-OF-YEAR MARKET	' VALUE
(C) AMERICAN GROWTH FUND OF	00 500		
(D) AMERICA CLASS F2	89,503.	END-OF-YEAR MARKET	' VALUE
(E) AMERICAN WASHINGTON			
(F) MUTUAL INVESTORS FUND (G) CLASS F2	00 624	END OF YEAD MADKER	1 177 1 117
	90,624. 99,392.	END-OF-YEAR MARKET END-OF-YEAR MARKET	
	452,308.	END-OF-TEAK MARKET	. VALUE
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.	452,500•		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1c. See Form 990. Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
(1)		.,	,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	1
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co. Part X Other Liabilities	. (Б))		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1e or 11f. See Form 990. Part X. line 2	5.
I. (a) Description of liability		, , 	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co	<u>. (В))</u>		
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements	
organization's liability for uncertain tax positions under	FASB ASC 740. Check her	re if the text of the footnote has been p	rovided in Part XIII X

Schedule D (Form 990) 2023

332053 09-28-23

	dule D (Form 990) 2023 OHIO OSTEOPATHIC FOUNDAT		23-7263316 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Exper	nses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.))	
Pa	rt XIII Supplemental Information		

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

NELSON J. MUSSON, DO STUDENT TUITI	ON LOAN FUND: THE NELSON J. MUSSON, DO
STUDENT TUITION LOAN PROGRAM GIVES	5 FIRST PREFERENCE TO LOAN APPLICATIONS
FROM OSTEOPATHIC STUDENTS WHO ARE	ORIGINALLY FROM NORTHWEST OHIO OR PLAN
ON ATTENDING A RESIDENCY PROGRAM 1	IN NORTHWEST OHIO. TO BE ELIGIBLE FOR
THE LOAN, THE APPLICANT MUST BE A	STUDENT AT AN ACCREDITED OSTEOPATHIC
COLLEGE, A RESIDENT OF OHIO, HAVE	FINANCIAL NEED AND MAINTAIN A PASSING
GRADE POINT AVERAGE. FIRST PRIORI	TY IS GIVEN TO SENIOR OSTEOPATHIC
MEDICAL STUDENTS, BUT APPLICATIONS	S ARE ACCEPTED FROM ALL CLASSES BASED ON
NEED. THE LOAN IS INTEREST-FREE I	OURING IN-SCHOOL PERIOD, AND UNLESS A
WAIVER IS REQUESTED, REQUIRES MONT	THLY PAYMENTS OF INTEREST ONLY DURING THE
INTERNSHIP AND FULL PAYMENT AFTER	INTERNSHIP WITH A MAXIMUM REPAYMENT
332054 09-28-23	Schedule D (Form 990) 2023 2 5
15480317 758298 15055	2023.05060 OHIO OSTEOPATHIC FOUNDATI 150551

	23-7263316 Page 5
Part XIII Supplemental Information (continued)	
PERIOD OF FIVE YEARS. IN ADDITION, THE FUND PROVIDES STUDENT	SUPPORT IN
THE FORM OF SCHOLARSHIPS, WHITE COATS, AND OTHER EDUCATIONAL	
PROFESSIONAL ACTIVITIES OR ITEMS.	

WARREN GENERAL HOSPITAL FUND: THE WARREN GENERAL HOSPITAL FUND SUPPORTS OSTEOPATHIC MEDICAL EDUCATION. THE GIFT ALSO FUNDS EDUCATION INITIATIVES FOR OSTEOPATHIC PHYSICIANS AND OSTEOPATHIC MEDICAL STUDENTS IN OHIO; RESEARCH, ADVANCEMENT, PROMOTION, AND DEVELOPMENT OF OSTEOPATHIC MEDICINE; AND SCHOLARSHIPS, GRANTS-IN-AID AND OTHER FINANCIAL ASSISTANCE TO STUDENTS AT OSTEOPATHIC EDUCATIONAL FACILITIES WITH FIRST PRIORITY TO STUDENTS RESIDING IN TRUMBULL AND MAHONING COUNTIES. THREE MEMBERS OF THE WARREN GENERAL HOSPITAL BOARD SERVE ON A COMMITTEE TO ADVISE THE OOF BOARD ON PROPOSED GRANTS.

PART X, LINE 2:

THE FOUNDATION ANNUALLY EVALUATES TAX POSITIONS WHICH INCLUDES AN ANALYSIS OF WHETHER TAX POSITIONS THE FOUNDATION TAKES WITH REGARD TO UNRELATED BUSINESS INCOME, RELATED DEDUCTIONS APPLIED OR OTHER ACTIVITIES THAT MAY JEOPARDIZE THEIR TAX EXEMPT STATUS, WOULD MEET THE DEFINITION OF UNCERTAIN TAX POSITION. AS OF APRIL 30, 2024 AND 2023, NO TAX ACCRUAL WAS RECORDED AS MANAGEMENT BELIEVES THERE ARE NO UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2023

332055 09-28-23

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
(
ANSAMERICA SHORT-TERM BOND FUND CLASS I	87,475.	EOY MARKET VALU

Schedule D (Form 990)

332421 04-01-23

SCHEDULE I Grants and Other Assistance to Organizations,								OMB No. 1545-0047				
(Form 990)		Go	vernments, ar	nd Individual	s in the Ŭni [.]	ted States		2023				
		Compl	ete if the organizatio			rt IV, line 21 or 22.		Open to Public				
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.												
Name of the organization								Inspection Employer identification number				
5	O OSTE	OPATHIC F	OUNDATION					23-7263316				
Part I General Information	on Grants a	nd Assistance										
1 Does the organization maint criteria used to award the gr	ants or assis	tance?										
 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 												
						anization answered f	es on form 990, Fait	TV, III e 21, IOF ally				
1 (a) Name and address of orgovernment	recipient that 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 noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (l) Content											
OHIO OSTEOPATHIC ASSOCIATI 53 WEST THIRD AVENUE	ON											
COLUMBUS, OH 43201		31-6049335	501(C)6	36,000.	0.			PROGRAMMATIC SUPPORT				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ...

