pen to Public Inspection

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Return of Private Foundation Form **990-PF** or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf. For calendar year 2016 or tax year beginning DEC 1, 2016 , and ending NOV 30, 2017 Name of foundation A Employer identification number NORTHWEST OKLAHOMA OSTEOPATHIC FOUNDATION 73-0622115 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 4125 WEST OWEN K GARRIOTT RD A-1580-234-6061 City or town, state or province, country, and ZIP or foreign postal code 73703-9446 ENID, OK G Check all that apply: Initial return Initial return of a former public charity Final return Amended return Address change Name change

C If exemption application is pending, check here D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation H Check type of organization; Section 501(c)(3) exempt private foundation 9(1) F If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust X Other taxable private foundation under section 507(b)(1)(A), check here X Accrual I Fair market value of all assets at end of year | J Accounting method: If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 4,418,829. (Part I, column (d) must be on cash basis) ▶\$ (d) Disbursements for charitable purposes (cash basis only) Part | Analysis of Revenue and Expenses (c) Adjusted net (b) Net investment (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income 124,471 Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 640.STATEMENT 640. 640. 64,433. 64,433.STATEMENT 64,433. Dividends and interest from securities 1,200. 1,200. 1,200.STATEMENT 5a Gross rents 1,200. **b** Net rental income or (loss) 206,468 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 613,569. 206,468 7 Capital gain net income (from Part IV, line 2) 3,029 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or ((loss)) w 18 43,490.STATEMENT 11 Other income 43,490. 821 12 Total. Add lines 1 through 12 2 2018 112,792. ارن 440,702. 273,562. ILL 0. 9,015. 2,705. 13 Compensation of officers, directors, trustees, etc 1,803. 0. 14 Other employee salaries and wages. 79,876. 15,988. 23,918. 15 Pension plans, employee benefits 2,700. 540 810. 0. 16a Legal fees 0. **b** Accounting fees STMT 5 8,230. 1,646. 2,469. STMT 6 34,581 34,581 0. 0. c Other professional fees Administrative 17 Interest 6,415. 0. STMT 7 276 1,949. 18 Taxes 1,283. 257. 385. 19 Depreciation and depletion 0. 13,494. 0 13,494. 20 Occupancy 7,581. 25,273. 5,055 0. 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses
24 Total operating
expenses. Add
0 0. 116,745 2.749 107,119 STMT 8 24 Total operating and administrative 63,895 297,612 160,430 0. expenses. Add lines 13 through 23 56,448, 56,448. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 63,895 160,430 56.448. 354,060 Add lines 24 and 25 27 Subtract line 26 from line 12: 86,642 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 209,667 0. C Adjusted net income (if negative, enter -0-)

823501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

924-26 Form 990.

Form 990-PF (2016) FOUNDATION 73-0622115 Page 2 Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 6,847 17,531 17,531. 329,952. 2 Savings and temporary cash investments 249,441. 329,952. 3 Accounts receivable ▶ Less: allowance for doubtful accounts 2,500. 4 Pledges receivable ▶ Less: allowance for doubtful accounts 2,500. 2,500. 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts I 3,584. 3,584. 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 3,639. 3.670. 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated denreciation 12 Investments - mortgage loans STMT 9 3,082,310. 3,078,759. 4,053,786. 13 Investments - other 14 Land, buildings, and equipment; basis 111,523 Less accumulated depreciation 103,717. 5,163. 7,806. -95,911. 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) 3,350,984. 3,443,802. 4,418,829. 17 Accounts payable and accrued expenses 4,645. 4,987. 18 Grants payable 19 Deferred revenue Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe STATEMENT 10) 288. 2,512. 23 Total liabilities (add lines 17 through 22) 4,933 7,499. Foundations that follow SFAS 117, check here ightharpoonsand complete lines 24 through 26 and lines 30 and 31. **Net Assets or Fund Balances** 24 Unrestricted 3,346,051. 3,436,303. 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 3,346,051. 3,436,303 31 Total liabilities and net assets/fund balances 3,350,984. 3,443,802 Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 3,346,051. 2 Enter amount from Part I, line 27a 2 86,642. 3 Other increases not included in line 2 (itemize) ► INCOME TAX REFUND 3,610. 4 Add lines 1, 2, and 3 4 3,436,303. Decreases not included in line 2 (itemize) 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 436,303. Form 990-PF (2016)

