

Form **990-PF**

Department of the Treasury
Internal Revenue Service

EXTENDED TO NOVEMBER 16, 2020 Return of Private Foundation 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. Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0047

For calendar year 2019 or tax year beginning		, and ending		
Name of foundation			A Employer identification	number
OSTEOPATHIC HERITAGE FOUND			31-6056252	
Number and street (or P O box number if mail is not delivered to street	·	Room/suite	B Telephone number	70
1500 LAKESHORE DRIVE NO 23 City or town, state or province, country, and ZIP or foreign			614-737-43 C If exemption application is p	
COLUMBUS, OH 43204	postar codo		w exemption application is p	ending, check have
G Check all that apply Initial return	Initial return of a f	ormer public charity	D 1. Foreign organizations	s, check here
Final return	Amended return		Foreign organizations me check here and attach co	eting the 85% test,
H Check type of organization. X Section 501(c)(3) e	Name change		1	· · · · · · · · · · · · · · · · · · ·
Section 4947(a)(1) nonexempt charitable trust	Other taxable private found	μ_{0}	E If private foundation sta under section 507(b)(1)	
The state of the s	ting method: Cash	X Accrual	F If the foundation is in a	
· 1 —	Other (specify)		under section 507(b)(1)	
▶\$ 270,398,738. (Part I, colu	mn (d), must be on cash bas	sis.)		
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	1,000.		N/A	
2 Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash briest ments.				
3 cash investments 4 Dividends and interest from securities	7,537,016.	7,537,016.		STATEMENT 1
5a Gross rents				
b Net rental income or (loss)			RE	CEIVED
6a Net gain or (loss) from sale of assets not on line 10	16,812,323.			
b Gross sales price for all 326,746,661. 7 Capital gain net income (from Part IV, line 2)		16 010 202	12 NOV	1 3 2020
7 Capital gain net income (from Part IV, line 2)		16,812,323.	8 100	1 9 2020 8
8 Net Short-term Capital gain 8 14			OG	DEN. UT
9 Income modifications Gross sales loss returns 10a and allowances			00	DEIN. OT
b Less Cost of goods sold			-	,
c Gross profit or (loss)				ì
11 Other income	129,458.	1,376.		STATEMENT 2
12 Total. Add lines 1 through 11	24,479,797.	24,350,715.		
13 Compensation of officers, directors, trustees, etc	286,113.	7,153.		278,960.
14 Other employee salaries and wages	560,157.	5,842.		554,315.
15 Pension plans, employee benefits	1,084,759.	3,165.	<u> </u>	1,081,594.
b Accounting fees STMT 4	73,184.	88,450.		73,184.
	1,200,832.	1,104,752.	 -	96,080
e 17 Interest	1,200,0025	2,202,,320		30,000.
tal 18 Taxes STMT 6	558,253.	772.		52,481.
19 Depreciation and depletion	3,835.	0.		
c Other professional fees STMT 5 17 Interest 18 Taxes STMT 6 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings	59,232.	912.		58,319.
	43,033.	0.		43,033.
22 Printing and publications	1,251.	0.		1,251.
	204,727.	18,241.		186,486.
24 Total operating and administrative expenses Add lines 13 through 23	4,252,276.	1,229,287.		2,514,153.
expenses Add lines 13 through 25 25 Contributions, gifts, grants paid	11,595,613.			11,595,613.
26 Total expenses and disbursements.			,-	
Add lines 24 and 25	15,847,889.	1,229,287.		14,109,766.
27 Subtract line 26 from line 12		-		1
Excess of revenue over expenses and disbursements	8,631,908.	00.464		<u> </u>
b Net investment income (if negative, enter -0-)		23,121,428.	27/2	<u> </u>
c Adjusted net income (if negative, enter -0-)		<u>i </u>	N/A	<u> </u>

923501 12-17-19 · LHA For Paperwork Reduction Act Notice, see instructions.

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1 Cash - non-interest-bearing

3 Accounts receivable ▶

4 Pledges receivable

disqualified persons 7 Other notes and loans receivable

8 Inventories for sale or use

b Investments - corporate stock

c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans

13 Investments - other

18 Grants payable 19 Deferred revenue

Less accumulated depreciation

5 Grants receivable

2 Savings and temporary cash investments

Less' allowance for doubtful accounts

Less: allowance for doubtful accounts

Less: allowance for doubtful accounts

10a Investments - U.S. and state government obligations

STMT 12▶

9 Prepaid expenses and deferred charges

14 Land, buildings, and equipment: basis

15 Other assets (describe ▶ DEPOSITS

instructions. Also, see page 1, item I)

17 Accounts payable and accrued expenses

21 Mortgages and other notes payable

23 Total liabilities (add lines 17 through 22)

and complete lines 24, 25, 29, and 30. 24 Net assets without donor restrictions 25 Net assets with donor restrictions

and complete lines 26 through 30. 26 Capital stock, trust principal, or current funds

29 Total net assets or fund balances

30 Total liabilities and net assets/fund balances

16 Total assets (to be completed by all filers - see the

20 Loans from officers, directors, trustees, and other disqualified persons

Foundations that follow FASB ASC 958, check here

27 Paid-in or capital surplus, or land, bldg., and equipment fund 28 Retained earnings, accumulated income, endowment, or other funds

Part II Balance Sheets Attached schedules and amounts in the description

6 Receivables due from officers, directors, trustees, and other

STMT 9

Analysis of Changes in Net Assets or Fund Balances

Foundations that do not follow FASB ASC 958, check here 🕨 🗶

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29			
	(must agree with end-of-year figure reported on prior year's return)	1	1	238,059,948.
2	Enter amount from Part I, line 27a	2	I	8,631,908.
3	Other increases not included in line 2 (itemize) SEE STATEMENT 8	3_		21,377,853.
4	Add lines 1, 2, and 3	4		268,069,709.
5	Decreases not included in line 2 (itemize)	5		0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	Ι	268,069,709.

