(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

I	•	File a	a sei	narate	appl	ication	for	each	return.	
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► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

	-						
Туре о	Name of exempt organization or other filer, see instruct	ructions.			Taxpayer identification number (TIN)		
print LANCASTER OSTEOPATHIC HEALTH FOUNDATION 22-279			22 2702	471			
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions.							
filing your 128 E. GRANT STREET, NO. 104							
instruction		oreign add	ress, see instructions.				
Enter th	e Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1	
Applica	tion	Application			Return		
ls For		Code	Is For			Code	
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	90-BL	02	Form 1041-A			08	
Form 47	720 (individual)	03	Form 4720 (other than individual)			09	
Form 99	90-PF	04	Form 5227			10	
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	00-T (trust other than above) ANNA BRENDLE KE	06	Form 8870			12	
Telep ● If the ● If thi box ▶ 1 In	books are in the care of \blacktriangleright <u>128</u> E. <u>GRANT</u> ST obone No. \blacktriangleright <u>717-397-8722</u> e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit (<u>.</u> . If it is for part of the group, check this box \blacktriangleright request an automatic 6-month extension of time until the organization named above. The extension is for the organization \overleftarrow{X} calendar year 2020 or	in the Uni Group Exe and atta NOVE	Fax No. ►	f this is fo all memb	r the whole group	is for.	
		, an	d endina				
2 If	the tax year entered in line 1 is for less than 12 months, cl			Final retur	m		
	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less			0	
	ny nonrefundable credits. See instructions.			<u>3a</u>	\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b				0.			
_	alance due. Subtract line 3b from line 3a. Include your pa						
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.	
	n: If you are going to make an electronic funds withdrawal			153-EO an	d Form 8879-EO	for payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice.	see instru	ctions.		Form 8868	(Rev. 1-2020)	

023841 04-01-20

Form	990
FOUL	330

EXTENDED TO NOVEMBER 15, 2021

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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



Department of the Treasury Internal Revenue Service

IANCASTER, PA 17602 H(a) Is this a group return for subordinates? Predentar perioding FName and address of principal officer: ANNA BRENDLE KENNEDY SAME AS C ABOVE H(a) Is this a group return for subordinates? I Tax-exempt status: X 501(c)(3) 501(c) ()	ΑF	or th	e 2020 calendar year, or tax year beginning and	l ending			
Image: Lancest ER OSTEDFATHIC TRAITY FOUNDATION 22-2792471 Image: Comparison of the set of the					D Employer identified	cation number	
Doing Dusiness as Doing Dusiness as Doing Dusiness as Doing Dusiness as Preduction Function 128 E. GRANT STREET 104 T17-397-8722 City or twon, state or province, country, and ZIP or foreign postal code 104 T17-397-8722 LANCASTER, PA 17602 Ho) is this agroup return for subordinates? Ves X Media SAME AS C ABOVE H(b) is a group return for subordinates? Ves X I Tax-exempt status: X 501(c)(3) 501(c)() <		Addre	LANCASTER OSTEOPATHIC HEALTH FOUNDATIO	ON			
Image: Provide and street (or P0. box fmails not delivered to street address) Pdoortsuite F Hoornsume 128 E. GRANT STREET 104 104 Gross receipts \$ 37,41 City or town, state or province, country, and ZIP or foreign postal code Gross receipts \$ 37,41 Hails this a group return F Name and address of principal officer: ANNA BRENDLE KENNEDY Hails this a group return State AS C ABOVE F Name and address of principal officer: ANNA BRENDLE KENNEDY Hails this a group return 1 Briefly describe the organization: X Corporation Tust Association Other ▶ L Year of tormation: 1999 M State of legal domicile PartII Summary 1 Briefly describe the organization's mission or most significant activities: THE LANCASTER COUNTY 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part V, line 1a) 4 4 5 4 Number of independent voting members of the governing body (Part V, line 1a) 5 5 6 Total number of individuals employed in calendar year 2020 (Part V, line 1a) 5 5 7 a total unrelated business taxable income from Form 990-T, Part I, line 11 7a 7a 7a			Doing business as		22-27924	71	
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and of the province, country, and 2/P of roreign postal code G doce recents 3 3.7, 4.1 LANCASTER, PA 17602 H(a) Is this a group return for subordinates includer Yes (X) Application province, subtract includer (X) F Name and address of principal officer: ANNA BRENDLE KENNEDY H(b) Are all subordinates includer (X) Yes (X) I are-exempt status: XI Sol1(c)(3) 501(c) (X) (insert no.) 4947(a)(1) or 527 H(b) Are all subordinates includer (X) Yes (X) I Briefly describe the organization (X) Corporation (X) (Insert no.) Tust (Association (Other) L Year of formation: 1999 M State of legal domicile Part II Summary 1 Briefly describe the organization's mission or most significant activities: THE LANCASTER OSTEOPATHIC HEALTH AND WELL-BEING IN LANCASTER COUNTY 2 Check this box (X) (A) 2 Check this box (X) If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of individuals employed in calendar year 2020 (Part V, line 1a) 3 3 Number of independent voting members of the governing body (Part V, line 1a) 4 5 5 4 Number of induces (statuate if necessary) 6 6 7 7 7 a Total number of induces (statuate if necessary) 6 5 5 5 7 a Total		Final return	128 E. GRANT STREET	104			
Implement		termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	37,412.	
pending SAME AS C ABOVE H(b) Are all subordinates included? Yes 1 Tax-exempt status: X 501(c)(3) 501(c) (4) (insert no.) 4947(a)(1) or 527 H(b) Are all subordinates included? Yes 1 Tax-exempt status: X 0orporation Trust Association Other H(c) Group exemption number > K Form of organization: X Corporation Trust Association Other L year of formation: 19.99 M State of legal domicile Portion I Briefly describe the organization's mission or most significant activities: THE LANCASTER OSTEOPATHIC HEALTH POUNDATION IMPROVES PUBLIC HEALTH AND WELL-BEING IN LANCASTER COUNTY 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voling members of the governing body (Part VI, line 1a) 4 4 4 4 Number of volunteers (estimate if necessary) 6 7a 7a 5 6 Total number of volunteers (estimate if necessary) 0 0 7a 7a 8 Contributions and grants (Part VIII, line 2g) 0 0 7a 10 5 10 10		return	LANCASIER, PA 17002		H(a) Is this a group re	eturn	
SAME ABOVE HD HDH		tion	F Name and address of principal officer: ANNA BRENDLE KENNE	DY	for subordinates	? Yes X No	
J Website: WWW.LOHF.ORG H(c) Group exemption number K Form of organization; X Corporation Trust Association Other L Year of formation: 1999 M State of legal domicile Part II Summary L Year of formation: 1999 M State of legal domicile Part II Summary L Year of formation: 1999 M State of legal domicile Part II Summary L Year of formation: 1999 M State of legal domicile Part II Summary It he organization's mission or most significant activities: THE LANCASTER OSTEOPATHIC HEALTH FOUNDATION IMPROVES PUBLIC HEALTH AND WELL-BEING IN LANCASTER COUNTY 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of individuals employed in calendar year 2020 (Part VI, line 1a) 4 4 Number of individuals employed in calendar year 2020 (Part VI, line 2a) 5 6 Total number of undividuals employed in calendar year 2020 (Part VI, line 2a) 6 7 8 Contributions and grants (Part VIII, column (C), line 12 7a 9 Program service revenue (Part VIII, line 1h) 9 9		pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	Included? Yes No	
K Form of organization: X Corporation Trust Association Other Image: Control of the content of				or 📃 52	If "No," attach a	list. See instructions	
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 201, 894. 37, 41 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 9, 850. 188, 64 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10, 053. 188, 86 19 Revenue less expenses. Subtract line 18 from line 12 191, 841. -151, 45 20 Total assets (Part X, line 16) 333, 576. 188, 33 21 Total liabilities (Part X, line 26) 20, 125. 25, 25 22 Net assets or fund balances. Subtract line 21 from line 20 313, 451. 163, 07	ent					0.	
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Part II Signature Block	et A	21					
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			•	o and states	manta and to the best of	knowledge and ballief it is	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it have examined the return to the best of my knowledge and belief, it have examined the return to the best of my knowledge and belief, it have examined the return to the best of my knowledge and belief, it have examined the return to the best of my knowledge and belief, it have examined the return to the best of my knowledge and belief, it have examined the return to the best of my knowledge and belief.						knowledge and bellet, it is	
	uue,	corre	n, and complete. Declaration of preparer (other than onlicer) is based on all information of W	men prepare	er nas any knowledge.		
rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	,	50110		on propur			

