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Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

THE MISSION OF OSTEOPATHIC FOUNDERS FOUNDATION IS TO SUPPORT OSTEOPATHIC MEDICAL EDUCATION, TO ENHANCE THE PUBLIC’S UNDERSTANDING OF OSTEOPATHIC MEDICINE, AND TO IMPROVE THE HEALTH OF THE COMMUNITY THROUGH PROJECTS CONSISTENT WITH THE OSTEOPATHIC PHILOSOPHY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

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 measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 516,091 including grants of \$ 100,664) (Revenue \$ 78,140)

AS PART OF ITS OVERALL MISSION, THE OSTEOPATHIC FOUNDERS FOUNDATION UTILIZES A SIGNIFICANT PORTION OF ITS RESOURCES ON ACTIVITIES RELATED TO MEDICAL EDUCATION SCHOLARSHIPS, WHICH ARE GRANTED COMPETITIVELY AND BASED ON ACADEMIC ACHIEVEMENT, PROFESSIONAL AMBASSADORSHIP AND COMMUNITY ENGAGEMENT, ARE PROVIDED TO ASSIST OSTEOPATHIC MEDICAL STUDENTS WITH THE COST OF THEIR TUITION, FEES AND BOOKS EDUCATIONAL STIPENDS, WHICH ARE ALSO GRANTED COMPETITIVELY, ARE AVAILABLE TO OSTEOPATHIC RESIDENTS ENROLLED IN AOA OR ACGME ACCREDITED POSTGRADUATE TRAINING PROGRAMS, PROFESSIONAL LEVEL EMPLOYEES OF COLLEGES OF OSTEOPATHIC MEDICINE, OR TO PROFESSIONAL LEVEL EMPLOYEES OF A HOSPITAL WHICH SPONSORS POSTGRADUATE TRAINING PROGRAMS WHICH ARE ACCREDITED BY THE AMERICAN OSTEOPATHIC ASSOCIATION THE FOUNDATION’S COMMITMENT TO MEDICAL EDUCATION REACHES TO THE POST-DOCTORAL LEVEL THROUGH OUR PROGRAMS OF CONTINUING MEDICAL EDUCATION THE CME MISSION OF THE OSTEOPATHIC FOUNDERS FOUNDATION IS TO CONTINUALLY IMPROVE PATIENT CARE BY PROVIDING TIMELY AND RELEVANT EVIDENCE BASED CLINICAL KNOWLEDGE TO OSTEOPATHIC PHYSICIANS AND OTHER HEALTH CARE PROVIDERS IN 2009, THE FOUNDATION RECEIVED ACCREDITATION FROM THE AMERICAN OSTEOPATHIC ASSOCIATION AS A CATEGORY 1-A PROVIDER In 2011, two qualifying professional development programs were offered in cardiology and gastroenterology which trained 116 health care professionals A partnership continued with the University of Oklahoma College of Pharmacy which allows our programs to qualify for continuing education for pharmacists as well as physicians In response to Oklahoma’s crisis of prescription drug abuse, the Foundation presented five CME programs in three different communities which trained 123 osteopathic physicians in the proper prescribing of controlled dangerous drugs

4b

(Code) (Expenses \$ 170,315 including grants of \$ 170,315) (Revenue \$ 132,205)

Community grants are an important part of the work of the Osteopathic Founders Foundation Since the sale of our hospital in 1996, the Foundation’s trustees have focused on utilizing our resources in a manner consistent with the Founders’ original intent Grants are awarded to community organizations who share in our mission of providing care to the sick and in the prevention and treatment of disease With a continually struggling economy in 2011, particular emphasis was given to the most basic needs of food, shelter, and primary health care Just as an example, in 2011 Meals on Wheels of Metro Tulsa was awarded a grant of \$25,000 to provide daily, home-delivered meals to homebound elderly and disabled citizens A renewal grant of \$26,000 allowed Emergency Infant Services to continue to provide formula and food to families dramatically affected by increasing unemployment oand economic uncertainty The Tulsa County Medical Society Foundation was awarded a \$45,000 grant to develop a network of specialty care physicians and hospitals who will provide free care to patients of Tulsa County’s safety net clinics