238,059,948.

238,059,948.

240,018,107.

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268,069,709. 268,069,709.

270,398,738.

	EOPATHIC HERI			CDD	A MM A CITT		1-6056		Page 3
	the kind(s) of property sold (ATTACH		TATEME acquired		
	rehouse; or common stock, :		ne,	D - P	acquired urchase onation	(mo, d	lay, yr)	(d) Dat (mo., da	
1a		<u></u>		- 5 5	onation				
b									
C									
d		·							
е	,,-								
(e) Gross sales price	(f) Depreciation allowe (or allowable)		st or other basis expense of sale				iain or (loss) s (f) minus (
<u>a</u>									
b									
<u>C</u>				+					
326 746 661		20	0 024 22	•			1,	. 012	222
e 326,746,661.	a care in column (b) and our		9,934,33	•		0 10		5,812	,343.
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E>	cess of col. (i) col. (j), if any		col.	(k), but r	Col (h) gain i not less than (from col. (h	-0-) o r	
a						*			
b									
C									
d					· · · · · · · · · · · · · · · · · · ·				
е				\perp			16	5,812 _.	<u>,323.</u>
2 Capital gain net income or (net cap	outal loss) $ \begin{cases} & \text{if gain, al} \\ & \text{if (loss), al} \end{cases} $	so enter in Part I, line enter -0- in Part I, line	7 : 7	} 2			10	6,812	,323.
3 Net short-term capital gain or (los	s) as defined in sections 122	22(5) and (6).							
If gain, also enter in Part I, line 8,	•	(-)		λl	İ				
If (loss), enter -0- in Part I, line 8		Vian Dadinard	Tau an Nati] 3			N/A		
	nder Section 4940(e	•			ment inco	me			
(For optional use by domestic private	foundations subject to the s	ection 4940(a) tax on	net investment inc	come.)					
If section 4940(d)(2) applies, leave th	is part blank.								
Was the foundation liable for the sectif "Yes," the foundation doesn't qualify			•	od?				Yes	X No
1 Enter the appropriate amount in e				ntries			-		
(a)			ore making any cr			T		(d)	
Base periód years Calendar year (or tax year beginnin	Advicted qualify	(b) ying distributions	Net value of no	(c) ncharitab	le-use assets		Distribi (col. (b) divi	(d) ution ratio	(c))
2018		,409,689.	2	66.6	42,148		1001. (0) 0141		54041
2017	10	,478,079.			04,962				10424
2016	12	2,998,669.			58,108				4238
2015		,500,148.			94,479				12684
2014	15	619,524.	2	55,1	96,964	•		.06	51206
2 Total of line 1, column (d)						2		. 25	<u>52593</u>
3 Average distribution ratio for the 5	-year base period - divide th	e total on line 2 by 5.0	D, or by the numbe	er of year	S	[]			
the foundation has been in existen	ce if less than 5 years					3		.05	50519
4 Enter the net value of noncharitable	e-use assets for 2019 from	Part X, line 5				4	25	7,675	.090.
5 Multiply line 4 by line 3						5	13	3,017,	488.
6 Enter 1% of net investment income	e (1% of Part I, line 27b)					6		231	214.
7 Add lines 5 and 6						7	13	3,248,	702.
8 Enter qualifying distributions from	·					8	14	1,109	766.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part	VI, line 1b, and comp	olete that part using	g a 1% ta	x rate			600	DE (2040)

Form 990-PF (2019) OSTEOPATHIC HERITAGE FOUNDATION [Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	31-605 4948 - see i	6252 nstructio	Page 4	
1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
Date of ruling or determination letter:(attach copy of letter if necessary-see instructions)			ł	
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1	231,	214.	
of Part I, line 27b				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2		0.	
3 Add lines 1 and 2	3	231,	214.	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4		0.	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	231,	214.	
6 Credits/Payments				
a 2019 estimated tax payments and 2018 overpayment credited to 2019 6a 510,590).			
	<u>. </u>		Ì	
c Tax paid with application for extension of time to file (Form 8868)) ·			
d Backup withholding erroneously withheld 6d	D			
7 Total credits and payments. Add lines 6a through 6d	7	510,	590.	
8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8		0.	
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ 9			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ 10	279,	376.	
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax > 279, 376. Refunded	▶ 11		0.	
Part VII-A Statements Regarding Activities				
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interv	ene in	Ye	s No	
any political campaign?		1a	X	
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the d	efinition	1b	X	
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				
distributed by the foundation in connection with the activities.		_	_	
c Did the foundation file Form 1120-POL for this year?		1c	<u> </u>	
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			1 1	
(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	<u>).</u>			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		1		
managers. ▶ \$ 0 .			_	
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	X	
If "Yes," attach a detailed description of the activities.				
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporatio	n, or	_	_	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	<u> </u>	
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	<u> </u>	
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	X	
If "Yes," attach the statement required by General Instruction T				
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
 By language in the governing instrument, or 				
 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the s 	tate law			
remain in the governing instrument?		6 X		
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7 X	<u> </u>	
8a Enter the states to which the foundation reports or with which it is registered. See instructions.				
ОН				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			_	
of each state as required by General Instruction G2 If "No," attach explanation		8b X	 _	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for (calendar		- -: 2	
year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV		9	<u> </u>	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10	<u> </u>	
	F	orm 990-P	(2019)	