Sign	Signature of officer		Date							
Here	ANNA BRENDLE KENNEDY,	EXECUTIVE DIRECTOR								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	HARRISON PEREIRA		08/20/21	self-employed P00746867						
Preparer	Firm's name 🍗 TAIT, WELLER & B	AKER LLP	Firm's	EIN ▶ 23-1144520						
Use Only	Firm's address 🕨 50 SOUTH 16TH ST	REET, SUITE 2900								
	PHILADELPHIA, PA 19102 Phone no. 215-979-8800									
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No						
032001 12-2	2001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2020) LANCASTER OSTEOPATHIC HEALTH FOUNDATION 22-2792471 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE LANCASTER OSTEOPATHIC HEALTH FOUNDATION IMPROVES PUBLIC HEALTH AND
	WELL BEING IN LANCASTER BY FOCUSING ON TWO INTERSECTING
	GOALS: STRENGTHENING THE CAPACITY OF HEALTH CARE PROFESSIONAL COMMUNITY
	AND IMPROVING CHILDREN'S BEHAVIORAL HEALTH.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
	(Code:) (Expenses \$188,644. including grants of \$188,644.) (Revenue \$)
	LOHF CONTINUES TO IMPROVE CHILDREN'S BEHAVIORAL HEALTH AND STRENGTHEN
	THE CAPACITY OF THE HEALTH CARE PROFESSIONAL COMMUNITY.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 188,644.
	Form 990 (2020)
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LANCASTER OSTEOPATHIC HEALTH FOUNDATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		х
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> " <i>Yes</i> ," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
Schedule D, Part III		8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>		_X_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		х
Ч	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		<u></u>
u		11d		х
۵	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
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Form 990 (2020)

Part IV Checklist of Required Schedules

 Form 990 (2020)
 LANCASTER
 OSTEOPATHIC
 HEALTH
 FOUNDATION

 Part IV
 Checklist of Required Schedules (continued)
 (continued)
 (continued)
 (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
, I	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
52		32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		22		x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
0 -	Part V, line 1	34		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u></u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	4		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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	5			

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b				
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	-		v		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
52		5a		x		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		х		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_X_		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
•	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.	9a				
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b				
10	Section 501(c)(7) organizations. Enter:	30				
	Initiation fees and capital contributions included on Part VIII, line 12 10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders 11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans 13b					
	Enter the amount of reserves on hand	4.4		v		
		14a		<u> </u>		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		х		
	excess parachute payment(s) during the year?	15				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x		
	If "Yes," complete Form 4720, Schedule O.					

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Form 990	(2020)
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LANCASTER OSTEOPATHIC HEALTH FOUNDATION

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

				Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other				
	officer, director, trustee, or key employee?		2		X	
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?		3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 99				X	
5	Did the organization become aware during the year of a significant diversion of the organization's asse				X	
6					X	
6 Did the organization have members or stockholders?7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?		7a		x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
			7b		x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
	The governing body?		8a	X		
	Each committee with authority to act on behalf of the governing body?			X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac					
5	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		x	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev		3		23	
	This Section B requests information about policies not required by the internal Rev	/enue Code.)		Yes	N	
10-	Did the extensization have lead charters branches ar effiliates?		10a	Tes		
	Did the organization have local chapters, branches, or affiliates?		10a			
D	If "Yes," did the organization have written policies and procedures governing the activities of such cha		10			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			X		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form	11a			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			v		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			_		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t		12 b	X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	'es," describe				
	in Schedule O how this was done			_	-	
13	Did the organization have a written whistleblower policy?			X	-	
14	Did the organization have a written document retention and destruction policy?		14	X		
15	Did the process for determining compensation of the following persons include a review and approval	by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official				X	
b	Other officers or key employees of the organization		15b		X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent with a				
	taxable entity during the year?		16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized	ization's				
	exempt status with respect to such arrangements?		16b			
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright PA$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (Section 501	(c)(3)s only) availa	able	
	for public inspection. Indicate how you made these available. Check all that apply.					
X Own website Another's website X Upon request Other (explain on Schedule O)						
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and f						
	statements available to the public during the tax year.	ta and s 🔺 🏲				
20	State the name, address, and telephone number of the person who possesses the organization's book ΔNNA previous $r = 717 - 307 - 8722$	ks and records				
	ANNA BRENDLE KENNEDY - 717-397-8722 128 E. GRANT STREET, LANCASTER, PA 17602					

Form 990 (2020)	LANCASTER	OSTEOPATHIC	HEALTH	FOUNDATION	22-2792471	Page 7			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Independent Contractors									
Check if Schedule	e O contains a respon	se or note to any line in	this Part VII						
Section A. Officers, Directed	ors, Trustees, Key E	mployees, and Highest	Compensate	d Employees					
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.									

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position				ne	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an			s both	ı an	compensation	compensation	amount of
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for	or di	B			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		yolqr	st con	_			organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former			organizations
(1) ANNA BRENDLE KENNEDY	5.00		-							
EXECUTIVE DIRECTOR	35.00	1		x				0.	105,844.	5,150.
(2) ADAM BIUCKIANS, MD	2.00									
CHAIR	0.20	Х		X				0.	0.	0.
(3) SEAN POST, CPA	1.00									
TREASURER	0.10	Х		X				0.	0.	0.
(4) CARLI YOUNDT, MSN	0.50									
SECRETARY	0.10	х		x				0.	0.	0.
(5) CONNELL O'BRIEN	0.50									
VICE CHAIR	0.10	х		x				0.	0.	0.
(6) ARTHUR ACE	0.50									
BOARD MEMBER		Х						0.	0.	0.
(7) ANITA DARPINO, DO	0.50								•	
BOARD MEMBER	0.50	Х						0.	0.	0.
(8) LINDSI DEARMENT, DO, MS	0.50									
BOARD MEMBER	0.50	Х						0.	0.	0.
(9) KIMBERLY FLETCHER	0.50								•	
BOARD MEMBER	0.50	Х						0.	0.	0.
(10) BOB MILLER	0.50								0	0
BOARD MEMBER	0.50	Х						0.	0.	0.
(11) DEE MINCHHOFF, DNP, CRNP	0.50								0	0
BOARD MEMBER		Х						0.	0.	0.
(12) CHARLES RIECK BOARD MEMBER	0.50	x						0.	0.	
(13) CARRIE SMITH	0.50	^						U •	0.	0.
BOARD MEMBER	0.50	x						0.	0.	0.
(14) ANGELA TROUT	0.50	^						0.	0.	0.
BOARD MEMBER	0.30	x						0.	0.	0.
(15) JOHN WALKER	0.50	<u>^</u>						0.	0.	0.
BOARD MEMBER	0.30	x						0.	0.	0.
								<u>0</u> .		
		1								
		1								
	•	•								G (0000)

032007 12-23-20

Form 990 (2020)

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		OSTEOF	PAT	ΉI	С	HE	AL	ΤH	I FOUNDATION	22-27	924	71	Pa	age 8
Par	VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	and	d Hig	ghes	st Co	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related	box	not cl , unles cer an	Pos heck i ss per	more rson i irecto	than o s both pr/trus	tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MIS	\$	am comj fro	(F) timate ount o other pensation the anizati	of tion e
		organizations below line)	Individual trus	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					l relato	
	2 (1) (1)								0.	105,84			5,1	5.0
С	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.	105,84	0.		5, 1!	0.
2	Total number of individuals (including but no compensation from the organization							o re	ceived more than \$100,	000 of reportable				0
3	Did the organization list any former officer,	-			•	-		Ŭ	• •		F	3	Yes	No X
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	er compensation from t	he organization		4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	ccrue comper	nsati	on fr	om	any	unre					5		Х
	ion B. Independent Contractors			<u> </u>										
1	Complete this table for your five highest cor	-									ensatio	on fro	m	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) Name and business address NONE								Co	(C mper) Isatior	า		
								-						
2	Total number of independent contractors (ir	-	ot lir	nitec	to t	-		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	ation 🕨				0	J					_	000	

Form **990** (2020)

032008 12-23-20

			2020) LANCASTER OS	TEOPATHIC	HEALTH FOU	JNDATION	22-2792	471 Page 9
Pa	rt V	/	Statement of Revenue					
			Check if Schedule O contains a response	e or note to any line		(5)	(0)	
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue		business revenue	from tax under
								sections 512 - 514
nts tts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
۳. ۵			Fundraising events 1c					
iifts ar A			Related organizations 1d					
, sing			Government grants (contributions) 1e					
üö			All other contributions, gifts, grants, and					
her			similar amounts not included above 1f	37,357.				
<u>e</u> ti		a	Noncash contributions included in lines 1a-1f					
- Nor		÷.	Total. Add lines 1a-1f		37,357.			
				Business Code	0//00/1			
	~	_		Dusiness Ooue				
ice	2							
erv ne		b						
n S en		С						
lrar Sev		d						
Program Service Revenue		е						
ā		f	All other program service revenue					
		g	Total. Add lines 2a-2f	▶				
	3		Investment income (including dividends, inter	rest, and				
			other similar amounts)	►	55.			55.
	4		Income from investment of tax-exempt bond					
	5		Royalties	►				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Not rental income or (loco)					
			Gross amount from sales of (i) Securities					
	'	a		(
		Ŀ-						
a		D	Less: cost or other basis					
venue			and sales expenses 7b					
			Gain or (loss) 7c					
Ĕ			Net gain or (loss)	▶				
Other Re	8	а	Gross income from fundraising events (not					
đ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	a				
		b	Less: direct expenses 8	b				
			Net income or (loss) from fundraising events	►				
			Gross income from gaming activities. See					
			Part IV, line 19	a				
		b	Less: direct expenses 9					
			Net income or (loss) from gaming activities_					
			Gross sales of inventory, less returns					
		-	and allowances					
		h						
			<u>د</u>					
		C	Net income or (loss) from sales of inventory	Business Code				
Sľ								
eor	11							
lan		b						
Sev.		С						
Miscellaneous Revenue			All other revenue					
		е	Total. Add lines 11a-11d	►			-	
	12		Total revenue. See instructions	►	37,412.	0.	0.	55.
03200	9 12-:	23-	20					Form 990 (2020)

^{032009 12-23-20}

22-2792471 Page 10 LANCASTER OSTEOPATHIC HEALTH FOUNDATION Form 990 (2020) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response	e or note to any line in t	his Part IX		
Do r	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	146,520.	146,520.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	42,124.	42,124.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees				
6	Compensation not included above to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
-					
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	1 - 0		1 5 0	
b	Legal	150.		150.	
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	69.		69.	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
19 20	Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
a					
b					
C					
d					
	All other expenses	100 000	100 644		^
25	Total functional expenses. Add lines 1 through 24e	188,863.	188,644.	219.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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		2020) LANCASTER OSTEOPAT: Balance Sheet	HIC HEALTH FO	DUNDATION	22-2	2792471 Page 1
		Check if Schedule O contains a response or note to any	line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		163,047.	1	87,805.
	2	Savings and temporary cash investments		529.	2	527.
	3	Pledges and grants receivable, net	170,000.	3	100,000	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former of				
		trustee, key employee, creator or founder, substantial co				
		controlled entity or family member of any of these persor	าร		5	
	6	Loans and other receivables from other disqualified perso				
		under section 4958(f)(1)), and persons described in section		6		
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation 10b			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 33		333,576.	16	188,332
	17	Accounts payable and accrued expenses	227.	17	3,445	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of	Schedule D		21	
ŝ	22	Loans and other payables to any current or former office	r, director,			
Liabilities		trustee, key employee, creator or founder, substantial co	ntributor, or 35%			
abi		controlled entity or family member of any of these persor	IS		22	
	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third pa	urties		24	
	25	Other liabilities (including federal income tax, payables to	related third			
		parties, and other liabilities not included on lines 17-24).	Complete Part X			
		of Schedule D		19,898.	25	21,812
	26	Total liabilities. Add lines 17 through 25		20,125.	26	25,257
		Organizations that follow FASB ASC 958, check here				
Sec		and complete lines 27, 28, 32, and 33.		1 4 0 0 5 4		
lan	27			142,951.	27	63,075
Ba	28	Net assets with donor restrictions		170,500.	28	100,000
pun		Organizations that do not follow FASB ASC 958, chec	k here 🕨 🔛			
ц Г		and complete lines 29 through 33.				
ts o	29	Capital stock or trust principal, or current funds			29	
se	30	Paid-in or capital surplus, or land, building, or equipment			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or		040 454	31	4 6 0 0
Se	32	Total net assets or fund balances	313,451.	32	163,075	
	33	Total liabilities and net assets/fund balances		333,576.	33	<u>188,332</u> Form 990 (202

Form 990 (2020)

Form	1990 (2020) LANCASTER OSTEOPATHIC HEALTH FOUNDATION	22-279	2471	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		41,41	
2	Total expenses (must equal Part IX, column (A), line 25)	2	188		
3	Revenue less expenses. Subtract line 2 from line 1	3	-151		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	313	3,45	51.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1	.,0'	75.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	163	3,0	75.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	-			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			37
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

032012 12-23-20

SC	HED	ULE	Α
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(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ	
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OMB No. 1545-0047
2020
Open to Public Inspection

I.

	ent of the T Revenue Se		•		Attach to Form 990 or F					Inspection
_				Go to www.irs.go	v/Form990 for instruction	ons and tr	ie latest ir	formation.	Employee	-
Name	of the d	organizatio								identification number
Devit					OPATHIC HEAL					2-2792471
Part					(All organizations must o			ee instruction	IS.	
The or	ganizatio	on is not a	private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
1 🗋	Ac	hurch, cor	vention of chu	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	I)(A)(i).		
2	As	chool desc	cribed in secti	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3 🗌	Ah	ospital or a	a cooperative	hospital service org	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4	Am	nedical res	earch organiza	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city	city, and state:								
5	An	organizatio	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
	se	ction 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	Afe	ederal, stat	te, or local gov	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 🖸			-	-	Intial part of its support fi				ne deneral i	oublic described in
		-		omplete Part II.)		5			5	
8	_	-			(1)(A)(vi). (Complete Par	t II.)				
9	_	•			in section 170(b)(1)(A)(-	ed in coniu	unction with a	land-grant	college
		-	-		culture (see instructions).		-		-	-
		versity:	g a normalia g	, and contrage of agine				, and erate er	ine eenegi	
10			on that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns membersh	in fees an	d gross receipts from
					ct to certain exceptions; a					
					(less section 511 tax) fro					-
				mplete Part III.)			bood doqui		Janization	
11	_				ively to test for public sa	fetv See	section 50)9(a)(4)		
12	_	-	-	-	ively for the benefit of, to	•			rry out the	nurnoses of one or
·		-	-	-	ed in section 509(a)(1) o				-	
					of supporting organization					
а			-	• •	supervised, or controlled		-		-	aivina
u				-	gularly appoint or elect a	• • •	-			
			-	complete Part IV, Se		majonty c				
b		-		-	d or controlled in connect	ion with it	e cupporte	d organizatio	n(c) by bay	lina
U				-	anization vested in the sa			-		-
			-	t complete Part IV,		ame perso	ns that co		ge the supp	Joned
		•	. ,	•		in connoct	tion with a	and functional	l, intograte	
С			-		ng organization operated				iy megrate	ed with,
ام					s). You must complete I					
d			-		porting organization oper				-	
			-		zation generally must sat	-		-	i an attentiv	veness
		-			mplete Part IV, Sections					
е			•		written determination fro			турет, туре	п, туре п	
					nally integrated supporti					
			of supported o	•						
<u> </u>		me of suppo		about the supporte	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
	• •	organization		(,	(described on lines 1-10		ng document?	support (see in	-	support (see instructions)
					above (see instructions))	Yes	No			
.										
Total										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 LANCASTER OSTEOPATHIC HEALTH FOUNDATION 22-2792471 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