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Part IV Capital Gains	and Losses for Tax on In	vestmen	t Income						
	ribe the kind(s) of property sold (e.g. arehouse; or common stock, 200 shs				ow acquire Purchase Donation	ed (c) Date acquire (mo., day, yr.)	đ	(d) Date sold (mo., day, yr.)
1a EDWARD JONES (SHORT TERM GAINS)			P	7	ARIOUS	V	ARIOUS
b EDWARD JONES (LONG TERM GAINS)				P	7	ARIOUS	V	ARIOUS
c JUNKED EQUIPME					P	7	ARIOUS	V	ARIOUS
d CAPITAL GAINS	DIVIDENDS			ļ					
<u>e</u>	· · · · · · · · · · · · · · · · · · ·								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or (l (e) plus (f) mir	loss) nus (g)	
a 24,777.			21,74						3,029.
b 523,842.			385,35						<u>138,489.</u>
<u>c</u>	15,457.		15,45	7.			_		0.
d 64,950.				_					64,950.
e			10/04/00	-					
Complete only for assets snowing	ng gain in column (h) and owned by t					(1)	Gains (Col. (h) (k), but not less	gain min	us -\ or
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i)			coi. (Losses (from o	ol. (h))	·) U I
	as of 12/3 1/09	Over	col. (j), if any						
<u>a</u>				\dashv	-			_	3,029.
<u>b</u>									138,489.
C									0.
<u>d</u>				\dashv			· · · · · · · · · · · · · · · · · · ·		64,950.
_e			 -	 +	- T				
0 0	apital loss) If gain, also enter If (loss), enter -0-	in Part I, line	7	}					206 460
2 Capital gain net income or (net ca	\int If (loss), enter -0-	- in Part I, line	7	<i>」</i> ト	2				206,468.
3 Net short-term capital gain or (los		d (6):							
If gain, also enter in Part I, line 8,	column (c).			 					2 020
Part V Qualification U	nder Section 4940(e) for	Reduced	Tay on Not	Inve	stmon	t Inco	ma		3,029.
<u> </u>									
(For optional use by domestic private	e foundations subject to the section 4	1940(a) tax on	i net investment in	icome.	.)				
If section 4940(d)(2) applies, leave ti	his part blank.								
								_] (.
Was the foundation liable for the sec			•	lods					Yes X No
If "Yes," the foundation does not qual Enter the appropriate amount in				ntrino			_		
(a)		ISH UCHOHS DE	iore making any e				1	(d)	
Base periód years	(b) Adjusted qualifying dist	ributions	Net value of no	(C) nchari	table-use a	esets	(sel Di	stribùtió	n ratio
Calendar year (or tax year beginni			Not value of fio				(car. (a) divided	l by col. (c))
2015		<u>5,566.</u>	-		928,		<u> </u>	_	.039599
2014		3,439.			164,		 		.034442
2013		0,208.			243,				.035395
2012		8,506.			808,				.033738
2011	13	<u>6,950.</u>			285,	<u>662.</u>	} 		.041681
									104055
2 Total of line 1, column (d)							2		.184855
3 Average distribution ratio for the	· ·	on line 2 by 5,	or by the number	of yea	ITS		} _ }		006051
the foundation has been in existe	nce if less than 5 years						3		.036971
									400 064
4 Enter the net value of noncharitat	ile-use assets for 2016 from Part X, I	ine 5					4	4,	<u>103,964.</u>
5 Multiply line 4 by line 3							5		<u>151,728.</u>
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)						6		2,097.
7 Add lines 5 and 6							7		<u>153,825.</u>
8 Enter qualifying distributions from	n Part XII, line 4						8		104,086.
	line 7, check the box in Part VI, line	1b, and comp	lete that part usin	g a 1%	tax rate.				
See the Part VI instructions.		<u> </u>							