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Pa	rt 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_		<u>X</u>
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 ► WWW.OSTEOPATHICHERITAGE.ORG			
14	The books are in care of ▶ TERRI DONLIN HUESMAN Telephone no. ▶ 614-73		370	
	Located at ► 1500 LAKESHORE DRIVE NO 230, COLUMBUS, OH ZIP+4 ►43	204		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	3.7	/ 3►	·
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A Yes	No
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		res	X
	securities, or other financial account in a foreign country?	16		
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
Pa	foreign country ► Int VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u> </u>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
19	During the year, did the foundation (either directly or indirectly)			1110
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(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.)			
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 N/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			احييا
	before the first day of the tax year beginning in 2019?	10		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)).			1
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? Yes X No			
	If "Yes," list the years \(\bigs_{			j
U	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			Ì
	statement - see instructions.) N/A	2b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
·	had provided or cockies to require soming approaches any or the years make in each not the years make in			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
-	during the year?			
ь	If "Yes," did it have excess business holdings in 2019 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 Form 4720,			
	Schedule C, to determine if the foundation had excess business holdings in 2019) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
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Part VII-B Statements Regarding Activities for Wi	nich Form 4720 May Be Re	equired _{(contin}	ued)		
5a During the year, did the foundation pay or incur any amount to:			Ĺ	· Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation	(section 4945(e))?	Y	es X No		1
(2) Influence the outcome of any specific public election (see section	4955); or to carry on, directly or indire				
any voter registration drive?		Y	es X No	· .	
(3) Provide a grant to an individual for travel, study, or other similar p	urposes?	Y	es X No	ľ	
(4) Provide a grant to an organization other than a charitable, etc., org	anization described in section				
4945(d)(4)(A)? See instructions		Y	es X No		•
(5) Provide for any purpose other than religious, charitable, scientific,	literary, or educational purposes, or fo			•	l l
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qu	ialify under the exceptions described i	n Regulations		<u>-</u>	
section 53.4945 or in a current notice regarding disaster assistance? S	ee instructions		N/A	5b	L
Organizations relying on a current notice regarding disaster assistance	, check here		▶□□		l i
c If the answer is "Yes" to question 5a(4), does the foundation claim exer	-				
expenditure responsibility for the grant?		[/A	es L No	٠ ٠	
If "Yes," attach the statement required by Regulations section 53.4945-	• •				
6a Did the foundation, during the year, receive any funds, directly or indire	ectly, to pay premiums on				
a personal benefit contract?		Y	es X No		اجيا
b Did the foundation, during the year, pay premiums, directly or indirectly	y, on a personal benefit contract?		<u> </u>	6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibi		Y	es X No	 	├'
b If "Yes," did the foundation receive any proceeds or have any net incom			N/A	7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of mor	e than \$1,000,000 in remuneration or		es X No	ŀ	
excess parachute payment(s) during the year? Part VIII Information About Officers, Directors,	Trustees Foundation Man		ES A NO		<u>'</u>
Paid Employees, and Contractors	radiood, roundation that	lagoro, riigiliy			
List all officers, directors, trustees, and foundation managers	s and their compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp account	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	allowa	nces
SEE STATEMENT 13		284,568.	62,222.		0.
777			1		
			İ		
		 			
					
Compensation of five highest-paid employees (other than the	ose included on line 1). If none	enter "NONE "	<u>!</u>		
Compensation of the highest-paid employees (outer than the	(b) Title, and average	I I I I I I I I I I I I I I I I I I I	(d) Contributions to	(e) Exp	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	account allowa	, other
SUSAN BEAUDRY - 1500 LAKE SHORE		ROGRAMS	compensation	anova	11003
ORIVE, COLUMBUS, OH 43204	37.50	185,061.	38,492.		0.
EFFREY FORTKAMP - 1500 LAKE SHORE		FICER	30,432.		
DRIVE, COLUMBUS, OH 43204	37.50	100,827.	24,861.		0.
ERIN PRESCOTT - 1500 LAKE SHORE	PROGRAM ADMIN		,		<u> </u>
ORIVE, COLUMBUS, OH 43204	37.50	82,968.	22,208.		0.
BEVERLY L. RINEHART - 1500 LAKE	ADMIN. ASSIST		,		
SHORE DRIVE, COLUMBUS, OH 43204	37.50	85,624.	10,151.		0.
RENEE GIFFORD - 1500 LAKE SHORE	ADMIN. ASSIST				
ORIVE, COLUMBUS, OH 43204	37.50	63,664.	16,133.		0.
Total number of other employees paid over \$50,000			<u> </u>		7
			Form	990-PF	(2010)

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ion 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
LONDON CO 1800 BAYBERRY COURT, STE 301,	INVESTMENT	
RICHMOND, VA 23226	MANAGEMENT FEES	415,798.
HIGHLAND CONSULTING ASSOCIATES	INVESTMENT	
159 CROCKER PARK BLVD., CLEVELAND, OH 44145	MANAGEMENT FEES	268,257.
BARROW HANLEY - 2200 ROSS AVENUE, 31TH FLOOR,	INVESTMENT	
DALLAS, TX 75201	MANAGEMENT FEES	240,530.
JOHN GERLACH & COMPANY LLP		
37 W. BROAD ST. STE 800, COLUMBUS, OH 43215	ACCOUNTING	161,400.
BRANDYWINE - 2929 ARCH STREET, 8TH FLOOR,	INVESTMENT	
PHILADELPHIA, PA 19104	MANAGEMENT FEES	96,153.
Total number of others receiving over \$50,000 for professional services		▶ 6
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statisti number of organizations and other beneficiaries served, conferences convened, research papers produ		Expenses
1 N/A		
2		· · · · · · · · · · · · · · · · · · ·
3		
	"	
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2.	Amount
1 N/A		
2		
-4		
All other program-related investments. See instructions		
3		
Total Addition of Absorb 2	<u> </u>	

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				12,652,541.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
b Total for prior years				
, ,		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015	-	•		
c From 2016 300,737.	31			•
d From 2017			•	
e From 2018 1,452,006.	•			
f lotal of lines 3a through e	1,752,743.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: ► \$ 14,109,766.				
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount				12,652,541.
e Remaining amount distributed out of corpus	1,457,225.]
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,209,968.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line				1
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2020				0.
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)	0.			<u> </u>
8 Excess distributions carryover from 2014	0			}
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020.	2 200 060			
Subtract lines 7 and 8 from line 6a	3,209,968.			<u>_</u>
IO Analysis of line 9				
a Excess from 2015 b Excess from 2016 300,737.				ļ
d Excess from 2017 d Excess from 2018 1,452,006.				
e Excess from 2019 1,457,225.				- 000 PE