4c

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

About every 25 seconds, an American will suffer a coronary event, and about every minute someone will die from one Clearly, a public health issue, the Foundation has chosen to address the need for continued training of health professionals by establishing an Emergency Cardiovascular Care Training site accredited by the American Heart Association Training in Advanced Cardiovascular Life Support, Pediatric Advanced Life Support, and Basic LifeSupport for Healthcare Providers is offered for physicians and other healthcare professionals The Neonatal Resuscitation Program which is jointly accredited by the AHA and the American Academy of Pediatrics became part of our suite of training programs in 2009 Nearly 600 professionals received certification in these disciplines through our site in 2011 Because only 31.4% of out-of-hospital cardiac arrests receive bystander CPR, we also place an emphasis on providing training in the basic skills of cardiopulmonary resuscitation to the lay community through the "Friends and Family" program Two grants of \$7,500 were provided to the AHA in support of Women’s Heart Health as part of our commitment to the treatment of cardiovascular disease

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses \$ 686,406

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.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		
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.		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III and IV.		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.		No
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.	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			Yes	No
Check if Schedule O contains a response to any question in this Part V ☐				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a20		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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. .	2a11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	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			
a	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.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the aggregate amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization		
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	OK
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☒ Own website ☐ Another's website ☒ Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	
	SHERRI L WISE 8801 SOUTH YALE AVENUE TULSA, OK 74137 (918) 551-7300	

Part VII

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREW S CRAWFORD DO DIRECTOR	2 0	X								
(2) JAMES M BENIEN DIRECTOR	1 0	X								
(3) STEPHEN G BOVASSO DO CHAIRMAN	2 0	X		X						
(4) SHELDON C BERGER DO DIRECTOR	1 0	X								
(5) DONALD M DUSHAY DO DIRECTOR	1 0	X								
(6) KIMBERLIE K DULLEY MD DIRECTOR	1 0	X								
(7) JEFFREY S STROUP PHARM DIRECTOR	1 0	X								
(8) JAY M WILLIAMSON DO DIRECTOR	1 0	X								
(9) RICHARD R POLK SECRETARY/TREASURER	1 0	X		X						
(10) ARTHUR G WALLACE DO DIRECTOR	1 0	X								
(11) HENERY G WILL DIRECTOR	1 0	X								
(12) MICHAEL P CARNEY DO VICE-CHAIRMAN	1 0	X		X						
(13) LARRY D MCKENZIE DIRECTOR	2 0	X								
(14) SHERRI L WISE PRESIDENT	40 0			X				140,500	0	17,506

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	140,500	0	17,506

2 Total number of individuals (including but not limited to those l
\$100,000 of reportable compensation from the organization▶1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b	4,250			
	c	Fundraising events	1c	110,741			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	135,317			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f		250,308			
Program Service Revenue	2a	TUITION AND FEES	Business Code 611420	68,273	68,273		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		68,273			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		460,878		
4		Income from investment of tax-exempt bond proceeds . . .		0			
5		Royalties		0			
6a		(i) Real					
		(ii) Personal					
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		(i) Securities					
		(ii) Other					
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)		843,752			843,752
8a		Gross income from fundraising events (not including \$ 110,741 of contributions reported on line 1c) See Part IV, line 18		122,584			
a							
b		Less direct expenses					
c		Net income or (loss) from fundraising events . . .		0			
9a		Gross income from gaming activities See Part IV, line 19					
a							
b	Less direct expenses						
c	Net income or (loss) from gaming activities . . .		0				
10a	Gross sales of inventory, less returns and allowances						
a							
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . . .		0				
Miscellaneous Revenue			Business Code				
11a	MEDICARE CLAIM SETTLEMENT		999999	106,082	106,082		
b	OTHER INCOME		999999	461	461		
c	INCOME FROM AFFILIATED ORGANIZATION		999999	35,529	35,529		
d	All other revenue						
e	Total. Add lines 11a-11d			142,072			
12	Total revenue. See Instructions			1,765,283	210,345	0	1,304,630

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	170,315	170,315		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	100,664	100,664		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	140,500	100,170	23,896	16,434
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	92,809	64,130	18,159	10,520
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	23,912	17,048	4,067	2,797
10	Payroll taxes	15,610	11,129	2,655	1,826
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	18,100		18,100	
c	Accounting	21,543		21,543	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	56,884	56,884		
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	700	700		
15	Royalties	0			
16	Occupancy	63,281	56,988	6,293	
17	Travel	10,576	7,834	2,742	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	30,813	26,747	4,066	
23	Insurance	4,552	2,153	2,399	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	OUTSIDE SERVICES	26,667	22,601	4,066	
b	INTERN/RESIDENT EVENTS	19,115	19,115		
c	UNITRUST DISTRIBUTIONS	35,381			35,381
d	BOARD AND COMMITTEE EXPENSE	11,128	11,128		
e					
f	All other expenses	60,812	18,800	42,012	
25	Total functional expenses. Add lines 1 through 24f	903,362	686,406	149,998	66,958
26	Joint costs. Check here if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			94,132	1	57,282
	2	Savings and temporary cash investments			82,942	2	96,513
	3	Pledges and grants receivable, net			26,417	3	21,183
	4	Accounts receivable, net			1,581,069	4	2,338
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			48	8	2,204
	9	Prepaid expenses and deferred charges			4,446	9	13,585
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	233,615			
	b	Less: accumulated depreciation	10b	152,541	30,281	10c	81,074
	11	Investments—publicly traded securities			13,928,024	11	13,340,754
	12	Investments—other securities. See Part IV, line 11			1,021,452	12	2,151,530
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			16,768,811	16	15,766,463
Liabilities	17	Accounts payable and accrued expenses			631,695	17	600,620
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			121,022	25	121,022
	26	Total liabilities. Add lines 17 through 25			752,717	26	721,642
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			13,921,006	27	12,995,232
	28	Temporarily restricted net assets			1,129,108	28	1,079,359
	29	Permanently restricted net assets			965,980	29	970,230
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			16,016,094	33	15,044,821
	34	Total liabilities and net assets/fund balances			16,768,811	34	15,766,463

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,765,283
2	Total expenses (must equal Part IX, column (A), line 25)	2	903,362
3	Revenue less expenses Subtract line 2 from line 1	3	861,921
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,016,094
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,833,194
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	15,044,821

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization OSTEOPATHIC FOUNDERS FOUNDATION	Employer identification number 73-0583936
---	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	167,825	201,750	227,559	295,943	250,308	1,143,385
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	167,825	201,750	227,559	295,943	250,308	1,143,385
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						1,143,385

Section B. Total Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	167,825	201,750	227,559	295,943	250,308	1,143,385
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,125,691	481,454	383,212	402,549	460,878	2,853,784
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	69,988	64,350	1,170,077	1,653,676	210,345	3,168,436
11 Total support (Add lines 7 through 10)						7,165,605
12 Gross receipts from related activities, etc (See instructions)					12	3,164,470
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	15 957 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	23 800 %
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 		
b	33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 		
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization 		
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization 		
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions 		

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

See attachment for Facts & Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 73-0583936
Name: OSTEOPATHIC FOUNDERS FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
OSTEOPATHIC FOUNDERS FOUNDATION

Employer identification number
73-0583936

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	☐ Yes ☐ No	

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	965,980	962,555	957,530	956,940	
b Contributions	4,250	3,425	5,025	7,000	
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs				6,410	
f Administrative expenses					
g End of year balance	970,230	965,980	962,555	957,530	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		37,057	7,411	29,646
d Equipment				
e Other		196,558	145,130	51,428
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				81,074

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	

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

Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.		
Identifier	Return Reference	Explanation
1	Form 990, Schedule D, Part V, Line 4	The Foundation's permanent endowment fund consists of one fund, established for the support and furtherance of medical education.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization
OSTEOPATHIC FOUNDERS FOUNDATION

Employer identification number

73-0583936

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Internet and e-mail solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

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

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Winterset (event type)	(event type)	0 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	233,325		233,325
	2	Less Charitable contributions	110,741		110,741
	3	Gross income (line 1 minus line 2)	122,584		122,584
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	22,781		22,781
	7	Food and beverages	53,583		53,583
	8	Entertainment	2,525		2,525
	9	Other direct expenses	43,695		43,695
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(122,584)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			

Part III Gaming.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					()
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
OSTEOPATHIC FOUNDERS FOUNDATION

Employer identification number
73-0583936

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) EMERGENCY INFANT SERVICES222 S HOUSTON TULSA,OK 74127	73-1039524	501(C)(3)	25,000				
(2) MEALS ON WHEELS OF METRO TULSA12620 E 31ST STREET TULSA,OK 74146	73-1125389	501(C)(3)	25,000				
(3) TULSA COUNTY MEDICAL SOCIETY FOUNDATION5315 S LEWIS TULSA,OK 74105	73-1393227	501(C)(3)	45,000				
(4) AMERICAN HEART ASSOCIATION2227 E SKELLY DRIVE TULSA,OK 74105	13-5613797	501(C)(3)	10,000				
(5) HOSPITALITY HOUSE OF TULSA1135 S VICTOR AVENUE TULSA,OK 74104	20-1825789	501(C)(3)	15,000				
(6) AMERICAN RED CROSS 10151 E 11TH STREET TULSA,OK 74128	73-0579223	501(C)(3)	10,000				
(7) AMERICAN HEART ASSOCIATION2227 E SKELLY DRIVE TULSA,OK 135613979	13-5613979	501(C)(3)	7,500				