26	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	9,155.	21,271.	129,771.	201,884.	37,357.	399,438.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge	9,155.	21,271.	129,771.	201 004	27 257	200 120			
	Total. Add lines 1 through 3	9,155.	21,2/1.	129,771.	201,884.	37,357.	399,438.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	a a lu ura un (f)						161,847.			
6	Public support. Subtract line 5 from line 4.						237,591.			
	ction B. Total Support						237,391.			
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
	Amounts from line 4	9,155.	21,271.	129,771.	201,884.	37,357.	399,438.			
	Gross income from interest,		-			-				
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	13,160.		8.	10.	55.	13,233.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						412,671.			
12	Gross receipts from related activities,	etc. (see instructio	ons)			12				
13	First 5 years. If the Form 990 is for the	•	rst, second, third, t	fourth, or fifth tax y	year as a section 5	01(c)(3)				
<u> </u>	organization, check this box and stop									
	ction C. Computation of Publi						<u> </u>			
	Public support percentage for 2020 (I		•	.,,		14	57.57 % 52.90 %			
	Public support percentage from 2019					15				
108	33 1/3% support test - 2020. If the c									
ĥ	stop here. The organization qualifies 33 1/3% support test - 2019. If the o		•			or more check thi				
Ľ	and stop here. The organization qual									
17-						and line 14 is 10%				
178	10% -facts-and-circumstances test and if the organization meets the fact	-								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
٢	b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
	more, and if the organization meets th	0				-				
	organization meets the facts-and-circu									
_18	Private foundation. If the organization									
						edule A (Form 990				

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Schedule A (Form 990 or 990 EZ) 2020 LANCASTER OSTEOPATHIC HEALTH FOUNDATION 22-2792471 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support			-	1		-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf	ļ		_			
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
_	check this box and stop here						
Se	ction C. Computation of Publi	<u>c Support Per</u>	centage			<u> </u>	
15	Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage			<u> </u>	
17 18	Investment income percentage for 20 Investment income percentage from a			line 13, column (f))		17 18	<u>%</u>
19 a	a 33 1/3% support tests - 2020. If the	organization did n				33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	lifies as a publicly :	supported organiza	ition	
k	33 1/3% support tests - 2019. If the	organization did n	ot check a box o	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The org	anization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	his box and see ins	structions	
0320	23 01-25-21			_	Sch	edule A (Form 99	0 or 990-EZ) 2020
			16	5			

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Schedule A (Form 990 or 990-EZ) 2020 LANCASTER OSTEOPATHIC HEALTH FOUNDATION 22-2792471 Page 4

Part IV Supporting Organizations

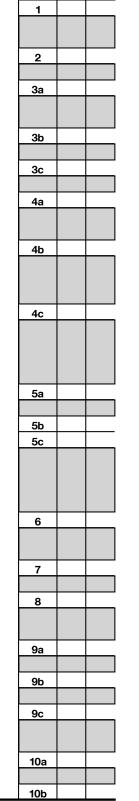
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

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

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Yes No

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 LANCASTER OSTEOPATHIC HEALTH FOUNDATION 22-2792471 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No" describe in Part VI how the supported organization(s)			

	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

Section D. All T	ype III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions)).
		1000 1100 000000	

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

с	The organization supported a governmental entity.	Describe in Part VI how	vou supported a	overnmental entity	(see instructions).

18

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

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2020

1

2

1

Yes No

Yes No

2a

2b

3a

3b

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	dule A (Form 990 or 990 EZ) 2020 LANCASTER OSTEOPATHIC I			22-2792471 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			γ Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income	_	(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrat	ted Type III supporting org	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 LANCASTER OSTEOPATHIC HEALTH FOUNDATION	12	2-2792471	Page 7		
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Section D - Distributions	Current Yea	r			
1 Amounts paid to supported organizations to accomplish exempt purposes	1				

_1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose		3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	avida dataila in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
		o organization in roomonoivo		- 1	
8	Distributions to attentive supported organizations to which th	le organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	<i>(</i> 1)	(11)	10	/
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
	From 2015				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2017				
	Excess from 2019				
<u>e</u>	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A	(Form 990 or 990-EZ) 2020	LANCASTER	OSTEOPATHIC	HEALTH	FOUNDATION	22-2792471	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. Provide 1 , 2, 3b, 3c, 4b, 4c, 5 lines 2 and 3; Part I	the explanations require 5a, 6, 9a, 9b, 9c, 11a, 1 V, Section E, lines 1c, 2	ed by Part II, line 1b, and 11c; Pa a, 2b, 3a, and 3	e 10; Part II, line 17a or rt IV, Section B, lines 1 3b; Part V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Pa	C,
	(See instructions.)						
032028 01-25-2	21				Schedul	e A (Form 990 or 990-	EZ) 2020
			21				,

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

OMB No. 1545-0047

2020

Employer identification number

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LANCASTE	R OSTE	OPATHIC	HEALTH	FOUNDATION
Organization type (check one):				

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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

X 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 \dots \blacktriangleright \$

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

22-2792471

LANCASTER OSTEOPATHIC HEALTH FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY OF LANCASTER COUNTY 630 JANET AVE LANCASTER, PA 17601	\$10,000.	Person X 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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12490820 758275 3132.000

Name of organization

LANCASTER OSTEOPATHIC HEALTH FOUNDATION

Employer identification number

22-2792471

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(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
		\$	
(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
		\$	

023453 11-25-20

24

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 4							
Name of o	rganization		Employer identification number							
LANCAS	STER OSTEOPATHIC HEALTH	FOUNDATION	22-2792471							
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year							
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line entr charitable, etc., contributions of \$1,000 or le	y. For organizations ess for the year. (Enter this info. once.) \$							
	Use duplicate copies of Part III if additional	space is needed.								
(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, a	nd ZIP + 4	Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
-		(e) Transfer of gift								
	Transferee's name, address, a		Relationship of transferor to transferee							
-	<i></i>		·							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
-		(e) Transfer of gift								
			Relationship of transferor to transferee							
-	Transferee's name, address, a									
(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, a	nd ZIP + 4	Relationship of transferor to transferee							
023454 11-25			Schedule B /Form 990, 990-E7, or 990-EE) (2020)							

Schedule B (Form 990, 990-EZ, or 990-PF) (2020

12490820 758275 3132.000

SCHED	ULE D
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Department of the Treasury

Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.