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

1.

Part III can be duplicated if additional space is needed.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

Schedule I (Form 990) 2023

Part III

APPROVED GRANTS ARE MONITORED BY THE FOUNDATION TO ENSURE THAT THE FUNDS

ARE BEING USED AS STATED.

23-7263316

Page 2

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



OHIO OSTEOPATHIC FOUNDATION

Employer identification number 23-7263316

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO RECEIVE AND ADMINISTER FUNDS EXCLUSIVELY FOR SCIENTIFIC,

EDUCATIONAL, AND CHARITABLE PURPOSES; TO SUPPORT EDUCATION AND RESEARCH

IN OHIO THROUGH SCHOLARSHIPS AND GRANTS TO OSTEOPATHIC COLLEGES AND

INSTITUTIONS; AND TO PROMOTE THE OSTEOPATHIC PROFESSION THROUGH PUBLIC

EDUCATION PROGRAMS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATION PROGRAMS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DIRECTOR OF ACCOUNTING AND CHIEF EXECUTIVE OFFICER REVIEW THE 990 PRIOR

TO ITS FILING WITH THE IRS AND MAKE INQUIRIES OF THE PREPARER.

SUBSEQUENTLY, A COPY OF THE FORM 990 IS EMAILED TO THE BOARD MEMBERS FOR

THEIR REVIEW PRIOR TO THE RETURN BEING FILED. THE FORM IS FURNISHED TO

ANYONE, UPON REQUEST, WHO WISHES TO REVIEW THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FOUNDATION REQUIRES THAT ITS OFFICERS, TRUSTEES, AND KEY EMPLOYEES

ANNUALLY DISCLOSE ANY CONFLICT OF INTEREST THEREBY MONITORING COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE FOUNDATION DOES NOT COMPENSATE ITS CHIEF EXECUTIVE OFFICER. INSTEAD,

COMPENSATION IS DETERMINED BY A RELATED ORGANIZATION WHICH USES ALL THREE

ITEMS IN ADDITION TO REVIEWING THE FORM 990S OF OTHER ORGANIZATIONS.

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
 332211 11-14-23

30

Name of the organization	Employer identification number
OHIO OSTEOPATHIC FOUNDATION	23-7263316
	25 7205510
FINALLY, THE CEO HAS A WRITTEN EMPLOYMENT CONTRACT. THE FO	UNDATION DOES NOT
HAVE ANY EMPLOYEES WHO QUALIFY AS EITHER AN OFFICER OR KEY	EMPLOYEE. IF IT
DID, THE SAME PROCESS WOULD BE USED.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE FOUNDATION MAKES ITS FORMS 1023 AND 990 AVAILABLE FOR	PUBLIC INSPECTION
BY PLACING THEM ON ITS WEBSITE, WWW.OHIODO.ORG. IN ADDITI	ON, THE DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19:

THE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

Schedule O (Form 990) 2023

SCH	IEDULE R
/	

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 23 - 7263316

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

OHIO OSTEOPATHIC FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	3) o12(b)(13) olled ity?
				501(c)(3))		Yes	No
OHIO OSTEOPATHIC ASSOCIATION - 31-6049335							
53 WEST THIRD AVENUE	PROMOTION OF OSTEOPATHIC						
COLUMBUS, OH 43201	MEDICINE	оніо	501(C)(6)		N/A		Х
	-						

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 OHIO OSTEOPATHIC FOUNDATION

23-7263316 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	dominant income lated, income led from tax under lated state of total lated from tax under lated state state lated stated state lated stat			Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
	-										
	-										
	1										
	1										
	4										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr	i) b)(13) rolled iity?
		country)		01 11 03 0		233013		Yes	No

Schedule R (Form 990) 2023 OHIO OSTEOPATHIC FOUNDATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

				·					
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	x	X					
b	b Gift, grant, or capital contribution to related organization(s)								
	c Gift, grant, or capital contribution from related organization(s)								
	Loans or loan guarantees to or for related organization(s)	1d		X					
	Loans or loan guarantees by related organization(s)	1e		X					
f	Dividends from related organization(s)	1f		X					
g		1g		X					
h	Purchase of assets from related organization(s)	1h		X					
i	Exchange of assets with related organization(s)	1i		X					
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X					
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X					
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х					
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X						
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X					
	Sharing of paid employees with related organization(s)	10		X					
р	Reimbursement paid to related organization(s) for expenses	1p		Х					
q	Reimbursement paid by related organization(s) for expenses	1q		X					
r	Other transfer of cash or property to related organization(s)	1r		Х					
s	Other transfer of cash or property from related organization(s)	1s		Х					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.								

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
<u>(4)</u>			
(5)			

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

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

(a)	(b)	(c)	(d)	6	2)	(f)	(g)	(۲	n)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile		Are partne 501(i org	all	Share of			opor-	Code V-UBI	Genera	al or F	Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3) s ?	total	end-of-year	Dispr tior allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partn	ging er?	ownership
-		country)	sections 512-514)	Yes	No	income		Yes	No	(Form 1065)	Yes	NO	
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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