2

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

7

3

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

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Educational Stipend	10	11,200			
(2) Scholarship	5	16,500			
(3) Textbooks	144	28,899			
(4) Technology	57	7,670			
(5) Education Programs	378	25,348			
(6) Residency	32	4,003			

Part IV

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

Identifier	Return Reference	Explanation
1	SCH I, PART I, LINE 2	THE FOUNDATION REQUIRES THAT GRANTS OF \$5,000 OR MORE BE MADE SUBJECT TO A WRITTEN AGREEMENT THE AGREEMENT SPECIFIES THE AGREED UPON PURPOSE OF THE GRANT AND OTHER REQUIREMENTS OF THE GRANTEE THE EXPENDITURE AGREEMENT REQUIRES THAT ALL FUNDS MUST BE UTILIZED FOR THE SPECIFIED PURPOSE WITHIN 15 MONTHS OR RETURNED TO THE FOUNDATION THE AGREEMENT ALSO REQUIRES THAT THE GRANTEE WILL FURNISH TO THE FOUNDATION A COMPLETE REPORT ON THE MANNER IN WHICH THE FUNDS WERE EXPENDED WITHIN TWELVE MONTHS OF THE DATE OF THE AGREEMENT AND THE RECORDS OF ALL EXPENDITURES UNDER THE GRANT MUST BE RETAINED AND MADE AVAILABLE FOR AT LEAST FOUR YEARS THE FOUNDATION'S EXPENDITURE AGREEMENT SPECIFICALLY PROHIBITS ANY OF ITS GRANT FUNDS FROM BEING USED TO INFLUENCE LEGISLATION OR ANY PUBLIC ELECTION AND DENIES ANY TRANSFER OF GRANT FUNDS TO ANOTHER

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

OSTEOPATHIC FOUNDERS FOUNDATION

Employer identification number

73-0583936

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☒ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

[illegible]

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization OSTEOPATHIC FOUNDERS FOUNDATION	Employer identification number 73-0583936
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Identifier	Return Reference	Explanation
1	FORM 990, PART III, 4d OTHER PROGRAM SERVICES	The Foundation annually provides a two-day seminar for senior residents from post-graduate training programs throughout Oklahoma. The seminar, Prep for Practice, provides information to the residents to assist them in beginning their careers as practicing physicians. The Foundation also sponsors a program for second and third year medical students called Strolling Through the Match. This program is designed to assist students in identifying the specialty that they wish to pursue and provide guidance in successfully preparing for the residency match process.

Identifier	Return Reference	Explanation
2	FORM 990 PART VI, LINE 6	THE AMENDED AND RESTATED BY LAWS OF THE ORGANIZATION PROVIDE THAT MEMBERSHIP IN THE CORPORATION IS GRANTED TO ANY PERSON WHO IS AN OSTEOPATHIC PHYSICIAN AND WHO MAKES AN ANNUAL FINANCIAL CONTRIBUTION TO THE FOUNDATION, OR WHO MAKES A ONE-TIME CONTRIBUTION OF AT LEAST \$250

Identifier	Return Reference	Explanation
3	FORM 990, PART VI, LINE 7A	THE AMENDED AND RESTATED BYLAWS OF THE ORGANIZATION STATE THAT THE CHAIRMAN OF THE BOARD WILL ANNUALLY APPOINT A NOMINATING COMMITTEE COMPOSED OF 3 MEMBERS OF THE ORGANIZATION WHO ARE CURRENTLY SERVING ON THE BOARD OF DIRECTORS. THE NOMINATING COMMITTEE, NOT LESS THAN 90 DAYS PRIOR TO THE ORGANIZATION'S FISCAL YEAR-END, SHALL NOMINATE ONE CANDIDATE TO FILL THE POSITION OF EACH DIRECTOR WHOSE TERM IS EXPIRING. THE NOMINATIONS ARE ANNOUNCED TO ALL MEMBERS OF THE ORGANIZATION 60 DAYS PRIOR TO YEAR-END. A FORM IS MADE AVAILABLE AT THE PRINCIPAL OFFICE OF THE ORGANIZATION FOR WRITE-IN NOMINATIONS. WRITE-IN NOMINATIONS REQUIRE THE AFFIRMATION OF THREE MEMBERS OF THE ORGANIZATION IN ORDER TO BE PLACED ON THE BALLOT. BALLOTS ARE REQUIRED TO BE MAILED TO ALL MEMBERS OF THE CORPORATION.