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m 990-PF (2019) OSTEOPA art XIV Private Operating Fo	THIC HERITA				56252 /P
	· · · · · ·	-	A, question 9)	N/A	
a If the foundation has received a ruling o					
foundation, and the ruling is effective fo		_		4040(3)(2) 27 46	42(3)(5)
b Check box to indicate whether the found		g roundation described in	Prior 3 years	4942(j)(3) or 4948	342(j)(5)
a Enter the lesser of the adjusted net	Tax year (a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
income from Part I or the minimum	(4) 2010	(6) 2010	(6) 2017	(6) 28 19	(0) 10.01
investment return from Part X for					
each year listed b 85% of line 2a		·	·		
Qualifying distributions from Part XII,				 /	
line 4, for each year listed					
Amounts included in line 2c not					-
used directly for active conduct of					
exempt activities					
Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
Complete 3a, b, or c for the			/		
alternative test relied upon. "Assets" alternative test - enter;					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(i)(3)(B)(i)					
"Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6, for each year listed					
"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)					
(2) Support from general public					
and 5 or more exempt organizations as provided in		"			
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	/				<u> </u>
rt XV Supplementary Info			the foundation	n had \$5,000 or mor	e in assets
at any time during t	ne year-see instru	uctions.)			
Information Regarding Foundatio	n Managers:				
List any managers of the foundation wh			butions received by th	e foundation before the clos	e of any tax
year (but only if they have contributed in	iore than \$5,000). (See se	ection 507(d)(2).)			
NE	··-				
List any managers of the foundation wh			or an equally large port	ion of the ownership of a pa	rtnership or
other entity) of which the foundation has	s a 10% or greater interes	l.			
NE					
Information Regarding Contributi					
Check here X if the foundation of the foundation makes gifts, grants, etc.,					ests for funds. If
·					
The name, address, and telephone numl	per or email address of the	e person to whom applica	itions should be addres	ssed	
The form in which applications should b	e submitted and informat	ion and materials they sh	ould include		
Any submission deadlines					
		Lorono obsessable della	undo of	ather feat	
Any restrictions or limitations on award	s social as no nenniannica				

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or contribution show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor Paid during the year NONE AMERICAN OSTEOPATHIC FOUNDATION TO RECOGNIZE ÞС 142 E. ONTARIO STREET DSTEOPATHIC LEADERS WHO HAVE MADE AN CHICAGO, IL 60611 DUTSTANDING CONTRIBUTION TO THE 6,750. CENTRAL OHIO HOSPITAL COUNCIL NONE PC TO IMPROVE THE PSYCHIATRIC CRISIS 155 E. BROAD ST., 23RD FLOOR SERVICES SYSTEM IN COLUMBUS, OH 43215-3609 FRANKLIN COUNTY. 20,000. NONE ÞС TO SPONSOR ONE IN A COLUMBUS METROPOLITAN CLUB SERIES OF FORUM 100 EAST BROAD STREET DISCUSSIONS THAT WILL COLUMBUS OH 43205 FOCUS ON HEALTHCARE ISSUES CRITICAL TO THE 3,500. FINANCE FUND CAPITAL CORPORATION NONE TO PROVIDE FUNDING IN PC (HOPEWELL HEALTH CENTERS) PARTNERSHIP WITH THE 175 S. HIGH ST., STE. 1200 OSTEOPATHIC HERITAGE COLUMBUS, OH 43215 FOUNDATION OF NELSONVILLE FOR A 223,650. HEALTHSOURCE OF OHIO FOUNDATION NONE ÞС TO PROVIDE A TRIBUTE TO THE HEALTHSOURCE OF 5400 DUPONT CIRCLE MILFORD, OH 45150 DHIO FOUNDATION IN HONOR OF THE ECKERT MENTOR OF THE YEAR 500. SEE CONTINUATION SHEET(S) 11,595,613. ➤ 3a Total b Approved for future payment NONE **▶** 3b Total

** SEE PURPOSE OF GRANT CONTINUATIONS

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ter gross amounts unless otherwise indicated.	Unrelated t	usiness income	Exclude	ed by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue:	code		code		
a			+	*	
b			+		
<u> </u>	_		+	+	
d	_		+	··	
e	_		+		<u></u>
f			+		
g Fees and contracts from government agencies			+	· · · · · · · · · · · · · · · · · · ·	
Membership dues and assessments					
Interest on savings and temporary cash					
investments			+ - +	B 50B 046	
Dividends and interest from securities			14	7,537,016.	
Net rental income or (loss) from real estate:			$\downarrow \downarrow \downarrow$		······································
a Debt-financed property			↓ ↓		
Not debt-financed property			$\downarrow \downarrow \downarrow$		
Net rental income or (loss) from personal					
property			\bot		
Other investment income			14	1,376.	
Gain or (loss) from sales of assets other					
than inventory			18	16,812,323.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue					
a REIMBURSEMENT			01	128,082.	
b					
C					
d		0	•	24,478,797.	
e Subtotal Add columns (b), (d), and (e)		0	•	24,478,797.	24,478,79
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		0	•		24,478,79
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations	s.)			13	24,478,79
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	s.)			13	24,478,79
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations	s.)	plishment of Ex	cempt l	13 Purposes	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie	s.) es to the Accom	plishment of Ex	cempt l	13 Purposes	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ne No. Explain below how each activity for which	s.) es to the Accom	plishment of Ex	cempt l	13 Purposes	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculations Total Relationship of Activitie Relationship of Activitie	s.) es to the Accom	plishment of Ex	cempt l	13 Purposes	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	s.) es to the Accom	plishment of Ex	cempt l	13 Purposes	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	s.) es to the Accom	plishment of Ex	cempt l	13 Purposes	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	s.) es to the Accom	plishment of Ex	cempt l	13 Purposes	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	s.) es to the Accom	plishment of Ex	cempt l	13 Purposes	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	s.) es to the Accom	plishment of Ex	cempt l	13 Purposes	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	s.) es to the Accom	plishment of Ex	cempt l	13 Purposes	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	s.) es to the Accom	plishment of Ex	cempt l	13 Purposes	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	s.) es to the Accom	plishment of Ex	cempt l	13 Purposes	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	s.) es to the Accom	plishment of Ex	cempt l	13 Purposes	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	s.) es to the Accom	plishment of Ex	cempt l	13 Purposes	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	s.) es to the Accom	plishment of Ex	cempt l	13 Purposes	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	s.) es to the Accom	plishment of Ex	cempt l	13 Purposes	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	s.) es to the Accom	plishment of Ex	cempt l	13 Purposes	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculations Total Relationship of Activitie Relationship of Activitie	s.) es to the Accom	plishment of Ex	cempt l	13 Purposes	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ne No. Explain below how each activity for which	s.) es to the Accom	plishment of Ex	cempt l	13 Purposes	