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Pa	ırt VI	Excise Tax Based on Investment Income (Section 4940)(a), 4	49	40(b), 49	40(e), or 4	<u> 1948 - </u>	see i	nstru	ctior	ıs)
1a	Exempt	operating foundations described in section 4940(d)(2), check here 🕨 🔲 and er	ter "N/A	Α" (on line 1.)					
	Date of r	uling or determination letter: (attach copy of letter if nec	essary-	-se	e instruction	s)	1 1				
b	Domesti	c foundations that meet the section 4940(e) requirements in Part V, check here	$\cdot \square$	an	d enter 1%	}	1			4,1	<u>93.</u>
	of Part I,	lin ê 27b									
C	All other	domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part	tI,	line 12, col. (b). J	1 1				
2	Tax unde	er section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Ot	hers en	nter	-0-)		2				0.
3		s 1 and 2			•		3			4,1	93.
4	Subtitle	A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Of	hers er	nte	r -0-)		4				0.
5		ed on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			,		5			4,1	93.
6		Payments:									
a		timated tax payments and 2015 overpayment credited to 2016	6a	1		1,500.	. 1				
		foreign organizations - tax withheld at source	6b	T			7 1				
		with application for extension of time to file (Form 8868)	6c	T			1				
	•	withholding erroneously withheld	6d	T		_	1 1				
		dits and payments. Add lines 6a through 6d	- 00	٠			7			1,5	00.
8		y penalty for underpayment of estimated tax. Check here if Form 2220 is attac	hed				8				
9		. If the total of lines 5 and 8 is more than line 7, enter amount owed	, iicu			•	9			2,6	93.
10		ment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid					10			<u>. , , , , , , , , , , , , , , , , , , ,</u>	, , , ,
		amount of line 10 to be; Credited to 2017 estimated tax				Refunded >	11				
		A Statements Regarding Activities				iciunidea P					
		he tax year, did the foundation attempt to influence any national, state, or local legisl	ation of	ır d	id it narticina	te or interven	e in		Γ	Yes	No
14		ical campaign?	u		ia it participa	ic of interven			1a		X
h	• •	end more than \$100 during the year (either directly or indirectly) for political purpos	<u>ac (cee</u>	מו פ	structions fo	r the definition	n\2		1b		X
U		nswer is "Yes" to 1a or 1b, attach a detailed description of the activities ar	-						- ""	-	
		ted by the foundation in connection with the activities	iu cop	,,,,,	o or arry mai	enais publis	ned or			, }	
		oundation file Form 1120-POL for this year?							1c		X
		e amount (if any) of tax on political expenditures (section 4955) imposed during the	voor!						10		
u		the foundation. > \$ 0 . (2) On foundation managers.				0.					
_							<u>-</u>			. 1	
Е		e reimbursement (if any) paid by the foundation during the year for political expendit	ure tax	CIII	iposea on ioi	muation					
^		s. ► \$0 . foundation engaged in any activities that have not previously been reported to the IF	co						,		X
2			131						2		
		tattach a detailed description of the activities.			autoslas of in						
3		foundation made any changes, not previously reported to the IRS, in its governing in		ent	, articles of ir	icorporation,	OI .		,		v
4.		or other similar instruments? If "Yes," attach a conformed copy of the change							3	-	X
		oundation have unrelated business gross income of \$1,000 or more during the year	•				NT.	/A	4a 4b		
		nas it filed a tax return on Form 990-T for this year?					14	A	5		X
0		re a liquidation, termination, dissolution, or substantial contraction during the year?							-		
		attach the statement required by General Instruction T.	L							.	
Ь		equirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit	ner:								
		guage in the governing instrument, or			- 46 - 1		a lacci				
		te legislation that effectively amends the governing instrument so that no mandatory	airecti	เดก	s that conflic	t with the stat	e iaw			,)	v
_		n the governing instrument?		_					6		_X_
7	Did the fi	oundation have at least \$5,000 in assets at any time during the year? If "Yes," con	plete i	Pa	rt II, col. (c)	and Part X	V		7	X	
8a		e states to which the foundation reports or with which it is registered (see instruction	ıs) 🟲	_			_				
	OK										ı
b		swer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torney	Ge	neral (or des	ignate)					
		state as required by General Instruction G? If "No," attach explanation							_8b	X	
9		undation claiming status as a private operating foundation within the meaning of sec				2(j)(5) for cal	endar				ν
		6 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," co							9	_X_	••
10	Did any p	persons become substantial contributors during the tax year? if "Yes," attach a schedul	e listing	the	or names and a	ddresses			10	<u></u>	X
								Fo	rm 99 0)-PF	(2016)

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orn	n 990-PF (2016) FOUNDATION 73-	0622115		Page 5
Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges	;?		
	If "Yes," attach statement (see instructions)	12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► ANITA L. LUETKEMEYER Telephone no. ►58	J-234-6	071	
	Located at ► 4125 W. GARRIOTT, STE. A-1, ENID, OK ZIP+4	▶ 73703		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			$\cdot \square$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		_ X_
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	a During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	ŀ		
	a disqualified person?	No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	No		
b	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	/A 1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2016?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
а	a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	_		İ
	before 2016? Yes X	No		
	If "Yes," list the years 🚩 , , , , ,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			1
	statement - see instructions.)	/A <u>2b</u>	<u> </u>	
C	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
				
3a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	,		
	during the year?	No		
b	b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	· · · · · · · · · · · · · · · · · · ·	/A <u>3b</u>	<u> </u>	<u> </u>
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<u> </u>	X_
b	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			<u>-</u> _
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		X

4b X Form **990-PF** (2016)

NORTHWEST OKLAHOMA OSTEC	PATHIC			
orm 990-PF (2016) FOUNDATION	F 4700 M - D - F	.	73-06221	15 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4/20 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	, ,,		es X No	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire		(==)	
any voter registration drive?	_		es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			
4945(d)(4)(A)? (see instructions)			es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	, or educational purposes, or f		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i			1 1
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ined		
expenditure responsibility for the grant?		. —	es No	
If "Yes," attach the statement required by Regulations section 53 494		1/44		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	, ,			
a personal benefit contract?	pay promising on	□ v _e	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	nersonal henefit contract?			6b X
If "Yes" to 6b, file Form 8870.	or solidi belletit contract.		<u> </u>	22
7a At any time during the tax year, was the foundation a party to a prohibited tax s	chalter transaction?		es X No	1 1
b If "Yes," did the foundation receive any proceeds or have any net income attribu		16	_	7b
Part VIII Information About Officers, Directors, Trust		nagers Highly		70
Paid Employees, and Contractors	ees, i oundation wa	magers, riigini	,	
List all officers, directors, trustees, foundation managers and their	compensation.	•		
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
			00	
	1			
EE STATEMENT 11		9,015.	ο.	0.
		3,0200	•	
	1			
	1			
	1			
	1	ļ		
	1			
	1			
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."	·	·
() Name and address of such analysis and such as \$50,000	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NITA LUETKEMEYER	ADMINISTRATOR			
002 CHEYENNE AVE, ENID, OK 73703	40.00	77,900.	2,700.	0.
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>
-	1			
100			-	
	1			
	1			
		 		

Total number of other employees paid over \$50,000

Form **990-PF** (2016)

Form 990-PF (2016) FOUNDATION	73-	<u>0622115 Page 7</u>
Part VIII Information About Officers, Directors, Trustees, Fo Paid Employees, and Contractors (continued)	undation Managers, Highly	_
3 Five highest-paid independent contractors for professional services. If none	, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		}
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		,
List the foundation's four largest direct charitable activities during the tax year. Include relevan number of organizations and other beneficiaries served, conferences convened, research paper.	at statistical information such as the ers produced, etc.	Expenses
1 N/A		
2		
3		
4		-
Part IX-B Summary of Program-Related Investments	_	<u></u>
Describe the two largest program-related investments made by the foundation during the tax y	year on lines 1 and 2.	Amount
1 N/A		
		1
2		
]
All other program-related investments. See instructions		
3		
Arrange Arrang		
	<u> </u>	
		
Total, Add lines 1 through 3	<u> </u>	0.

101111	SSO + (2010) FOUNDATION		U622115 Fage 6
Pai	rt X Minimum Investment Return (All domestic foundations must complete this part. For	oreign foundations, s	ee instructions.)
1 F	air market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	iverage monthly fair market value of securities	1a	3,864,575.
b A	iverage of monthly cash balances	1b	301,886.
c F	air market value of all other assets	1c	
d T	otal (add lines 1a, b, and c)	1d	4,166,461.
e R	eduction claimed for blockage or other factors reported on lines 1a and		
1	c (attach detailed explanation)	0.	
2 A	equisition indebtedness applicable to line 1 assets	2	0.
3 S	ubtract line 2 from line 1d	3	4,166,461.
4 C	ash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	62,497.
5 N	et value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,103,964.
	finimum investment return Enter 5% of line 5	6	205,198.
Par	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating fou	ndations and certain	
	foreign organizations check here 🕨 🗶 and do not complete this part.)		
	finimum investment return from Part X, line 6	1	
2a Ta	ax on investment income for 2016 from Part VI, line 5		
b In	ncome tax for 2016. (This does not include the tax from Part VI.)		
c A	dd lines 2a and 2b	2c	
3 D	istributable amount before adjustments. Subtract line 2c from line 1	3	
4 R	ecoveries of amounts treated as qualifying distributions	4	
5 A	dd lines 3 and 4	5	
6 D	eduction from distributable amount (see instructions)	6	
7 D	istributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
Par	t XII Qualifying Distributions (see instructions)		
	mounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	xpenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	104,086.
	rogram-related investments - total from Part IX-B	1b	0.
	mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 A	mounts set aside for specific charitable projects that satisfy the:		
	uitability test (prior IRS approval required)	3a	
	ash distribution test (attach the required schedule)	3b	
	ualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	104,086.
	oundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	come. Enter 1% of Part I, line 27b	5	0.
	djusted qualifying distributions. Subtract line 5 from line 4	6	104,086.
No	ote: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fi	oundation qualifies for	the section

Form **990-PF** (2016)

4940(e) reduction of tax in those years.

Form 990-PF (2016)				Page 9
Part XIII Undistributed Income (se	e instructions)			
		N/A		·
•	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only				
b Total for prior years:				
g voiz is processor				
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e				
4 Qualifying distributions for 2016 from				
Part XII, line 4: ► \$				
a Applied to 2015, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions)				
c Treated as distributions out of corpus				
(Election required - see instructions)				
d Applied to 2016 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2016				
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract				
line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable				
amount - see instructions				
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)				
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7 9 Excess distributions carryover to 2017.			· · · · · · · · · · · · · · · · · · ·	
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				

	ST OKLAHOMA	OSTEOPATHI	С	5 2 0.6	00115 Dec. 10
Form 990-PF (2016) FOUNDAT			• • • • •	73-06	22115 Page 10
Part XIV Private Operating F			-A, question 9)		
1 a If the foundation has received a ruling of foundation, and the ruling is effective for			_ [
· · · · · · · · · · · · · · · · · · ·	•	_	n anation	40.40(1)(2) or 40	142(1)(5)
b Check box to indicate whether the found		ig toundation described i		4942(j)(3) or 49)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2016	(b) 2015	Prior 3 years (c) 2014	(d) 2013	(e) Total
income from Part I or the minimum	(2) 2010	(0) 2013	(6) 2014	(4) 2010	(0) 10(2)
investment return from Part X for			0	0.	0
each year listed	0.	0.	0.	0.	0.
b 85% of line 2a	<u> </u>	<u> </u>	U .		
c Qualifying distributions from Part XII,	104 006	157 056	143,439.	150,208.	554,789.
line 4 for each year listed	104,086.	157,056.	143,433.	/ 130,200.	334,103.
d Amounts included in line 2c not			/		
used directly for active conduct of	0.	0.	/0.	0.	_ 0.
exempt activities		0.	/ 0.		
e Qualifying distributions made directly					
for active conduct of exempt activities.	104 006	157,056.	143,439.	150,208.	554,789.
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the	104,086.	137,030.	143,439.	130,200.	334,703.
alternative test relied upon:		•			
a "Assets" alternative test - enter:	4 410 020	2 044 027/	4 061 572	1 120 710	16 054 106
(1) Value of all assets	4,410,029.	3,944,03%	4,061,572.	4,423,140.	10,034,100.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	4,418,829.	3,944,037.	4,061,572.	4,429,748.	16,854,186.
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year					0.
listed		/			
 c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 					
512(a)(5)), or royalties)					0.
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)			;		0.
	-/-				
(3) Largest amount of support from an exempt organization					_ 0.
(4) Gross investment income	/				0.
Part XV Supplementary Infó	rmation (Comple	te this part only	if the foundation	had \$5,000 or me	
at any time during t					
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh year (but only if they have contributed n			ributions received by the f	oundation before the clo	se of any tax
NONE					
b List any managers of the foundation who ther entity) of which the foundation ha			or an equally large portio	n of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here ► X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions t	to preselected charitable	organizations and does no		
a The name, address, and telephone num	ber or e-mail address of t	he person to whom apple	cations should be address	sed:	
b The form in which applications should b	pe submitted and informat	tion and materials they sh	nould include:		
c Any submission deadlines:					

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

Form 990-PF (2016)

FOUNDATION

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Part XV | Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient a Paid during the year ENID COMMUNITY CLINIC NONE PUBLIC CHARITY HEALTH CLINIC FOR LOW 1106 E BROADWAY INCOME ENID OK 73701 34,248. LOAVES & FISHES NONE PUBLIC CHARITY NUTRITION EDUCATION 701 E MAINE PROGRAM ENID, OK 73701 3,000. MISCELLANEOUS CHARITIES NONE PUBLIC DONATIONS CHARITIES ENID OK 73701 1,200. OKLAHOMA OSTEOPATHIC ASSOCIATION NONE PUBLIC CHARITY CONVENTION SPONSORSHIP 4848 N LINCOLN BLVD OKLAHOMA CITY, OK 73105 2,000. RETIRED SENIOR VOLUNTEER PROGRAM NONE PUBLIC CHARITY SENIOR FEEDING PROGRAM 602 S VAN BUREN ENID OK 73703 2,500. SEE CONTINUATION SHEET(S) Total ➤ 3a 56,448, b Approved for future payment NONE Total **▶** 3b

Excluded by section 512, 513, or 514

Enter gross amounts unless otherwise indicated.

Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated. 1 Program service revenue:	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
	code		code	741104111	
a PROGRAM FEES	-		+		39,920.
b	_		1 1		
c			+ +		
d			+ +		
e	-	 	+		
g Fees and contracts from government agencies	-		+		
2 Membership dues and assessments			+		2,749.
3 Interest on savings and temporary cash		·			<u> </u>
investments	1		14	640.	
4 Dividends and interest from securities			14	64,433.	
5 Net rental income or (loss) from real estate:			+ = =	04,433.	
a Debt-financed property			+ +		
b Not debt-financed property			16	1,200.	
6 Net rental income or (loss) from personal			+ - 4	1,200.	
property					
7 Other investment income			15	821.	
8 Gain or (loss) from sales of assets other	-		+	021.	·
than inventory	l i		14	64,950.	141,518.
9 Net income or (loss) from special events				01,550:	141,310.
10 Gross profit or (loss) from sales of inventory			 -	•	
11 Other revenue:					
a			}		
b					,
C					
d					
0			 		
12 Subtotal. Add columns (b), (d), and (e)		0.		132,044.	184,187.
13 Total Add line 12, columns (b), (d), and (e)			· · · · · · · · · · · · · · · · · · ·	13	
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acco	mplishment of E	vomnt [Purposos	
Telationship of Activities	to the Acco	inpusiment of E.	xempt r	-urposes	
Line No. Explain below how each activity for which inc			A contribute	ed importantly to the accomp	lishment of
the foundation's exempt purposes (other that					
1 PROGRAM FEES & MEMBERS	SHIP DUES	SUPPORT HE	EALTH	AND EDUCATIO	N PROGRAMS
AND SERVICES TO LOW-II	COME INI	DIVIDUALS		 	
					