Name of the organization

LANCASTER OSTEOPATHIC HEALTH FOUNDATION

Employer identification number 22-2792471

Pa	diamination of the second s		Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	l funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		-
	impermissible private benefit?		
Pa			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
с	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year ►		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatio	n easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)((4)(B)(i)
	and section 170(h)(4)(B)(ii)?		YesN
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statement	ts that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for put	lic exhibition, education, or research in furth	nerance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and bal	lance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	rance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• • •
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial g	ain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		• • •
			N N
LHA	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 202
	1 12-01-20		
		26	

		ER OSTEOPA							92471	
Par	t III Organizations Maintaining C	collections of Ar	t, Hist	orical Tre	easures, o	or Other	Simila	r Asset	s _{(contine}	ued)
3	Using the organization's acquisition, accessi	ion, and other record	s, check	k any of the	following tha	t make sig	gnificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	c	3 🗌 k	Loan or exc	hange progr	am				
b	Scholarly research	e	•	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizati	on's exerr	npt purpo	ose in Parl	XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or oth	er similar	assets			
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered	"Yes" on	Form 99	0, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod on Form 990, Part X?							Г	Yes	No
b	If "Yes," explain the arrangement in Part XIII							<u> </u>		
									Amount	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on F						ty?	L	Yes	
	If "Yes," explain the arrangement in Part XIII.									
Fai	TV Endowment Funds. Complete									
		(a) Current year	(b) F	Prior year	(c) Two yea	ars back	(d) Three	years back	(e) Four	years back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	•		g, column (a)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
с		_%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	it are held a	nd administe	red for the	e organiz	ation	Г	
	by:									Yes No
	(i) Unrelated organizations									
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza								. 3b	
4 Par	t VI Land, Buildings, and Equipm		wment f	funds.						
	Complete if the organization answere	ed "Yes" on Form 990), Part IV	/, line 11a. S	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or o basis (investr			t or other (other)	1	ccumulat preciatior		(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	Add lines 1a through 1e. (Column (d) must e		X colun	nn (B) line 1	0c)					0.
								Schedul	e D (Form	990) 2020

Part VI Investments - Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 980, Part X, line 12. (d) Description of stability of unknown are at secure, (b) Book value (c) Method of valuation: Cost or end of year market value (1) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Schedu	ule D (Form 990) 2020 LANCASTER C	STEOPATHIC HE	ALTH FOUNDATION	22-2792471 Page 3
(a) Discription of startiky or discliption inductions (b) Book value (b) Book value (c) Mathod of valuation: Cost or and of-year market value 2) Closely held equity interests (c) Mathod of valuation: Cost or and of-year market value (c) Mathod of valuation: Cost or and of-year market value 3) Other (c) Mathod of valuation: Cost or and of-year market value (c) Mathod of valuation: Cost or and of-year market value (d) Discription of investment (c) Mathod of valuation: Cost or and of-year market value (c) Mathod of valuation: Cost or and of-year market value (d) Discription of investment (b) Book value (c) Mathod of valuation: Cost or and of-year market value (d) Discription of investment (b) Book value (c) Mathod of valuation: Cost or and of-year market value (e) Discription of investment (b) Book value (c) Mathod of valuation: Cost or and of-year market value (g) Discription of investment (b) Book value (c) Mathod of valuation: Cost or and of-year market value (g) Discription of investment (b) Book value (c) Mathod of valuation: Cost or and of-year market value (g) Discription of investment (b) Book value (c) Mathod of valuation: Cost or and of-year market value (g) Discription of investment (b) Book value (c) Mathod of valuation: Cost or and of-year market value	Part	VII Investments - Other Securities.			
1) Forecald derivatives Image: Consety held equity interests 2) Closely held equity interests Image: Consety held equity interests 3) Consety held equity interests Image: Consety held equity interests 4) Image: Consety held equity interests 6] Image: Consety held equity interests 7] Image: Consety held equity interests 6] Image: Consety held form 990, Part X, cold (B) line 13. 7] Image: Consety held form 990, Part X, cold (B) line 15. 6] Image: Consety held form 990, Part X, cold (B) line 15. 6]		Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12	2.
2) Cosey held equity interests	(a) De	escription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
3) Other	(1) Fin	ancial derivatives			
Ai Image: Constraint of the set of the constraint of the constraint of the constraint of the set of the constraint of the set of the constraint of the constof the constraint the constraint of the con	(2) Clo	osely held equity interests			
(B) (C) (C) (C) (B) (C) (B) (C) (B) (C) (B) (C) (B) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (D)	(3) Otl	ner			
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description of investment (b) Book value (c) (c) <	(A)				
(D) (E) (F) (G) (G) (G) (H) (G) (A) (G) (A) (G) (A) (G) (B) (G) (A) (G) (B) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G) (H) ((B)				
(E) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B) (C) (B) (B) (C) (C) (B) (B) (C) (C) (C) (D) (D) (D) ((C)				
(F) (G) (G) (G) (F) (G) (G)	(D)				
(G) (G) (G) (G) (G) (G) Part VIIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IX, line 13. (e) Method of valuation: Cost or end-of-year market value (1) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (b) Book value (c) Method of valuation: Cost or end-of-year market value (3) (c) (c) (c) (6) (c) (c) (c) (7) (c) (c) (c) (a) (c) (c) (c) (b) (c) Description (c) (c) (a) (c) Description (c) (c) (b) (c) Description (c) (c) (c) (c) Description of lability (c) (c) (d) (c) (c) (c) (c) (e) (c) (c) (c) <	(E)				
(H) Instant equal Form 930, Part X, col. (B) line 12:) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 930, Part IV, line 11c. See Form 930, Part X, line 13. (e) Method of valuation: Cost or end-of-year market value (1) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (c) (c) Method of valuation: Cost or end-of-year market value (1) (c) (c) Method of valuation: Cost or end-of-year market value (1) (c) (c) Method of value (c) Method of value (1) (c) (c) (c) (c) (3) (c) (c) (c) (c) (6) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (c) (c) <td>(F)</td> <td></td> <td></td> <td></td> <td></td>	(F)				
Total. (c) in usis equal Form 990, Part X, col. (B) line 12) Part VIII) Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part X, line 13. (a) Description of Investment (b) Book value (c) Method of Valuation: Cost or end-of-year market value (d) (e) (f) (g) (g) (h) (g) (h) (h) </td <td></td> <td></td> <td></td> <td></td> <td></td>					
Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (c) (c) Method of valuation: Cost or end of year market value (c) (c) Method of valuation: Cost or end of year market value (c) (c) Method of valuation: Cost or end of year market value (c) (c) Method of valuation: Cost or end of year market value (c) (c) Method of valuation: Cost or end of year market value (c) (c) Method of valuation: Cost or end of year market value (c) (c) Method of valuation: Cost or end of year market value (c)	(H)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (c) (a) (c) Method of valuation: Cost or end-of-year market value (c) (a) (c) (c) (c) (d) (c) (c) (c) (d) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c) (c) (c) (e) (c) (c) (c) (c) (c) (c) (c) (f) (c) (c)					
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)	Part	VIII Investments - Program Related.			
(1) (1) (1) (2) (2) (3) (3) (4) (5) (6) (7) (7) (8) (9) (6) (9) (1) (1) (9) (2) (2) (1) (2) (3) (1) (2) (2) (3) (2) (3) (4) (3) (4) (2) (3) (4) (2) (3) (4) (4) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (9) Other Labilities (1) (2) (1) Federal income taxes (4) (1) Federal income taxes (4) (1) Federal income taxes (4) (2) ANNUITY PAYABLE (4) (3) (4) (4) (4) (1) Federal income taxes (4) (2) ANNUITY PAYABLE (4) (4)					
(2) (3) (4) (3) (4) (5) (6) (6) (7) (8) (9) (9) Part IX Other Assets. (9) Complete if the organization answered "Ves" on Form 990, Part X, line 15. (b) Book value (1) (a) Description (b) Book value (1) (a) Description (b) Book value (1) (a) Description (b) Book value (4) (a) (b) Book value (6) (a) (b) Book value (7) (a) (b) Book value (6) (b) Book value (c) (7) (a) (b) Book value (7) (a) (c) (6) (c) (c) (7) (c) (c) (7) (c) (c) (8) (c) (c) (c) (9) (b) Description of liability (b) Book value (c) Book value (1) Federal income taxes (c) (d) HEALTH SUPPORTING ORGANIZATION 17, 386. (6) (c) (c) ((a) Description of investment	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
(3) (4) (4) (5) (5) (7) (7) (7) (8) (7) (9) (7) (10) (7) (11) (9) (12) (9) (14) (9) (15) (9) (16) (9) (17) (9) (18) (9) (19) (9) (10) (9) (11) (9) (12) (11) (13) (11) (14) (11) (15) (11) (16) (11) (17) (11) (18) (11) (19) (11) (10) (11) (11) (11) (12) (11) (14) (11) (15) (11) (16) (11) (17) (11) (18) (11) (19) (11) (11) (11)					
(4) (5) (6) (7) (7) (8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (9) Part X Other Assets. (a) Description (b) Book value (1) (a) Description (a) Description (b) Book value (1) (a) Description (b) Book value (b) Book value (1) (a) Description (b) Book value (c) Book value (1) (a) Description (b) Book value (c) Book value (c) (c) Description (d) (c) Description (e) (f) (f) (f) (g) (f) (g) (f) (g) (f) (g) (f) (g) (f) (g) (f) (h) Description of liability (f) Book value (h) Federal income taxes (f) (g) (h) Each The Support X col (g) line 25) (g) (h) Each The SupPORTING ORGANIZATION	(2)				
(5) (6) (7) (7) (8) (9) (9) (1) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (a) Description (b) Book value (1) (a) Description (b) Book value (3) (4) (5) (5) (6) (6) (7) (7) (8) (9) (1) (1) (9) (1) (1) (2) (6) (3) (4) (4) (7) (3) (4) (5) (6) (7) (7) (7) (8) (9) (9) (9) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (9) 10: (a) Description of liability (b) Book value (1) Federal income taxes (2) ANNUITY PAYABLE 4,426. (3) PAYABLE TO LANCASTER OSTEOPATHIC (4) 4,426. (6) (6) (7)					
(6) (7) (7) (8) (9) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (9) (1) (9) (2) (9) (3) (9) (6) (9) (7) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (1) (2) ANNUITY PAYABLE 4,426. (3) (9) (1) Federal income taxes (1) (2) ANNUITY PAYABLE 17,386. <td></td> <td></td> <td></td> <td></td> <td></td>					
(7) (8) (9) Image: Second					
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			o 25 \		21 812