Identifier	Return Reference	Explanation
4	FORM 990, PART VI, LINE 7B	THE AMENDED AND RESTATED BY-LAWS OF THE ORGANIZATION RESERVE THE POWER TO AMEND THE BY-LAWS TO THE MEMBERSHIP OF THE ORGANIZATION THE PROCEDURE REQUIRED TO AMEND BY-LAWS BEGINS WITH THE INITIATION OF THE PROPOSED AMENDMENT BY THE BOARD OF DIRECTORS AT THE NEXT MEETING OF THE BOARD OF DIRECTORS, SUBSEQUENT TO THE MEETING AT WHICH THE PROPOSED AMENDMENTS WERE PRESENTED, SUCH AMENDMENTS MUST RECEIVE THE AFFIRMATION VOTE OF THE MAJORITY OF THE DIRECTORS IF APPROVED BY THE BOARD OF DIRECTORS, THE PROPOSED AMENDMENTS SHALL BE MAILED TO THE MEMBERS OF THE ORGANIZATION AT LEAST 30 DAYS PRIOR TO THE DATE ESTABLISHED FOR THE BALLOT ON WHICH THEY ARE TO BE CONSIDERED FOR ADOPTION TO BE EFFECTIVE, AMENDMENTS MUST RECEIVE THE AFFIRMATIVE VOTE OF TWO-THIRDS OF THE MEMBERS REPRESENTED BY ABSENTEE BALLOT AT A METTING OF THE MEMBERS OF THE ORGANIZATION AT WHICH A DULY QUALIFIED QUORUM IS PRESENT

Identifier	Return Reference	Explanation
5	FORM 990, PART VI, LINE 11B	THE COMPLETED 990 WILL BE TRANSMITTED ELECTRONICALLY TO THE FOUNDATION'S BOARD OF DIRECTORS A CONFERENCE CALL WILL BE SCHEDULED TO REVIEW THE DOCUMENT WITH THE CEO AND THE FOUNDATION'S INDEPENDENT ACCOUNTANTS AVAILABLE TO ANSWER QUESTIONS OF THE TRUSTEES THE DOCUMENT IS REVIEWED IN THE SEQUENCE RECOMMENDED FOR PREPARATION OF THE FORM 990 IN ORDER TO THOROUGHLY DISCLOSE ALL INFORMATION REPORTED ON THIS FORM

Identifier	Return Reference	Explanation
6	FORM 990, PART VI, LINE 12C	THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH SERVES TO ASSIST DIRECTORS, OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION TO IDENTIFY SITUATIONS THAT PRESENT POTENTIAL CONFLICTS OF INTEREST AND TO PROVIDE A PROCEDURE WHICH WILL ALLOW A TRANSACTION WHICH IS IN THE BEST INTEREST OF THE CORPORATION TO BE BINDING EVEN THOUGH A DIRECTOR, OFFICER, OR EMPLOYEE MAY HAVE A CONFLICT OF INTEREST IN RESPECT TO THAT TRANSACTION. THE POLICY IS DISTRIBUTED ANNUALLY AT THE FIRST MEETING OF THE BOARD OF DIRECTORS FOLLOWING THE BEGINNING OF THE ORGANIZATION'S FISCAL YEAR. THE POLICY IS REVIEWED DURING THAT MEETING. EACH PERSON SERVING AS A DIRECTOR, OFFICER OR KEY EMPLOYEE OF THE CORPORATION IS REQUIRED TO ANNUALLY COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES IN WHICH HE OR SHE IS INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST ARISING. MATERIALS FOR MEETINGS OF THE BOARD OF DIRECTORS ARE DISTRIBUTED ELECTRONICALLY IN ADVANCE OF THE MEETING, GIVING DIRECTORS, OFFICERS AND KEY EMPLOYEES AN OPPORTUNITY TO IDENTIFY ANY PROPOSED ACTION IN WHICH HE OR SHE MAY HAVE A CONFLICT OF INTEREST. FOLLOWING THE CALL TO ORDER AT EACH MEETING OF THE BOARD OF DIRECTORS, A REQUEST FOR DISCLOSURE OF ANY POTENTIAL CONFLICT OF INTEREST IS MADE. AN ABSENCE OF A DECLARATION OF A CONFLICT OF INTEREST AT THAT TIME DOES NOT PROCLUDE THE LATER ANNOUNCEMENT OF A CONFLICT OF INTEREST WHICH IS DETERMINED BY A DIRECTOR, OFFICER OR KEY EMPLOYEE DURING THE MEETING.