		- <u>-</u> -			
					
					
		 			
-			_		
	,		-	 	
					

Unrelated business income

Form 990-PF (2016)

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r U	OINT	MI	Τ,	OIA

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Part XVII	Information Regarding	Transfers To and Transactions and Relationships V	Vith Noncharitable
	Exempt Organizations		

1 Did the	organization directly or indi	rectly engage in any	of the following	ng with any other organizati	on described in sec	tion 501(c) of		Yes	No
the Co	de (other than section 501(c)(3) organizations) c	r in section 52	27, relating to political orgai	nizations?				
a Transfe	ers from the reporting founda	ation to a noncharita	ble exempt or	ganization of:					
(1) Ca	sh						1a(1)		_X_
(2) Ot	her assets						1a(2)		<u>X</u>
b Other to	ransactions:								
(1) Sa	les of assets to a noncharital	ble exempt organiza	tion				1b(1)		X
(2) Pu	rchases of assets from a no	ncharitable exempt o	organization				1b(2)		X X X X X
(3) Re	ntal of facilities, equipment,	or other assets					1b(3)		X
(4) Re	imbursement arrangements						1b(4)		X
(5) Lo	ans or loan guarantees						1b(5)		X
	rformance of services or me	mbership or fundrai	sing solicitatio	nns			1b(6)		X
	of facilities, equipment, ma						1c		X
	nswer to any of the above is	-			wave show the fair	market value of the goods		ete	
	ices given by the reporting fo							UI3,	
	(d) the value of the goods,				ue ili aliy transactio	ii oi silailily allallyellell	, 3110W III		
a) Line no	(b) Amount involved			e exempt organization	(d) 0				
272110110	(b) / tillount ill/ol/cu	(c) ivalile of		s exempt organization	(U) Descriptio	n of transfers, transactions, ar	o snaring arr	angeme	nis
			N/A						
									
				· ·····					
									
						<u>,,,, , , , , , , , , , , , , , , , , ,</u>			
	<u> </u>								
		-							
	· · · · · · · · · · · · · · · · · · ·								
2a lo tho fe	Nundation directly or indirect	tu offiliated with or	olotod to one						
	oundation directly or indirect				izations described		ω.	37	٦.,,
	on 501(c) of the Code (other		(3)) or in sect	ion 52/7			Yes	LA	No
b if Yes,	complete the following sche			(1) T (/ 1 D			
	(a) Name of orga	anization		(b) Type of organization		(c) Description of relation	ısnıp		
	N/A				ļ				
					ļ				
		<u> </u>			ļ				
	der penalties of perjury, I declare to belief, it is true, correct, and com					r has any knowledge	May the IRS deturn with the	prepare	er tr)?
2	gnature of officer or trustee	AMIN	~~~	Doto	Title	<u> </u>	X Yes		J No ∣
			Dropprosio si	Date	Title	Chack			
	Print/Type preparer's na	IIId	Preparer's si	yndlure	Date	Check if PTII	4		
Paid			11.0	Z PDA	1-10-18	self- employed			
	CHERYL BRY		wyc	. bysa, 47	1 10-10		00239		
Prepare	Trim shame > COL.	LINS, BUT	LER &	CO., P.C.		Firm's EIN ► 73 -	14631	97	
Jse Onl	·								
	Firm's address ► 90								
	EN	ID, OK 73	<u>701-38</u>	99		Phone no. (580)233-	<u>114</u>	4
							Form 990	PF	(2016)

NORTHWEST OKLAHOMA OSTEOPATHIC FOUNDATION

73-0622115

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to any foundation manager Amount status of contribution Name and address (home or business) recipient or substantial contributor PUBLIC CHARITY GIRL POWER PROGRAM YWCA OF ENID NONE 525 S QUINCY 1,500. ENID, OK 73701 YOUTH & FAMILY SERVICES NONE PUBLIC CHARITY YOUTH SHELTER 605 W OXFORD 750. ENID OK 73701 OSU FOUNDATION NONE PUBLIC CHARITY RURAL ADDICTION HEALTH 700 N GREENWOOD AVE SUMMIT 2,500. TULSA, OK 74106 COMMUNITY DEVELOPMENT SUPPORT NONE PUBLIC CHARITY COMMUNITY SUPPORT & ASSOCIATION DEVELOPMENT 114 S INDEPENDENCE 1,500. ENID OK 73701 4RKIDS NONE PUBLIC CHARITY SPECIAL NEEDS PROGRAM 710 OVERLAND TRAIL ENID, OK 73703 2,750. PUBLIC CHARITY HEALTHY LIVING PROGRAM DENNY PRICE FAMILY YMCA NONE 415 W CHEROKEE 4,500, ENID, OK 73701 13,500. Total from continuation sheets

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Employer identification number

NORTHWEST OKLAHOMA OSTEOPATHIC FOUNDATION 73-0622115 Organization type (check one) Filers of: Section: ___ 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation X 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
NORTHWEST OKLAHOMA OSTEOPATHIC
FOUNDATION

Employer identification number

73-0622115

Part I	Contributors (See instructions) Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	INTEGRIS BASS BAPTIST HOSPITAL 600 S. MONROE ENID, OK 73701	\$ 30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

NORTHWEST OKLAHOMA OSTEOPATHIC FOUNDATION .

73-0622115

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.
---------	--

(a)			
No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
arti			
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3453 10-18-		\$ Sahadula B (Farm	990, 990-EZ, or 990-PF) (

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)
Name of organization

Employer identification number

NORTHW FOUNDA	EST OKLAHOMA OSTEOPATHI	c	73-0622115
Part III	Exclusively religious, charitable, etc., contri the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious,	lumns (a) through (e) and the following charitable, etc., contributions of \$1,000 or less	section 501(c)(7), (8), or (10) that total more than \$1,000 for
(a) No. from	Use duplicate copies of Part III if additiona (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

FORM 990-PF INTERE	ST ON SAVING	S AN	D TEMPOR	ARY	CASH	INVESTMEN	NTS	STATEMENT	1	
SOURCE			(A) REVENUE PER BOOK		(B) NET INVESTMENT INCOME		1 T	(C) ADJUSTED NET INCOME		
EDWARD JONES			6	40.		640	<u> </u>	640		
TOTAL TO PART I, LINE 3			6	640.). = =	640.			
FORM 990-PF	DIVIDENDS	AND	INTEREST	FRO	M SEC	URITIES		STATEMENT	2	
SOURCE	GROSS AMOUNT	G	PITAL AINS IDENDS	RE	(A) VENUE BOOK		WEST			
EDWARD JONES	129,383.		64,950.		64,43	3. 64,43		33. 64,433		
TO PART I, LINE 4	129,383.		64,950.	-	64,43	3. 64	1,433	. 64,43	64,433.	
FORM 990-PF		RENT	AL INCOM	<u> </u>			i	STATEMENT	3	
KIND AND LOCATION O	F PROPERTY					ACTIVI NUMBE		GROSS RENTAL INCO	OME	
RENTAL	· =					1		1,20	00.	
TOTAL TO FORM 990-P	F, PART I, L	INE	5A				_	1,20	00.	
FORM 990-PF		OT	HER INCOM	<u>и</u> Е			· · · · · · · · · · · · · · · · · · ·	STATEMENT	4	
DESCRIPTION			REV	(A) /ENU] BOO]		(B) NET INVE MENT INC		(C) ADJUSTEI NET INCON		
ROYALTY INCOME PROGRAM FEES MEMBERSHIP DUES AND	YALTY INCOME DGRAM FEES 39,		821. ,920. ,7 4 9.		821.	82 39,92 2,74				
TOTAL TO FORM 990-P	F, PART I, L	INE	11	43	,490.	-	821.	43,49	90.	

FORM 990-PF	ACCOUNTI	NG FEES	Si	TATEMENT !
DESCRIPTION	(A) EXPENSES PER BOOKS	_		
ACCOUNTING FEES	8,230.	1,646.	2,469.	0 .
TO FORM 990-PF, PG 1, LN 16B	8,230.	1,646.	2,469.	0
FORM 990-PF (OTHER PROFES	SIONAL FEES	Si	PATEMENT (
DESCRIPTION		(B) NET INVEST- MENT INCOME		
INVESTMENT FEES	34,581.	34,581.	0.	0
TO FORM 990-PF, PG 1, LN 16C	34,581.	34,581.	0.	0
FORM 990-PF	TAX	ES	Si	PATEMENT '
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLI PURPOSES
PROPERTY TAX PAYROLL TAXES	361. 6,054.		108.	0
TO FORM 990-PF, PG 1, LN 18	6,415.	1,276.	1,949.	0
FORM 990-PF	OTHER E	XPENSES	នា	PATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES
INSURANCE OFFICE EXPENSE PROGRAM EXPENSES	6,775. 7,116. 98,162.	1,354. 1,117. 0.	2,032. 3,205. 98,162.	0 0 0
TELEPHONE, INTERNET & UTILITIES DUES & SUBSCRIPTIONS	4,172. 520.	174. 104.	3,56 4. 156.	0

FORM 990-PF	OTHER INVESTME	NTS		STAT	EMENT ———	9
DESCRIPTION	VALUATION METHOD		BOOK VALUI		MARKE ALUE	Т
EDWARD JONES	COST		3,078,75	59. 4	,053,7	86.
TOTAL TO FORM 990-PF, PART	II, LINE 13		3,078,75	59. 4	,053,7	86.
FORM 990-PF	OTHER LIABILIT	IES		STAT	EMENT	10
DESCRIPTION		E	BOY AMOUN	r EOY	AMOUNT	ı
PAYROLL WITHHOLDINGS			28	38.	2,5	12.
TOTAL TO FORM 990-PF, PART	II, LINE 22		28	38.	2,5	12.
	- LIST OF OFFICERS ES AND FOUNDATION I			STAT	EMENT	11
TRUSTE		MANAGEF		STATI EMPLOYEE BEN PLAN		
NAME AND ADDRESS EDNA MAE HOLDEN 2807 W.H. HOLDEN RD	ES AND FOUNDATION I	MANAGEF	RS —————	EMPLOYEE BEN PLAN CONTRIB	EXPEN	
NAME AND ADDRESS EDNA MAE HOLDEN	TITLE AND AVRG HRS/V	MANAGEF D () WK S	COMPEN- SATION 875.	EMPLOYEE BEN PLAN CONTRIB	EXPEN	ISE INT
NAME AND ADDRESS EDNA MAE HOLDEN 2807 W.H. HOLDEN RD KREMLIN, OK 73753 LARRY ROYE 1247 JUNIPER WAY	TITLE AND AVRG HRS/V DIRECTOR 0.50 SECRETARY/	MANAGEF D () WK S	COMPEN- SATION 875.	EMPLOYEE BEN PLAN CONTRIB	EXPEN	ISE INT
NAME AND ADDRESS EDNA MAE HOLDEN 2807 W.H. HOLDEN RD KREMLIN, OK 73753 LARRY ROYE 1247 JUNIPER WAY ENID, OK 73703 JEFFREY JONES, D.O. 3407 N OAKWOOD RD	TITLE AND AVRG HRS/V DIRECTOR 0.50 SECRETARY/T 0.50	MANAGEF D () WK S	COMPEN- SATION 875. RER 780.	EMPLOYEE BEN PLAN CONTRIB 0.	EXPEN	O.

NORTHWEST OKLAHOMA OSTEOPATH	IC FOUNDATIO		73-0	622115
GARY PATZKOWSKY, D.O. 1906 LOREAN DR ENID, OK 73703	VICE-PRESIDENT 0.50	875.	0.	0.
CHAD OWENS; D.O. 8821 W OWEN K GARRIOTT RD ENID, OK 73703	DIRECTOR 0.50	780.	0.	0.
TODD EARL 2727 REDBIRD LANE ENID, OK 73703	PRESIDENT 0.50	875.	0.	0.
AARON SIZELOVE, D.O. 1198 178 RD ROSSTON, OK 73855	ADVISORY 0.50	590.	0.	0.
JAY NICHOLAS 5605 PHEASANT RUN ENID, OK 73703	DIRECTOR 0.50	875.	0.	0.
JONATHAN BUSHMAN, D.O. 4 CHISHOLM LN ENID, OK 73703	DIRECTOR 0.50	875.	0.	0.
BRENT KISLING 10414 N IMO ROAD ENID, OK 73703	ADVISORY 0.50	190.	0.	0.
CHRISTOPHER A SHEARER, D.O. 3126 FALCON CREST DR ENID, OK 73703	DIRECTOR 0.50	285.	0.	0.
JON R. MILLS, D.O. 3706 LAST CHANCE ENID, OK 73703	EX-OFFICIO 0.50	285.	0.	0.
SAMANTHA C. MOERY, D.O. 2521 W BISON RD BISON, OK 73720	DIRECTOR 0.50	190.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	 E 6, PART VIII	9,015.	0.	0.

NORTHWEST OKLAHOMA (OSTEOPATHIC FOUNDATION

73-0622115

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FORM 990-PF	STATEMENT 12
PART XII QUALIFYING DISTRIBUTIONS	
TOTAL FROM PART I, COLUMN (D) LINE 26 PROGRAM FEES AND EXPENSES INCURRED TO PROMOTE HEALTH & EDUCATION PROGRAMS AND SERVICES TO	56,448
LOW INCOME INDIVIDUALS	47,638
TOTAL PART XII LINE 1A	104,086