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OSTEOPATHIC HERITAGE FOUNDATION 31-6056252 Page 13 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: Х (1) Cash 1a(1) (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 16(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) X (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule (b) Type of organization (c) Description of relationship (a) Name of organization N/A

Print/Type preparer's name Check [signature self- employed Paid P00575540 JON YERIAN, CPA 11/12/20 Preparer Firm's name ► JOHN GERLACH & COMPANY LLP

Date

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge

Use Only Firm's address ▶ 37 W BROAD ST STE 800

COLUMBUS, OH 43215

Phone no. 614-224-2164

Firm's EIN ► 31-4419361

Form 990-PF (2019)

May the IRS discuss thi return with the preparer shown below? See instr

Yes

Sign Here

PRESIDENT

Title

Date

Signature of officer or trustee

OSTEOPATHIC HERITAGE FOUNDATION

Part IV | Capital Gains and Losses for Tax on Investment Income

Part IV Capital Gains and Lo	sses for Tax on Investment Income				
	d describe the kind(s) of property solo rick warehouse, or common stock, 20		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PNC INSTL ASST	MGMT - CUSTODY S	STMT - SEE ATTACH	ED P		
b PNC INSTL ASST					
c PNC INSTL ASST		SMALL VALUE - SE	E P		
d PNC INSTL ASST		FOCUS LG VAL - S	EE P	1	
e PNC INSTL ASST		MALL GROWTH - SE		† · · · · · · · · · · · · · · · · · · ·	
f PNC INSTL ASST				1	
g PNC INSTL ASST		LARGE VALUE CUS			
h PNC INSTL ASST		SMALL VALUE CUS		†	
		TY EQUITY FUND P		 	
		TY EQUITY FUND P		 	
		ND K-1 PASS-THROU		 	
				 	
DIVERSIFIED SM		ND K-1 PASS-THROU			
m DIVERSIFIED SM			P P	ļ	
		JSTMENT ON STOCKS			
O PNC INSTL ASST		NE DYNAMIC LV	P	<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale) Gain or (loss) plus (f) minus (g)	
a 91,012,615.		89,318,190.		1,	694,425.
b 23,608,156.		23,612,955.			-4,799.
c 23,957,530.		23,328,405.			629,125.
d 41,491,838.		38,860,272.			631,566.
e 613,673.		610,108.			3,565.
f 51,564,542.		51,149,638.			414,904.
10 206 F20		12,897,860.			498,678.
10 154 050		14,522,785.			632,167.
h 18,154,952.			····		
1		26,635.			<u>-26,635.</u>
1 466 710		66,983.			<u>-66,983.</u>
k 1,466,718.		1 650 305			466,718.
10 100 676		1,652,395.			<u> 552,395.</u>
m 19,132,676.		19,020,259.			112,417.
n		262,134.			262,134.
o 36,101,059.		34,605,719.		1,	495,340.
Complete only for assets showing	ng gain in column (h) and owned by t	he foundation on 12/31/69		sses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		of col. (h) gain over not less than "-0-")	col. (k),
a				1,0	594,425.
 b				•	-4,799.
C				(529,125.
<u>. </u>					531,566.
Α				<u> </u>	3,565.
ý.					$\frac{3,303.}{414,904.}$
<u>'</u>		 			498,678.
y		-			632,167.
1					-26,635.
					-66,983.
k					466,718.
1					<u>552,395.</u>
m					<u>112,417.</u>
Π					262,134.
0					195,340.
2 Capital gain net income or (net ca	apital loss) { If gain, also enter "-0	in Part I, line 7	2		
		5	-		
Net short-term capital gain or (los if gain, also enter in Part I, line 8, if (loss), enter "-0-" in Part I, line 8		q (e).	3		
a tioas, onto -o- in rait i, line			ر ن		

31-6056252 PAGE 2 OF

(a) List and 2-story b	I describe the kind(s) of property so rick warehouse; or common stock, 2	id, e.g., real estate, 100 shs. MLC Co		P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date so (mo., day, y
CAPITAL GAINS				D Contain		1.4
	- · · · · · · · · · · · · · · · · · · ·					
··						
				ļ		
				<u> </u>		
,						
				 		
		·		-		····
	-	.,-		<u> </u>	-	
						
**						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) (e) p	Gain or (loss) lus (f) minus (g)	
1,246,364.					1,	246,36
		ļ <u>.</u>	_			
			+			
			+			
			+			
						