032053 12-01-20

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 LANCASTER OSTEOPATHIC HEA	ALTH FOUNDATION	22-2792471 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	ments With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	<u>2c</u>	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Ра	rt XII Reconciliation of Expenses per Audited Financial State		er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d			
е	•		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		_
b		4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5
	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

MANAGEMENT	HAS	REVIEWED	THE	TAX	POSITIONS	FOR	EACH	OF	\mathbf{THE}	OPEN	TAX	YEARS
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(2017 - 2019) OR EXPECTED TO BE TAKEN IN LOHF'S 2020 TAX RETURN AND HAS

CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD

29

REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS.

032054 12-01-20

SCHEDULE I (Form 990)	G Go	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22} .	Other Assistance to Organizations, , and Individuals in the United State zation answered "Yes" on Form 990, Part IV, line 21 (te to Organi s in the Unit on Form 990, Parl	zations, ed States : IV, line 21 or 22.		OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service		Go to www.irs	 Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. 	n 990. the latest inform:	ation.		Open to Public Inspection	
Name of the organization LANCASTER	STER OSTEOPATHIC	HIC HEALTH F	FOUNDATION				Employer identification number 22-2792471	
Part I General Information on Grants and Assistance	rants and Assistance							
1 Does the organization maintain records to substantiate the amount of the	scords to substantiate the		or assistance, the g	Irantees' eligibility 1	or the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
criteria used to award the grants or assistance?	or assistance?		aront funds in the Linited States	Ctatos			X Yes No	
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments	ore to Domestic Organiz			otates. omnlete if the orda	nization answered "Y	counteres. Commilete if the organization answered "Yes" on Form 990. Part IV, line 21, for any	IV line 21 for any	
	e than \$5,000. Part II can	be duplicated if additio		d.	5	- 600		
1 (a) Name and address of organization or government	ation (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
							THIS PROGRAM ADDRESSES	
THOUGHTFUL WELLNESS LLC							THE INADEQUATE SUPPLY OF	
514 E MAIN ST							CHILD AND ADOLESCENT	
EPHRATA, PA 17522	82-1689585		9,600.	0.			MENTAL HEALTH	
							THIS PROGRAM ADDRESSES	
MATTERS OF THE HEART COUNSELING	IG						THE INADEQUATE SUPPLY OF	
LLC - 1987 STATE ST - EAST							CHILD AND ADOLESCENT	
PETERSBURG, PA 17520	84-3820931		9,600.	0.			MENTAL HEALTH	
							THIS PROGRAM ADDRESSES	
FOCUS COUNSELING SERVICES LLC							THE INADEQUATE SUPPLY OF	
1689 CROWN AVE SUITE 9							CHILD AND ADOLESCENT	
LANCASTER, PA 17601	82-0650730		9,600.	0.			MENTAL HEALTH	
							THIS PROGRAM ADDRESSES	
LAURIE SCHEIN							THE INADEQUATE SUPPLY OF	
903 S CHIQUES RD STE J							CHILD AND ADOLESCENT	
MANHEIM, PA 17545	81-2233659		9,600.	0.			MENTAL HEALTH	
							THIS PROGRAM ADDRESSES	
COMMONWEALTH CLINICAL GROUP, I	INC.						THE INADEQUATE SUPPLY OF	
479 THOMAS JONES WAY #100							CHILD AND ADOLESCENT	
EXTON, PA 19341	30-0474842		20,600.	0.			MENTAL HEALTH	
							THIS PROGRAM ADDRESSES	
TEAMCARE BEHAVIORAL HEALTH LLC							THE INADEQUATE SUPPLY OF	
1808 COLONIAL VILLAGE LN							CHILD AND ADOLESCENT	
LANCASTER, PA 17601	20-8902164		20,600.	0.			MENTAL HEALTH	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(c)(3) and government or	ganizations listed in the	line 1 table				7.	
3 Enter total number of other organizations listed in the line 1 table	izations listed in the line 1	l table					▶ 2.	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 CHA For Paper エバ モハロ パロコロ	Act Notice, see the Instructi באביידע בער בער	ons for Form 990. ราณสาร / บ.) ปรีเ). Престратриатомо				Schedule I (Form 990) 2020	
	TV FOR	COLUMN (A) DEX	CKLFT'TUUN					

Schedule I (Form 990) LANCASTER OSTEOPATHIC HEALTH FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of non-cas	OSTEOPATHIC HEAL ssistance to Domestic Organiz (b) EIN (c) IRC sec if applicat	IIC HEALTH E nestic Organizations (c) IRC section if applicable	FOUNDATION s and Domestic Go (d) Amount of cash grant		(Schedule I (Form 990), Part II.) t of (f) Method of (valuation noi book, FMV, anorraisal, othen)	 Description of -cash assistance 	22-2792471 Page 1 (h) Purpose of grant or assistance
	20-8440402		009 6				THIS PROGRAM ADDRESSES THE INADEQUATE SUPPLY OF CHILD AND ADOLESCENT MENTAL HEALTH
	23-2128881		20,660.				THIS PROGRAM ADDRESSES THE INADEQUATE SUPPLY OF CHILD AND ADOLESCENT MENTAL HEALTH
	23-1934804		20,600.	0.			THIS PROGRAM ADDRESSES THE INADEQUATE SUPPLY OF CHILD AND ADOLESCENT MENTAL HEALTH
							Schedule I (Form 990)

Schedule I (Form 990) 2020 LANCASTER OSTEO	PATHIC HE	OSTEOPATHIC HEALTH FOUNDATION	DATION		22-2792471 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.		organization answe	Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					MENTAL HEALTH COPAY ASSISTANCE: PROVIDES COPAY ASSISTANCE FOR THE BEHAVIORAL
CO-PAY GRANT	103	37,124.	0.		HEALTHCARE NEEDS OF LANCASTER
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
ALL APPROVED GRANTEES MUST SIGN A (GRANT AGR	AGREEMENT AND) REQUIRE A	6 – MONTH	
INTERIM REPORT AND A 12-MONTH FINAL	FINAL REPORT.	THE	ACCESS COMMITTEE	E OVERSEES	
AND GUIDES THE GRANT DECISIONS AND	RECEIVE	AND REVIEW ALL	I ALL THE G	THE GRANT REPORTS	
IN JANUARY AND JULY EACH YEAR. SITE	VISITS	ARE CONDUCTED	ONCE	PER GRANT	
CYCLE FOR ALL GRANTEES.					
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT:	ТНО	UGHTFUL WELLNESS LLC	ISS LLC		
02-20					Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (F) DESCRIPT**30**NS