Identifier	Return Reference	Explanation
7	FORM 990, PART VI, LINE 15A	THE COMPENSATION OF THE FOUNDATION'S PRESIDENT/CEO IS DETERMINED BY THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE IS COMPOSED OF MEMBERS OF THE EXECUTIVE COMMITTEE PLUS ADDITIONAL MEMEBERS OF THE BOARD OF DIRECTORS WHO ARE INVITED BY THE CHAIRMAN DUE TO SPECIALIZED KNOWLEDGE. ALL MEMBERS OF THE COMPENSATION COMMITTEE ARE INDEPENDENT MEMBERS OF THE GOVERNING BODY. THE COMMITTEE DETERMINES, BASED ON BUDGETARY CONSIDERATIONS, WHETHER AN ADJUSTMENT IN COMPENSATION WILL BE CONSIDERED FOR THE YEAR. IF THE DECISION IS AFFERMATIVE, THE COMMITTEE REVIEWS DATA FROM THE COUNCIL ON FOUNDATIONS ANNUAL SALARY SURVEY WHICH COMPILES SALARY AND BENEFIT INFORMATION FROM MORE THAN 800 FOUNDATIONS NATIONWIDE, STRATIFYING IT GEOGRAPHICALLY, BY ASSET SIZE, ADN MANY OTHER VARIABLES. THE COMMITTEE COMPARES THE ORGANIZATION'S CURRENT SALARY FOR THE CEO TO THE MEDIAN SALARY OF SIMILARLY LOCATED, LIKE-SIZED FOUNDATIONS AND DISCUSSES WHETHER AN ADJUSTMENT IN COMPENSATION IS WARRANTED. THE DISCUSSION AND SUBSEQUENT DECISION IS DOCUMENTED BY THE CHAIRMAN AND THE CONCLUSIONS OF THE COMMITTEE PRESENTED TO THE CEO IN A FOLLOW-UP MEETING.

Identifier	Return Reference	Explanation
8	FORM 990, PART VI, LINE 19	THE ORGANIZATION HAS ALWAYS MADE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND REVIEWED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC WE HAVE ALLOCATED SPACE FOR THESE DOCUMENTS ON THE FOUNDATION'S WEBSITE

Identifier	Return Reference	Explanation
9	FORM 990, PART XI - OTHER CHANGES IN NET ASSETS OR FUND BALANCE	UNREALIZED LOSS ON INVESTMENTS - \$1,833,194

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

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

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

As a result of the sale of the hospital, the Foundation no longer receives the majority of its support from program service revenue. The organization did receive over \$2 million in 2006 and accrued an additional \$1.5 million in 2011 in Medicare fees from previous hospital activities. The 2011 accrual is the final settlement with Medicare. These two years' activities push the Code Section 509(a)(2) five-year public-support percentage in 2011 to 60.4%, up from 50.3% in 2010. Without this program service revenue, the Code Section 170(b)(1)(A)(iv) public-support percentage for 2011 is 23.8% from membership dues, public contributions, and fundraising contributions.

The Foundation had accrued contingent liabilities related to prior hospital operations. Because of these liabilities, the funds from the proceeds of the sale were retained to offset those accrued liabilities. The obligation to retain funds was completed in 2010 and \$1.1 million of liabilities were eliminated. The cash retention to fund the contingent liabilities resulted in a five-year investment-income percentage of 38.7% in 2011 and 47.9% in 2010.

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

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

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

- 1 Scholarships to assist osteopathic medical students
- 2 Educational Stipends to assist physicians in residency training programs
- 3 Presentation of a two-day educational program for all senior residents training in the regional area
- 4 Operation of an AHA accredited Emergency Cardiovascular Care (ECC) training center In 2011, 574 physicians and other health care providers were trained in Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), and Neonatal Resuscitation (NRP)
- 5 Presentation of five seminars on the Proper Prescribing of Controlled Dangerous Substances One hundred twenty three osteopathic physicians were trained
- 6 Creation and presentation of two Continuing Medical Education Seminars accredited for osteopathic physicians and pharmacists One hundred sixteen healthcare professionals received education related to Cardiology and Gastroenterology

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