-			1			
· - ~·-						
	· · · · · · · · · · · · · · · · · · ·		+-			
Complete only for assets shown	l ng gain in column (h) and owned by	the foundation on 12/31/69		411.00	son (from oal (b))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	1	Gains (excess of	ses (from col. (h)) of col. (h) gain over ot less than "-0-")	col. (k),
	40011201100	(),	+		1	246,36
			+		±,	
						·
						_
			_			
			+			
			+			
<u>.</u>						
* • •						
Capital gain net income or (net ca	apital loss) { If gain, also ente	er in Part I, line 7 0-" in Part I, line 7	2		16,	812,32
	ss) as defined in sections 1222(5) a	•				
If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line	column (c).	nu (o).	3		N/A	

OSTEOPATHIC HERITAGE FOUNDATION

Part XV Supplementary Information		-		
3 Grants and Contributions Paid During the Ye	ar (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	
MARYHAVEN	NONE	PC	TO SUPPORT MARYHAVEN'S	
1791 ALUM CREEK DRIVE			ANNUAL FUNDRAISING	
COLUMBUS, OH 43207			EVENT AND TO PROVIDE A	
			HOLIDAY DONATION IN	
			2019 ON BEHALF OF OHF	10,200.
NATIONAL BOARD OF OSTEOPATHIC MEDICAL	NONE	PC	TO CONVENE LEADERS	
EXAMINERS INC.			FROM THE	
101 W. ELM ST., STE. 230			SELF-REGULATION	
CONCHOHOCKEN, PA 19428			AUTHORITIES OF THE	
			OSTEOPATHIC MEDICAL	40,000.
OHIO UNIVERSITY FOUNDATION	NONE	PC	TO PROVIDE SUPPORT	
MCGUFFEY HALL, 1 OHIO UNIVERISTY DRIVE			TOWARD HERITAGE	
ATHENS, OH 45701			COLLEGE STUDENT	
			SCHOLARSHIPS.	3,200.
OHIO UNIVERSITY	NONE	gov	TO SUPPORT PROJECTS	
108 CUTLER HALL			AND PROGRAMS	
ATHENS, OH 45701	i e		DETERMINED TO BE OF	
			SIGNIFICANT VALUE TO	
			THE COMMUNITY-AT-LARGE	9,950,000.
OHIOHEALTH DOCTORS HOSPITAL	NONE	₽C	TO PROVIDE	
3430 OHIOHEALTH PARKWAY			TRANSITIONAL SUPPORT	
COLUMBUS, OH 43202			TO AFFECT A SEAMLESS	
			TRANSITION TO THE	
			ACCREDITATION COUNCIL	553,528.
OHIOHEALTH DOCTORS HOSPITAL	NONE	PC	TO PROVIDE SUPPORT TO	
3430 OHIOHEALTH PARKWAY			AFFECT A SEAMLESS	
COLUMBUS, OH 43202			TRANSITION OF THE	
			DSTEOPATHIC MEDICAL	
		<u> </u>	EDUCATION PROGRAMS AT	733,235.
OHIOHEALTH DOCTORS HOSPITAL	NONE	PC	TO PROVIDE A TRIBUTE	
5100 W. BROAD ST.			TO THE DOCTORS	
COLUMBUS, OH 43228			HOSPITAL INTERNAL	
			MEDICINE PROGRAM IN	_
-			HONOR OF THE ECKERT	500.
OHIOHEALTH FOUNDATION	NONE	PC	TO PROVIDE A MEMORIAL	
3430 OHIOHEALTH PARKWAY			TRIBUTE IN HONOR OF	
COLUMBUS, OH 43202			GLORIA JEFFERSON,	
		1	MOTHER OF KAREN	
		<u> </u>	MORRISON, TO SUPPORT	2,600.
OTTERBEIN UNIVERSITY	NONE	PC	TO HOST SCHOLARS,	
1 S. GROVE ST.			DIGNITARIES, BUSINESS	
WESTERVILLE, OH 43081			VISIONARIES AND OTHER	
			EXEMPLARS OF	
			INNOVATION, LEADERSHIP	15,000.
		L		
PEAK GRANTMAKING	NONE	PC	TO SUPPORT A REGIONAL	
1666 K STREET NW, STE. 440			MEETING OF GRANTS	
WASHINGTON, DC 20006	L		MANAGERS IN COLUMBUS.	800.
Total from continuation sheets				11,341,213.

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
RONALD MCDONALD HOUSE CHARITIES OF	NONE	₽C	TO PROVIDE A	
CENTRAL OHIO			CONTRIBUTION IN HONOR	
711 E. LIVINGSTON AVE.			OF RONALD MCDONALD	
COLUMBUS, OH 43205-2640			HOUSE VOLUNTEERS	
			BEFORE A DAY OF	50
ST. VINCENT FAMILY CENTER	NONE	₽C	TO PROVIDE SPONSORSHIP	
1490 E. MAIN ST.			OF THE CORCORAN AWARDS	
COLUMBUS, OH 43205			LUNCHEON.	1,65
THE COLUMBUS FOUNDATION	NONE	₽C	TO SUPPORT	
1234 E. BROAD ST.		l .	DISSEMINATION AND	
COLUMBUS, OH 43205			REACH OF THE PUBLIC	
•			AWARENESS CAMPAIGN OF	
			THE OHIO OPIOID	25,00
UNITED WAY OF CENTRAL OHIO	NONE	₽C	TO SUPPORT NONPROFIT	
360 S. THIRD ST.			CAPACITY BUILDING.	
COLUMBUS, OH 43215				5,00
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	-	1		
Total from continuation sheets		-		

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - AMERICAN OSTEOPATHIC FOUNDATION

TO RECOGNIZE OSTEOPATHIC LEADERS WHO HAVE MADE AN OUTSTANDING

CONTRIBUTION TO THE PROFESSION, DR. KAREN J. NICHOLS AND TO SUPPORT THE

AMERICAN OSTEOPATHIC FOUNDATION HONORS CELEBRATION.