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 Schedule (Form 990)
 LANCASTER OSTEOPATHIC HEALTH FOUNDATION
 22-2792471
 Page 2

 Part IV
 Supplemental Information
 (H) PURPOSE OF GRANT OR ASSISTANCE: THIS PROGRAM ADDRESSES THE

 INADEQUATE SUPPLY OF CHILD AND ADOLESCENT MENTAL HEALTH PROFESSIONALS IN
 LANCASTER COUNTY. IT EQUIPS MENTAL HEALTH PROFESSIONALS TO TAKE ON

 SUPERVISORY ROLES, AND PROVIDES A POST-MASTER'S CLINICAL FELLOWSHIP
 PROGRAM FOR LICENSE-ELIGIBLE PROVIDERS TO RECEIVE SUPERVISION REQUIRED

 FOR LICENSING. THANKS IN PART TO A GENEROUS GRANT FROM THE STEINMAN
 FOUNDATION, THIS IS FUNDED FOR 3 YEARS (THROUGH 2022).

NAME OF ORGANIZATION OR GOVERNMENT: MATTERS OF THE HEART COUNSELING LLC (H) PURPOSE OF GRANT OR ASSISTANCE: THIS PROGRAM ADDRESSES THE INADEQUATE SUPPLY OF CHILD AND ADOLESCENT MENTAL HEALTH PROFESSIONALS IN LANCASTER COUNTY. IT EQUIPS MENTAL HEALTH PROFESSIONALS TO TAKE ON SUPERVISORY ROLES, AND PROVIDES A POST-MASTER'S CLINICAL FELLOWSHIP PROGRAM FOR LICENSE-ELIGIBLE PROVIDERS TO RECEIVE SUPERVISION REQUIRED FOR LICENSING. THANKS IN PART TO A GENEROUS GRANT FROM THE STEINMAN FOUNDATION, THIS IS FUNDED FOR 3 YEARS (THROUGH 2022).

NAME OF ORGANIZATION OR GOVERNMENT: FOCUS COUNSELING SERVICES LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS PROGRAM ADDRESSES THE

INADEQUATE SUPPLY OF CHILD AND ADOLESCENT MENTAL HEALTH PROFESSIONALS IN

LANCASTER COUNTY. IT EQUIPS MENTAL HEALTH PROFESSIONALS TO TAKE ON

SUPERVISORY ROLES, AND PROVIDES A POST-MASTER'S CLINICAL FELLOWSHIP

PROGRAM FOR LICENSE-ELIGIBLE PROVIDERS TO RECEIVE SUPERVISION REQUIRED

FOR LICENSING. THANKS IN PART TO A GENEROUS GRANT FROM THE STEINMAN

FOUNDATION, THIS IS FUNDED FOR 3 YEARS (THROUGH 2022).

NAME OF ORGANIZATION OR GOVERNMENT: LAURIE SCHEIN

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS PROGRAM ADDRESSES THE

Schedule I (Form 990)

032291 04-01-20

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 LANCASTER OSTEOPATHIC HEALTH FOUNDATION
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 INADEQUATE SUPPLY OF CHILD AND ADOLESCENT MENTAL HEALTH PROFESSIONALS IN

 LANCASTER COUNTY. IT EQUIPS MENTAL HEALTH PROFESSIONALS TO TAKE ON

 SUPERVISORY ROLES, AND PROVIDES A POST-MASTER'S CLINICAL FELLOWSHIP

 PROGRAM FOR LICENSE-ELIGIBLE PROVIDERS TO RECEIVE SUPERVISION REQUIRED

 FOR LICENSING. THANKS IN PART TO A GENEROUS GRANT FROM THE STEINMAN

 FOUNDATION, THIS IS FUNDED FOR 3 YEARS (THROUGH 2022).

NAME OF ORGANIZATION OR GOVERNMENT: COMMONWEALTH CLINICAL GROUP, INC. (H) PURPOSE OF GRANT OR ASSISTANCE: THIS PROGRAM ADDRESSES THE INADEQUATE SUPPLY OF CHILD AND ADOLESCENT MENTAL HEALTH PROFESSIONALS IN LANCASTER COUNTY. IT EQUIPS MENTAL HEALTH PROFESSIONALS TO TAKE ON SUPERVISORY ROLES, AND PROVIDES A POST-MASTER'S CLINICAL FELLOWSHIP PROGRAM FOR LICENSE-ELIGIBLE PROVIDERS TO RECEIVE SUPERVISION REQUIRED FOR LICENSING. THANKS IN PART TO A GENEROUS GRANT FROM THE STEINMAN FOUNDATION, THIS IS FUNDED FOR 3 YEARS (THROUGH 2022).

NAME OF ORGANIZATION OR GOVERNMENT: TEAMCARE BEHAVIORAL HEALTH LLC (H) PURPOSE OF GRANT OR ASSISTANCE: THIS PROGRAM ADDRESSES THE INADEQUATE SUPPLY OF CHILD AND ADOLESCENT MENTAL HEALTH PROFESSIONALS IN LANCASTER COUNTY. IT EQUIPS MENTAL HEALTH PROFESSIONALS TO TAKE ON SUPERVISORY ROLES, AND PROVIDES A POST-MASTER'S CLINICAL FELLOWSHIP PROGRAM FOR LICENSE-ELIGIBLE PROVIDERS TO RECEIVE SUPERVISION REQUIRED FOR LICENSING. THANKS IN PART TO A GENEROUS GRANT FROM THE STEINMAN FOUNDATION, THIS IS FUNDED FOR 3 YEARS (THROUGH 2022).

NAME OF ORGANIZATION OR GOVERNMENT: DR. LATINIA SHELL

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS PROGRAM ADDRESSES THE

INADEQUATE SUPPLY OF CHILD AND ADOLESCENT MENTAL HEALTH PROFESSIONALS IN 032291
04-01-20
Schedule I (Form 990)

 Schedule I (Form 990)
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 LANCASTER COUNTY. IT EQUIPS MENTAL HEALTH PROFESSIONALS TO TAKE ON
 SUPERVISORY ROLES, AND PROVIDES A POST-MASTER'S CLINICAL FELLOWSHIP

 PROGRAM FOR LICENSE-ELIGIBLE PROVIDERS TO RECEIVE SUPERVISION REQUIRED
 FOR LICENSING. THANKS IN PART TO A GENEROUS GRANT FROM THE STEINMAN

 FOUNDATION, THIS IS FUNDED FOR 3 YEARS (THROUGH 2022).
 Information

NAME OF ORGANIZATION OR GOVERNMENT: COBYS FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS PROGRAM ADDRESSES THE

INADEQUATE SUPPLY OF CHILD AND ADOLESCENT MENTAL HEALTH PROFESSIONALS IN

LANCASTER COUNTY. IT EQUIPS MENTAL HEALTH PROFESSIONALS TO TAKE ON

SUPERVISORY ROLES, AND PROVIDES A POST-MASTER'S CLINICAL FELLOWSHIP

PROGRAM FOR LICENSE-ELIGIBLE PROVIDERS TO RECEIVE SUPERVISION REQUIRED

FOR LICENSING. THANKS IN PART TO A GENEROUS GRANT FROM THE STEINMAN

FOUNDATION, THIS IS FUNDED FOR 3 YEARS (THROUGH 2022).

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY SERVICES GROUP

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS PROGRAM ADDRESSES THE

INADEQUATE SUPPLY OF CHILD AND ADOLESCENT MENTAL HEALTH PROFESSIONALS IN

LANCASTER COUNTY. IT EQUIPS MENTAL HEALTH PROFESSIONALS TO TAKE ON

SUPERVISORY ROLES, AND PROVIDES A POST-MASTER'S CLINICAL FELLOWSHIP

PROGRAM FOR LICENSE-ELIGIBLE PROVIDERS TO RECEIVE SUPERVISION REQUIRED

FOR LICENSING. THANKS IN PART TO A GENEROUS GRANT FROM THE STEINMAN

FOUNDATION, THIS IS FUNDED FOR 3 YEARS (THROUGH 2022).

(F) DESCRIPTION OF NON-CASH ASSISTANCE: MENTAL HEALTH COPAY ASSISTANCE:

PROVIDES COPAY ASSISTANCE FOR THE BEHAVIORAL HEALTHCARE NEEDS OF

LANCASTER COUNTY, PENNSYLVANIA RESIDENTS WHO CANNOT AFFORD IT. WE SERVE

			STER OST	EOPATHIC	HEALTH	FOUNDATION	22-2792471	Page 2
Part IV	Supplemen	tal Information						
	_							
AN ES	TIMATED 1	50 UNDER-IN	ISURED O	<u>R UNINSUE</u>	RED LANC	ASTER COUNTY	RESIDENTS	
PER Y	EAR, AND	SUPPORT IS	LIMITED	TO CHILI	DREN, YO	OUTH, AND YOU	ING ADULTS	
UNDER	AGE 26, A	AND PARENTS	WITH D	EPENDENT	CHILDRE	N. IN ADDITI	ON TO	
PROVI	DING COPA	Y SUPPORT,	THE PRO	GRAM PROV	VIDES NA	VIGATION TO	A MEDICAL	
HOME	IF ONE IS	NOT ALREAD	Y IDENT	IFIED ANI) ASSIST	ING WITH INS	URANCE	
APPLI	CATIONS W	HEN APPLICA	BLE.					

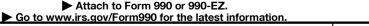
Schedule I (Form 990)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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





LANCASTER OSTEOPATHIC HEALTH FOUNDATION 22-2792471

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

BY IMPROVING CHILDREN'S BEHAVIORAL HEALTH AND STRENGTHENING THE

CAPACITY OF THE HEALTH CARE PROFESSIONAL COMMUNITY

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

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, TREASURER AND AUDIT

COMMITTEE. REVISIONS ARE MADE IF NECESSARY AND THEN THE REVISED 990 IS THEN

SENT TO THE FULL BOARD FOR REVIEW. ONCE THE 990 IS REVIEWED BY THE FULL

BOARD, IT IS THEN FILED WITH THE IRS.

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

THE FOUNDATION HAS A CONFLICT OF INTEREST, CONFIDENTIALITY AND CODE OF

CONDUCT POLICY THAT IS REVIEWED ANNUALLY BY EACH STAFF AND BOARD MEMBER AND

THEN COMPLETED AND SIGNED BY THEM.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE CONFLICT OF INTEREST POLICY AND 990S ARE ALSO POSTED ON THE FOUNDATION'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGES IN VALUE OF SPLIT INTEREST AGREEMENTS

1,075.

PART XI, LINE 2C

THE PROCESS BY WHICH THE ORGANIZATION APPOINTS A COMMITTEE THAT ASSUMES

RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENT

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211
 11-20-20
 Schedule O (Form 990 or 990-EZ) 2020

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Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

LANCASTER OSTEOPATHIC HEALTH FOUNDATION

Page 2 Employer identification number 22-2792471

AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE

PRIOR YEAR.

032212 11-20-20

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▲ Attach to Form 990. ▲ Go to www.irs.gov/Form990 for instructions and the latest information.	anizations and Unrelated Partnerships ion answered "Yes" on Form 990, Part IV, line 33, 34, 35k ▶ Attach to Form 990. gov/Form990 for instructions and the latest information.	tnerships ine 33, 34, 35b, 3 ti information.	8, or 37.		OMB No. 1545-0047 2020 Open to Public Inspection
ation LANCASTER	OSTEOPATHIC HEALTH FOUNDATION	NDATION			Employer identification number 22-2792471	ication number 4.7.1
Part I Identification of Disregarded Entities. Complete if the organization	ete if the organization answered "Yes"	answered "Yes" on Form 990, Part IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations. organizations during the tax year.	cations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	answered "Yes" on Form 990	, Part IV, line 34, t	ecause it had one o	or more related tax-exe	smpt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
LANCASTER OSTEOPATHIC HEALTH SUPPORTING ORGANIZATION - 23-1352186, 128 E. GRANT STREET, SUITE 104, LANCASTER, PA 17602	SUPPORTING ORGANIZATION OF LANCASTER OSTEOPATHIC HEALTH FOUNDATION	PENNSYLVANIA	501(C)(3)	509(A)		
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R	Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 LANC	LANCASTER OSTEO	OSTEOPATHIC	НЕАГТН	FOUNDATION	ION				22-2	2792471		Page 2
Part III Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	ganizations Taxable a	is a Partne x year.		the organiza	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	es" on Form 990	, Part IV, line	34, becau	se it had one or	more rela		
(a) Name, address, and EIN of related orcenization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling entity	(e) Predominan (related ur		(f) Share of total	(g) Share of end-of-vear	(h) Disproportionate		(j) General or Ax managing	Lor Percentage ing ownership) ntage shin
כי בנגולם לי שני יידיילי		(state or foreign country)		excluded from tax under sections 512-514)			assets	allocations?	20 of Schedule K-1 (Form 1065)	JIe partner? 35) Yes No	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>)</u>
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	ganizations Taxable a	is a Corpo ig the tax y	or Trust.	omplete if the	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	wered "Yes" on	Form 990, P.	art IV, line 3	4, because it ha	ld one or	more relat	ted
(a)			(q)	(c)	(q)	(e)	(J)		(6)	(4)	(i)	
Name, address, and EIN of related organization	NIE	Prim	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of totalp, income	of total me	Share of end-of-year assets	Percentage ownership	512(b) 512(b) contro entiti	ion (13) Silled y?
												2
032162 10-28-20				40					Sche	dule R (F	Schedule R (Form 990) 2020	2020

Schedule R (Form 990) 2020 LANCASTER OSTEOPATHIC HEALTH FOUNDATION

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is With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	if any entity is listed in Parts II, III, or IV of this schedule.
Transactions With Related Org	omplete line 1 if any entity is listed i
Part V	Note: C

nedule.
, or IV of this sch
n Parts II, III,
ity is listed in
ne 1 if any ent
Complete lin

٩		×	X	X	X	×	х	Х	Х		Х	х	×	Х			×	Х	×	×								
Yes										×					X	X												
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	ירו-ון Parts II-IV?																				mation on who must complete this line, including covered relationships and transaction thresholds.	(d) Method of determining amount involved						
	transactions with one or more related organizations listed in Parts II-IV?																				s line, including covered r	(c) Amount involved						
	s with one or more rel												nization(s)	nization(s)	on(s)						ho must complete thi	(b) Transaction type (a-s)						
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	1 During the tax year, did the organization engage in any of the following transactions	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	b Gift, grant, or capital contribution to related organization(s)	(s)		e Loans or loan guarantees by related organization(s)	f Dividends from related organization(s)	g Sale of assets to related organization(s)	Purchase of assets from related organization(s)		j Lease of facilities, equipment, or other assets to related organization(s)	k Lease of facilities, equipment, or other assets from related organization(s)	I Performance of services or membership or fundraising solicitations for related organization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	o Sharing of paid employees with related organization(s)	p Reimbursement paid to related organization(s) for expenses		r Other transfer of cash or property to related organization(s)	s Other transfer of cash or property from related organization(s)	s for infor	(a) Name of related organization	(1)	(2)	(3)	(4)	(5)	

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(6) 032163 10-28-20

Schedule R (Form 990) 2020

eithe Predominati itrome and a service a service and a ser	Schedule R (Form 990) 2020 LANCASTER OSTEOPATHIC HEALTH FOUNDATIO Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Ye Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships.
	(b) (c) Primary activity Legal domicile (state or foreign country)

Part VII Supplemental Information

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

Schedule R (Form 990) 2020