NAME OF RECIPIENT - COLUMBUS METROPOLITAN CLUB

TO SPONSOR ONE IN A SERIES OF FORUM DISCUSSIONS THAT WILL FOCUS ON

HEALTHCARE ISSUES CRITICAL TO THE CENTRAL OHIO COMMUNITY.

NAME OF RECIPIENT - FINANCE FUND CAPITAL CORPORATION (HOPEWELL HEALTH

CENTERS)

TO PROVIDE FUNDING IN PARTNERSHIP WITH THE OSTEOPATHIC HERITAGE

FOUNDATION OF NELSONVILLE FOR A DENTAL SAFETY NET CLINIC IN

NELSONVILLE, OHIO.

NAME OF RECIPIENT - HEALTHSOURCE OF OHIO FOUNDATION

TO PROVIDE A TRIBUTE TO THE HEALTHSOURCE OF OHIO FOUNDATION IN HONOR OF

THE ECKERT MENTOR OF THE YEAR AWARD RECIPIENT, DR. MICHAEL DIETZ.

NAME OF RECIPIENT - MARYHAVEN

TO SUPPORT MARYHAVEN'S ANNUAL FUNDRAISING EVENT AND TO PROVIDE A

HOLIDAY DONATION IN 2019 ON BEHALF OF OHF BOARD AND STAFF IN SUPPORT OF

THE ADOLESCENT RESIDENTIAL TREATMENT PROGRAM.

NAME OF RECIPIENT - NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS INC.

TO CONVENE LEADERS FROM THE SELF-REGULATION AUTHORITIES OF THE

OSTEOPATHIC MEDICAL PROFESSION IN THE UNITED STATES.

Part XV Supplementary Information

ACCREDITATION SYSTEM.

38 Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - OHIO UNIVERSITY

TO SUPPORT PROJECTS AND PROGRAMS DETERMINED TO BE OF SIGNIFICANT VALUE

TO THE COMMUNITY-AT-LARGE AND OF THE HIGHEST PRIORITY TO THE FOUNDATION

TO HELP ADVANCE THE HERITAGE COLLEGE TO NATIONAL PROMINENCE IN THE

TRAINING OF PRIMARY CARE PHYSICIANS, FOCUSED RESEARCH AND SERVICE TO

OHIO CITIZENS, ESPECIALLY THOSE WITHIN CENTRAL AND SOUTHEAST OHIO.

NAME OF RECIPIENT - OHIOHEALTH DOCTORS HOSPITAL

TO PROVIDE TRANSITIONAL SUPPORT TO AFFECT A SEAMLESS TRANSITION TO THE

ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION SINGLE

NAME OF RECIPIENT - OHIOHEALTH DOCTORS HOSPITAL

TO PROVIDE SUPPORT TO AFFECT A SEAMLESS TRANSITION OF THE OSTEOPATHIC

MEDICAL EDUCATION PROGRAMS AT OHIOHEALTH DOCTORS HOSPITAL TO THE

ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION SINGLE

ACCREDITATION SYSTEM.

NAME OF RECIPIENT - OHIOHEALTH DOCTORS HOSPITAL

TO PROVIDE A TRIBUTE TO THE DOCTORS HOSPITAL INTERNAL MEDICINE PROGRAM

IN HONOR OF THE ECKERT MENTOR OF THE YEAR AWARD RECIPIENT, DR. ROBERT

PALMA.

NAME OF RECIPIENT - OHIOHEALTH FOUNDATION

TO PROVIDE A MEMORIAL TRIBUTE IN HONOR OF GLORIA JEFFERSON, MOTHER OF

KAREN MORRISON, TO SUPPORT THE NEUROSCIENCES SERVICES AND TO PROVIDE A

DONATION IN HONOR OF DAVID P. BLOM, RETIRED CEO AND PRESIDENT OF

OHIOHEALTH.

923655 04-01-19

FORM 990-PF	DIVIDENDS	AND INTER	EST	FROM SECU	JRITIES	S	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	NET	(B) INVEST- INCOME	(C) ADJUSTED NET INCOM
DIVIDEND INCOME INTEREST INCOME K-1 ACADIAN GLOBA; K-1 DIVERSIFIED SMALL CAP VALUE FUND - BRANDYWINE	8,225,387. 351,974. 46,581.		4. 0. 0.	6,979,023 351,974 46,581	1. 3	79,023. 51,974. 46,581.	
INVESTMENT TRUST	159,438.		0.	159,438	3. 1	59,438.	
TO PART I, LINE 4	8,783,380.	1,246,36	4.	7,537,016	7,5	37,016.	
FORM 990-PF		OTHER I	NCO	ME		S	TATEMENT 2
DESCRIPTION			RE	(A) JENUE BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOME
OTHER K-1 INCOME REIMBURSEMENT				1,376. 128,082.		1,376.	
TOTAL TO FORM 990-P	F, PART I,	LINE 11		129,458.		1,376.	
		5.000 J					
FORM 990-PF		LEGAL	FE	ES 		S	TATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	ADJ	C) USTED INCOME	(D) CHARITABL PURPOSES
LEGAL		73,184.		0.			73,184
TO FM 990-PF, PG 1,	LN 16A	73,184.		0.			73,184
							· · · · · · · · · · · · · · · · · · ·

FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	176,900.	88,450.		88,450.
TO FORM 990-PF, PG 1, LN 16B	176,900.	88,450.		88,450.
FORM 990-PF C	THER PROFES	SIONAL FEES	S	TATEMENT 5
DESCRIPTION ,	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PENSION FEES CONSULTING INVESTMENT MANAGEMENT FEES	3,060. 93,020. 1,104,752.	0. 0. 1,104,752.		3,060. 93,020. 0.
TO FORM 990-PF, PG 1, LN 16C	1,200,832.	1,104,752.		96,080.
FORM 990-PF	TAX	FS	S	TATEMENT 6
TORM 350-FF			<u></u>	TATEMENT 0
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAX PAYROLL TAXES	505,000. 53,253.	0. 772.		0. 52,481.
TO FORM 990-PF, PG 1, LN 18	558,253.	772.		52,481.

FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MARKETING	24,533.	0.		24,533.
POSTAGE AND SHIPPING	921.			921.
INSURANCE	25,271.			25,271.
INTERNET ACCESS FEES	816.			816.
SOFTWARE MAINTENANCE	46,010.			44,510.
EQUIPMENT RENTAL	11,917.	•		11,917.
RECORDS STORAGE	4,168.			3,126.
OFFICE	27,658.			27,658.
PAYROLL PROCESSING	9,541.			9,394.
DUES & SUBSCRIPTIONS	3,602.			3,602.
STAFF TRAINING	6,535.			6,535.
MISC	13,890.			11,602.
K-1 PORTFOLIO DEDUCTION -				
ACADIAN GLOBAL	4,615.	4,615.		0.
PHOTOGRAPHY	1,475.			1,475.
EQUIPMENT MAINTENANCE	15,126.	0.		15,126.
K-1 PORTFOLIO DEDUCTION -				
BRANDYWINE	8,649.	8,649.		0.
TO FORM 990-PF, PG 1, LN 23	204,727.	18,241.		186,486.

FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUI	ND BALANCES	STATEMENT 8
DESCRIPTION		AMOUNT
UNREALIZED GAIN ON INVESTMENTS K-1 BOOK/TAX DIFFERENCE BOOK/TAX DIFFERENCE ON PASS-THROUGH DISPOSAL		5,707,506. 85,164. 15,585,183.
TOTAL TO FORM 990-PF, PART III, LINE 3		21,377,853.
FORM 990-PF CORPORATE STOCK		STATEMENT 9
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
COMMONT STOCK	82,893,862.	82,893,862.
TOTAL TO FORM 990-PF, PART II, LINE 10B	82,893,862.	82,893,862.

FORM 990-PF	CORPORATE BO	ONDS	STATEMENT 10
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
BOND FUNDS		76,900,090.	76,900,090
TOTAL TO FORM 990-PF, PART I	I, LINE 10C	76,900,090.	76,900,090
FORM 990-PF	OTHER INVEST		STATEMENT 11
FORM 990-PF DESCRIPTION	OTHER INVEST	TION	STATEMENT 11 FAIR MARKET VALUE
· · · · · · · · · · · · · · · · · · ·	VALUA'	TION OD BOOK VALUE	FAIR MARKET

FORM 990-PF DEPRECIATION OF ASSE	TS NOT HELD FOR	INVESTMENT	STATEMENT 12
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
PROPERTY AND EQUIPMENT	139,309.	122,551.	16,758.
TOTAL TO FM 990-PF, PART II, LN 14	139,309.	122,551.	16,758.

	T OF OFFICERS, DI		STAT:	EMENT 13
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
ROBERT A. PALMA, D.O. 1500 LAKE SHORE DRIVE COLUMBUS, OH 43204	BOARD CHAIRMAN 1.00		0.	0.
MS. JANE W. CUNNINGHAM 1500 LAKE SHORE DRIVE COLUMBUS, OH 43204	VICE CHAIR 1.00	0.	0.	0.
GEORGE O. FAERBER, D.O. 1500 LAKE SHORE DRIVE COLUMBUS, OH 43204	SECRETARY/TREAS	SURER 0.	0.	0.
TOM ANDERSON, D.O. 1500 LAKE SHORE DRIVE COLUMBUS, OH 43204	DIRECTOR 1.00	0.	0.	0.
TOM BAKER, D.O. 1500 LAKE SHORE DRIVE COLUMBUS, OH 43204	DIRECTOR 1.00	0.	0.	0.
REBECCA DEVILLERS, DO 1500 LAKE SHORE DRIVE COLUMBUS, OH 43204	DIRECTOR 1.00	0.	0.	0.
JEFFREY HUTCHISON, D.O. 1500 LAKE SHORE DRIVE COLUMBUS, OH 43204	DIRECTOR 1.00	0.	0.	0.
PETER E. JOHNSTON, D.O. 1500 LAKE SHORE DRIVE COLUMBUS, OH 43204	DIRECTOR 1.00	0.	0.	0.
MR. RON LINVILLE 1500 LAKE SHORE DRIVE COLUMBUS, OH 43204	DIRECTOR 1.00	0.	0.	0.
MR. FREDERICK L. OREMUS, ESQ. 1500 LAKE SHORE DRIVE COLUMBUS, OH 43204	DIRECTOR 1.00	0.	0.	0.

OSTEOPATHIC HERITAGE FOUNDATION			31	-6056252
MR. ROBERT OVERS 1500 LAKE SHORE DRIVE COLUMBUS, OH 43204	DIRECTOR 1.00	0.	0.	0.
MR. RICHARD A. VINCENT 1500 LAKE SHORE DRIVE COLUMBUS, OH 43204	DIRECTOR 1.00	0.	0.	0.
MR. STEVEN E. COX 1500 LAKE SHORE DRIVE COLUMBUS, OH 43204	DIRECTOR 1.00	0.	0.	0.
MS. TERRI DONLIN HUESMAN 1500 LAKE SHORE DRIVE COLUMBUS, OH 43204	PRESIDENT/CEO 40.00	284,568.	62,222.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	284,568.	62,222.	0.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 9	FORM 990-PF PAGE 1				ŀ	<u> </u>	990-PF							
Asset	Description	Date Acquired	Method	Lıfe	C Ling	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	PROPERTY AND EQUIPMENT		SL	5.00	16	139,309.				139,309.	118,716.		3,835.	122,551.
	* TOTAL 990-PF PG 1 DEPR		!		J	139,309.				139,309.	118,716.		3,835.	122,551.
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928111 04-01-19	04-01-19					(D) - Asset disposed	posed		•	ITC, Salvage,	Bonus, Comm	nercial Revital	*ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ion, GO Zone

(D) - Asset disposed

*ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone