LYNN W. BRYANT, P.C. 1825 HARWOOD COURT HURST, TX 76054-3190

> OSAGE NATION FOUNDATION PO BOX 92777 SOUTHLAKE, TX 76092

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CLIENT'S COPY

LYNN W. BRYANT, P.C. 1825 HARWOOD COURT HURST, TX 76054-3190

DECEMBER 14, 2022

OSAGE NATION FOUNDATION PO BOX 92777 SOUTHLAKE, TX 76092

DEAR BILL:

ENCLOSED IS THE ORGANIZATION'S 2021 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO MY OFFICE. I WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. I SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

CORDIALLY,

LYNN BRYANT

Form 8879-TE	****	THIS IS NOT IRS e-file Sig for a Ta	A FILEABLE Inature Auth	COPY ***** orization	-	OMB No. 1545-0047
		1, or fiscal year beginning			, 20 <b>2 2</b>	2024
Department of the Treasury			the IRS. Keep for yo			2021
Internal Revenue Service		Go to www.irs.gov/F	orm8879TE for the la	test information.		
Name of filer	NATION FOU				EIN or SSN	6317
Name and title of officer or		BILL WEBB			11-375	10311
		EXECUTIVE D	IRECTOR			
Part I Type o	f Return and Re	turn Information				
Check the box for the re Form 5330 filers may en or <b>10a</b> below, and the au whichever is applicable, than one line in Part I.	ter dollars and cents nount on that line for	For all other forms, ent the return being filed w	er whole dollars only. I with this form was blank	f you check the box on , then leave line <b>1b, 2</b>	line 1a, 2a, 3a b, 3b, 4b, 5b, 6	a, 4a, 5a, 6a, 7a, 8a, 9a, 3b, 7b, 8b, 9b, or 10b,
1a Form 990 check	there ► 🗶	b Total revenue, if	any (Form 990, Part VI	II, column (A), line 12)	1	b <u>316,386.</u>
2a Form 990-EZ c	neck here 🕨 📃					2b
3a Form 1120-POL	' =					ßb
4a Form 990-PF cl				m 990-PF, Part V, line 5		lb
5a Form 8868 che						ib
6a Form 990-T che 7a Form 4720 chee						λb νb
8a Form 5227 che			end of tax year (Form			Bb
9a Form 5330 che		b Tax due (Form 53	•			)b
10a Form 8038-CP	check here	b Amount of credit	payment requested	(Form 8038-CP, Part III	, line 22) <b>1</b>	0b
Part II Declar	ation and Signa	ture Authorization	of Officer or Pers	son Subject to Ta	x	
acknowledgement of rec of any refund. If applicat entry to the financial insi financial institution to de later than 2 business da payment of taxes to rece personal identification m PIN: check one box on	ble, I authorize the U. itution account indic bit the entry to this a /s prior to the payme ive confidential infor umber (PIN) as my sig	S. Treasury and its desi ated in the tax preparat iccount. To revoke a pa int (settlement) date. I a mation necessary to an gnature for the electron	gnated Financial Agent ion software for payme yment, I must contact lso authorize the financ swer inquiries and resc	t to initiate an electron int of the federal taxes the U.S. Treasury Finar cial institutions involved live issues related to th ble, the consent to elec	c funds withdra owed on this re icial Agent at 1- I in the process e payment. I ha	wal (direct debit) sturn, and the 888-353-4537 no ing of the electronic ave selected a ithdrawal.
		ERO firm	n name		lo enter my Fin	Enter five numbers, but
with a state ag on the return's As an officer of return. If I hav IRS Fed/State	ency(ies) regulating disclosure consent r person subject to t e indicated within this program, I will enter ject to tax	ax with respect to the e s return that a copy of t my PIN on the return's THIS IS NOT	RS Fed/State program ntity, I will enter my PII he return is being filed disclosure consent scr	, I also authorize the af N as my signature on th with a state agency(ies een.	orementioned E	RO to enter my PIN 1 electronically filed arities as part of the
Part III Certific	ation and Author	entication				
ERO's EFIN/PIN. Enter number (EFIN) followed		•	C	7590631234 Do not enter all zeros		
I certify that the above n submitting this return in Business Returns.						
ERO's signature 🕨 LY	NN W. BRYAI	NT, P.C.		Date ▶ <u>12</u>	/14/22	
	Do Not S	ERO Must Retain ubmit This Form t	o the IRS Unless			Form <b>8879-TE</b> (2021)
LHA For Privacy act a	ia rapei work Redu	CUON ACLINOUCE, SEE I	1130 UCUOIIS.			
102521 01-11-22						

Form	990
Form	<b>990</b>

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

ecurity numbers on this form as it may be made public.

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

	Do not enter social security numbers on this form as it may be made publication
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.

<u>A</u> F	or the 2	2021 calendar year, or tax year beginning $\  \  { m OCT} \ 1 \ , \ 2021 \ $ and	ending S	<u>EP 30, 2022</u>			
B c	heck if pplicable:	C Name of organization D Employer identification number					
	Address change	OSAGE NATION FOUNDATION					
	Name change	Doing business as		11-37563	17		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final return/	PO BOX 92777		(817) 42	1-5620		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	340,900.		
	Amendeo	SOUTHLAKE, IX 70092		H(a) Is this a group return			
	Applica- tion pending	F Name and address of principal officer: MONTE BOULANGER		for subordinates	? Yes X No		
		P.O. BOX 322, BENTONVILLE, AR 72712		H(b) Are all subordinates in	cluded? Yes No		
		npt status: $X = 501(c)(3) = 501(c) ( ) \checkmark (insert no.) = 4947(a)(1) c$	or 527	If "No," attach a	list. See instructions		
		WWW.OSAGEFOUNDATION.ORG		H(c) Group exemptio			
		rganization: X Corporation  Trust Association Other ►	<b>L</b> Year	of formation: 2005	State of legal domicile: OK		
Pá		Summary	AT G G T G				
ĕ		riefly describe the organization's mission or most significant activities: THE $\mathbf{N}$					
Activities & Governance	. –	OUNDATION IS TO PROMOTE AND ENHANCE THE					
ern'		heck this box			ets. 4		
205					4		
<u>م</u>		umber of independent voting members of the governing body (Part VI, line 1b)	·····	<u> </u>			
ties		otal number of individuals employed in calendar year 2021 (Part V, line 2a) otal number of volunteers (estimate if necessary)			0		
ži		otal unrelated business revenue from Part VIII, column (C), line 12			90,700.		
Ă		et unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
	<b>8</b> C	ontributions and grants (Part VIII, line 1h)		159,191.	211,256.		
Revenue		rogram service revenue (Part VIII, line 2g)		0.	0.		
eve	<b>10</b> In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,966.	2,248.		
Ĕ	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		98,808.	102,882.		
	<b>12</b> To	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		259,965.	316,386.		
	<b>13</b> G	rants and similar amounts paid (Part IX, column (A), lines 1-3)		144,932.	134,704.		
	14 B	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ŝ		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ $		5,250.	7,500.		
Expenses	<b>16</b> a Pi	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
xpe		otal fundraising expenses (Part IX, column (D), line 25) 🕨8 , 16					
Ш	<b>17</b> 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		129,306.	147,763.		
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		279,488.	289,967.		
		evenue less expenses. Subtract line 18 from line 12		-19,523.	26,419.		
s or				ginning of Current Year	End of Year		
Assets Balanc	<b>20</b> To	otal assets (Part X, line 16)	······	<u>12,399,251.</u>	12,422,566.		
let As	1	otal liabilities (Part X, line 26)		57,968.	54,864.		
		et assets or fund balances. Subtract line 21 from line 20		12,341,283.	12,367,702.		
T C		Signature Diver					

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 is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date		
Here	BILL WEBB, EXECUTIVE D	IRECTOR			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date Check PTIN		
Paid	LYNN BRYANT	LYNN BRYANT 1	2/14/22 self-employed P00451458		
Preparer	Firm's name <b>LYNN W. BRYANT</b> ,	P.C.	Firm's EIN <b>75-2514022</b>		
Use Only	Firm's address 1825 HARWOOD COU	RT			
	HURST, TX 76054-	3190	Phone no. 817/427-7650		
May the IRS discuss this return with the preparer shown above? See instructions					
132001 12-0	9-21 LHA For Paperwork Reduction Act Notion	ce, see the separate instructions.	Form <b>990</b> (2021)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) OSAGE NATION FOUNDATION	11-3756317	Page <b>2</b>
Par			<u>g</u> -
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: THE MISSION OF THE OSAGE NATION FOUNDATION IS TO PROMOTE		
	THE GENERAL WELFARE OF THE PEOPLE OF THE OSAGE NATION BY	SUPPORTING	
	CULTURAL, EDUCATIONAL, HEALTH, HISTORICAL, COMMUNITY AND	OTHER	
	APPROPRIATE ACTIVITIES AND PROGRAMS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	XNo
U	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	here used by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		d
		s, the total expenses, an	u
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$4,420. including grants of \$) (Revenue DRUM EXHIBIT WHICH TOURS THE COUNTRY AND PRESENTS THE HIS		)
		STORY OF THE	
	DRUM IN OSAGE CULTURE AND HISTORY.		
4b	(Code:) (Expenses \$19,757. including grants of \$) (Revenu	e \$	)
	SUMMER CAMP FOR YOUTHS		
4c	(Code:) (Expenses \$ 130,285. including grants of \$ 130,285. ) (Revenu		)
		ACHIEVE THE	STK
	MISSION.		
4d	Other program services (Describe on Schedule O.)		
ти	4 400 57	١	
40	(Expenses \$ including grants of \$ 4,420 ⋅ ) (Revenue \$ Total program service expenses ► 154,462 ⋅	)	
40		<b>-</b>	<b>90</b> (2021)
		Form <b>J</b>	ee (2021)
132002	12-09-21 <b>2</b>		

Form	aan	(2021)
FUIII	330	12021

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
_	Schedule D, Part III	8		<u>x</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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,	44-	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	<u>_</u>	<u> </u>
b		11b		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			<u> </u>
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	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			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	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		<b> </b>
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	Ĺ
132003	12-09-21	Form	990	(2021)

132003 12-09-21

3 2021.05010 OSAGE NATION FOUNDATION

Form	aan	(2021)
FUIII	990	120211

	·			
			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			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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
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%			
		26		x
27		20		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? 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		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 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			
00	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
		- 31		- 23
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>		
0.		37		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	- 57		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	<u> </u>
I ai	Charle it Ocharle in Constainer and the service in this Dat M			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
132004	12-09-21	Form	990	(2021)
	4			

### 11571214 351291 11-3756317

<sup>2021.05010</sup> OSAGE NATION FOUNDATION 11-37561

Form	990 (2021) OSAGE NATION FOUNDATION 11-3756	317	Р	age <b>5</b>
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 e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country			
, N	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
Fa		Ee		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
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		X
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			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	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		
		9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 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		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16		16		x
16				
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	4-		1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	-	000	(0.2.5.)
132005	<sup>12-09-21</sup> 5	Form	990	(2021)

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<sup>2021.05010</sup> OSAGE NATION FOUNDATION 11-37561

Form 990	(2021)
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 OSAGE NATION FOUNDATION
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 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. X

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

		1	. —	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a		4		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b		4		
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		Σ
3	Did the organization delegate control over management duties customarily performed by or under the direct	t supervision			
	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 990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		<u>x</u>
6	Did the organization have members or stockholders?		6		<u>x</u>
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		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockho	olders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by th	e following:			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a	at the			
	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 Revenue	Code.)			
				Yes	
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?	11a		X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to con	flicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," a				
	on Schedule O how this was done		12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?		13		<u>x</u>
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 in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement w taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its p	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	ı's			
	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ OK				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990	)-T (section 501(c)(3	s) only)	availa	ble
	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 Solar)	chedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of		nd finan	cial	
	statements available to the public during the tax year.	. ,, ,,			
20	State the name, address, and telephone number of the person who possesses the organization's books an BILL WEBB $-214-205-7495$	d records			
	1121 S. CARROLL BLVD., SUITE 125, SOUTHLAKE, TX 76092	2			
		-		n <b>990</b>	

Form 990 (	2021) OSAGE NATION FOUNDATION	11-3756317	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
-	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Compl	ete this table for all persons required to be listed. Report compensation for the calendar year ending with o	or within the organization?	s tax year.

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do		Pos	ition	) than d		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	ndad I	irecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		voldr	t con	_	1099-NEC)		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ALEXANDER SKIBINE	1.00		-							
VICE-CHAIRMAN		х		x				3,000.	Ο.	0.
(2) MONTE BOULANGER	1.00									
CHAIRMAN		х		x				1,500.	0.	0.
(3) JULIA O'KEEFE	1.00									
BOARD MEMBER		Х						1,500.	Ο.	0.
(4) CHAD RENFRO	1.00									
BOARD MEMBER		Х						1,500.	0.	0.
(5) NANCY PILLSBURY SHIRLEY	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) BILL WEBB	20.00									
EXECUTIVE DIRECTOR		Х						0.	0.	0.
		•								
		1								
		1								
132007 12-09-21										Form <b>990</b> (2021)

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Form 990 (2021)

	990 (2021) OSAGE NAT									11-37	563	17	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust		oloye	ees,			ghes	t C		, ,				
	(A) Name and title	(B) Average hours per week (list apy	Average Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from	(E) Reportable compensatior from related		an	(F) timate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS( 1099-NEC)		fr org and	pensa om the anizat d relate nizatio	e ion ed
											-+			
											+			
	Subtotal								7,500.		0.			0.
с	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.		0.			0.
2	Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100,	000 of reportable				0
3	Did the organization list any <b>former</b> officer,	-		•	•	-		Ŭ	• • •		Γ		Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensat	tion	and	oth	ner compensation from the	he organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	ccrue compen	satio	on fr	om a	any	unre	elate	ed organization or individ	dual for services		4 5		x x
Sec	tion B. Independent Contractors		; ] /(	JISL	ICH Ļ	Jers	011 .				···· 1	5		
1	Complete this table for your five highest con the organization. Report compensation for t	•	•							•	ensatio	on fro	m	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Co	(C mper	<b>;)</b> nsatio	n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	d to t	thos C		ted	above) who received mo	ore than				
	,,,,	···· F												2004)

132008 12-09-21

		(2021) OSAGE NATION FOUNDATIO	ON		11-3756	317 Page 9
Pa	rt VI	II Statement of Revenue				
		Check if Schedule O contains a response or note to any lin		(B)	(2)	
			(A) Total revenue	Related or exempt	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
Š, G	c	Fundraising events 1c				
ar A	c	Related organizations 1d				
imil	e	Government grants (contributions)				
tion sr S	f	All other contributions, gifts, grants, and				
ibu		similar amounts not included above If 211,256.				
onti of C	g	Noncash contributions included in lines 1a-1f	011 050			
<u>ų p</u>	h	Total. Add lines 1a-1f	211,256.			
		Business Code				
Program Service Revenue	2 a					
Serv	b					
m S						
ogra Re	e					
Pro	f	All other program service revenue				
		Total. Add lines 2a-2f				
	з	Investment income (including dividends, interest, and				
		other similar amounts)	2,248.	2,248.		
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	_	(i) Real (ii) Personal				
	6 a	Gross rents         6a         94,800.           Less: rental expenses         6b         4,100.				
		■ Rental income or (loss) 6c 90,700.	90,700.		90,700.	
		Gross amount from sales of (i) Securities (ii) Other	50,100.		50,700.	
	10	assets other than inventory <b>7a</b>				
	b	Less: cost or other basis				
en		and sales expenses 7b				
evenue	c	Gain or (loss)				
	c	Net gain or (loss)				
Other R	8 a	Gross income from fundraising events (not				
đ		including \$ of				
		contributions reported on line 1c). See				
		Part IV, line 18				
		Less: direct expenses       8b         • Net income or (loss) from fundraising events       •				
		Gross income from gaming activities. See				
	56	Part IV, line 19 9a				
	b	Less: direct expenses 9b				
		Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns				
		and allowances 10a 32,596.				
	b	Less: cost of goods sold				
	c	Net income or (loss) from sales of inventory	12,182.	12,182.		
S		Business Code				
eou	11 a					
llan (ent	b					
Miscellaneous Revenue	C					
Ϊ		All other revenue         Total. Add lines 11a-11d				
	12	Total revenue. See instructions	316,386.	14,430.	90,700.	0.
13200	9 12-09	-				Form <b>990</b> (2021

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OSAGE NATION FOUNDATION Part IX Statement of Functional Expenses

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

	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	rants and other assistance to domestic organizations		0.0000	general experious	
	d domestic governments. See Part IV, line 21	61,495.	61,495.		
	rants and other assistance to domestic				
	dividuals. See Part IV, line 22	73,209.	73,209.		
	rants and other assistance to foreign	,	,		
	ganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,				
	ustees, and key employees	7,500.		7,500.	
	ompensation not included above to disqualified	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ersons (as defined under section $4958(f)(1)$ ) and				
	ersons described in section 4958(c)(3)(B)				
	ther salaries and wages				
	ension plan accruals and contributions (include				
	ction 401(k) and 403(b) employer contributions)				
	ther employee benefits				
	ayroll taxes				
<b>11</b> Fe	ees for services (nonemployees):				
a M	anagement	87,000.		87,000.	
<b>b</b> Le	egal				
c Ad	ccounting	6,818.		6,818.	
<b>d</b> Lo	bbying				
	ofessional fundraising services. See Part IV, line 17				
f In	vestment management fees				
	ther. (If line 11g amount exceeds 10% of line 25,				
-	olumn (A), amount, list line 11g expenses on Sch 0.)				
	dvertising and promotion	8,163.			8,163
	ffice expenses	3,999.		3,999.	•
	formation technology	11,409.		11,409.	
	oyalties	,			
	ccupancy	5,876.		5,876.	
		1,090.		1,090.	
		1,050.		1,050.	
	ayments of travel or entertainment expenses				
	r any federal, state, or local public officials				
	onferences, conventions, and meetings				
	ayments to affiliates				
	epreciation, depletion, and amortization				
	ther expenses. Itemize expenses not covered over. (List miscellaneous expenses on line 24e. If				
	the 24e amount exceeds 10% of line 25, column (A),				
an	nount, list line 24e expenses on Schedule O.)				
	UMMER CAMP	19,758.	19,758.		
ь <u>I</u>	NSURANCE	3,650.		3,650.	
c _					
d					
e Al	I other expenses				
25 To	otal functional expenses. Add lines 1 through 24e	289,967.	154,462.	127,342.	8,163
	int costs. Complete this line only if the organization				
	ported in column (B) joint costs from a combined				
	lucational campaign and fundraising solicitation.				
00	neck here ▶ if following SOP 98-2 (ASC 958-720)				

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Form 990 (2021)

11571214 351291 11-3756317

OGACE	ΝΔΨΤΟΝ	FOUNDATION
OSAGE	NATION	FOUNDAILON

		Check if Schedule O contains a response or note	e to anv lir	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			548,006.	1	587,652.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		13,200.	4		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial cont	tributor, or 35%			
		controlled entity or family member of any of these	se persons			5	
	6	Loans and other receivables from other disqualif	fied persor	ns (as defined			
		under section 4958(f)(1)), and persons described	l in sectior	n 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			34,995.	8	31,864.
Ä	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		11,700,000.			
	b	Less: accumulated depreciation			11,700,000.	10c	11,700,000.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1			103,050.	13	103,050.
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			10.000.054	15	
	16	Total assets. Add lines 1 through 15 (must equa			12,399,251.	16	12,422,566.
	17	Accounts payable and accrued expenses		17			
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			2 2 2 1	20	2 2 2 1
	21	Escrow or custodial account liability. Complete F			3,321.	21	3,321.
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
Liat		controlled entity or family member of any of thes		F		22	
-	23	Secured mortgages and notes payable to unrelat		·····		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines of Schedule D			54,647.	25	51,543.
	26				57,968.	25 26	54,864.
	20	Organizations that follow FASB ASC 958, chee	ck bere		57,500.	20	54,0040
es		and complete lines 27, 28, 32, and 33.					
лč	27					27	
3ala	28	Net assets with donor restrictions		28			
β		Organizations that do not follow FASB ASC 95					
Fur		and complete lines 29 through 33.	ee, eneek				
p	29	Capital stock or trust principal, or current funds			0.	29	0.
iets	30	Paid-in or capital surplus, or land, building, or eq			0.	30	0.
Ass	31	Retained earnings, endowment, accumulated inc			12,341,283.	31	12,367,702.
Net Assets or Fund Balances	32	Total net assets or fund balances			12,341,283.	32	12,367,702.
	33	Total liabilities and net assets/fund balances			12,399,251.	33	12,422,566.
							Form <b>990</b> (2021)

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Form 990 (2021)
Part X Balance Sheet

	990 (2021) OSAGE NATION FOUNDATION	<u>11-3</u>	5756317	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	316	-	
2	Total expenses (must equal Part IX, column (A), line 25)	2	289		
3	Revenue less expenses. Subtract line 2 from line 1	3		,41	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,341	, 28	<u>33.</u>
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	12,367	,70	)2.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Corual Conter				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	_	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	_	
	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 Sin	gle Audit			
	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 requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name	of the	organization
------	--------	--------------

Nam	ne of t	the organization							identification number
			E NATION FO						1-3756317
Pa	rtI	Reason for Public (	Charity Status.	(All organizations must c	complete th	nis part.) S	ee instructions	3.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	l in <b>sectio</b>	on 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	overnmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	$\square$	A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	$\square$	An organization that norma	•					e general r	oublic described in
-		section 170(b)(1)(A)(vi). (C	•		5			- 5	
8		A community trust describe		(1)(A)(vi), (Complete Par	+ II )				
9	$\square$	An agricultural research org				ed in coniu	inction with a	and-grant	college
Ũ		or university or a non-land-g	-			-		-	-
		university:	grant conege of agrici			name, eny	, and state of t	ine conege	
10	X	An organization that norma	lly receives (1) more t	than 33 1/304 of its supr	ort from o	ontributior	s momborshi	n foos and	d groce receipte from
10		activities related to its exem							
		income and unrelated busir							
		See section 509(a)(2). (Con				ses acqui	red by the org	anization a	
11		An organization organized a		volv to tost for public sa	foty Soo	coction 5(	O(a)(4)		
12	$\square$	An organization organized a	-	•	•			n out the	purposes of one or
12		more publicly supported or	-	•				-	
		lines 12a through 12d that							
~		¬ -				-		-	aivina
а		<b>Type I.</b> A supporting orga		-	• • • •	-			
		the supported organization			i majonty d	or the direc	cors or trustee	s or the st	porting
		organization. You must o	-					(a) h h a.	
b		<b>Type II.</b> A supporting org	-				-		-
		control or management o			ame perso	ns that co	ntroi or manag	e the supp	Dorted
_		organization(s). You mus	-						
С		J Type III functionally inte						y integrate	a with,
		its supported organization	.,.,,	•					
d		J Type III non-functionally						-	
		that is not functionally int	с с	0 ,				an attentiv	/eness
		requirement (see instructi	,	•					
е		Check this box if the orga					Type I, Type I	, Type III	
		functionally integrated, or							[
т		er the number of supported o	•						
<u> </u>		vide the following information i) Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
	,	organization	(,	(described on lines 1-10	in your governi	ing document? No	support (see in	-	support (see instructions)
				above (see instructions))	Yes				
Tota	ıl								1

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Part II	Support Sc

### OSAGE NATION FOUNDATION

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	•	•	•	•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	
13	First 5 years. If the Form 990 is for the	ne organization's fi				501(c)(3)	
	organization, check this box and <b>sto</b>	p here			•		
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
14	Public support percentage for 2021 (I	line 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2020	) Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			
b	33 1/3% support test - 2020. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	t - 2021. If the org	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances test	t - 2020. If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circur	mstances test, che	ck this box and <b>s</b>	<b>top here.</b> Explain i	in Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instruction	s ►
						Schedule A	(Form 990) 2021

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### OSAGE NATION FOUNDATION

### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	267,789.	243,552.	365,439.	159,191.	211,256.	1247227.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	50,316.	61,950.	26,591.	35,121.	32,596.	206,574.
~	organization's tax-exempt purpose	50,510.	01,950.	20,391.	55,121.	52,590.	200,574.
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						
F							
5	The value of services or facilities furnished by a governmental unit to						
~	the organization without charge	318,105.	305,502.	392,030.	194,312.	243,852.	1453801.
	Total. Add lines 1 through 5	510,105.	305,502.	392,030.	194,312.	243,052.	1455601.
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the emount on line 12 for the upon						0.
~	amount on line 13 for the year						0.
	Public support. (Subtract line 7c from line 6.)						1453801.
	ction B. Total Support						11000010
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	318,105.	305,502.	392,030.	194,312.	243,852.	1453801.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	318,105.	305,502.	392,030.	194,312.	243,852.	1453801.
	First 5 years. If the Form 990 is for th				-		
							<b>&gt;</b>
Sec	ction C. Computation of Publi						
15	Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	100.00 %
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	100.00 %
Sec	ction D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	.00 %
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2021. If the					3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box ar						►X
b	33 1/3% support tests - 2020. If the						nd
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies a	is a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	
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			15				

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OSAGE NATION FOUNDATION

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3a

Yes No

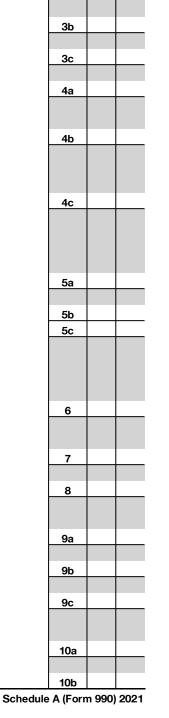
### Part IV Supporting Organizations

(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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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### Schedule A (Form 990) 2021 OSAGE NATION FOUNDATION

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
b	A family member of a person described on line 11a above?	1b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		1c		
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 the describe in <b>Part VI</b> have the supported organization (a)			

	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.

Sec	ction C. Type II Supporting Organizations							
			Yes	No				
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							

Se	section D. All Type 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 on line 2, above, did the organization's supported organizations have a						
	significant voice in the organization's investment policies and in directing the use of the organization's						
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's						
	supported organizations played in this regard	3					

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to sat	isfy the Integral Part Test duri	ng the vear (see instruction	s).
	Check the box next to the method that the organization used to sai	isiy the integral Part Test duri	ng ine year (see manuci	

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

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

2 Activities Test. Answer lines 2a and 2b below.

the supported organization(s)

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

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

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

2a \_\_\_\_\_\_ 2b \_\_\_\_\_ 3a \_\_\_\_\_ 3b \_\_\_\_\_

Yes No

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1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( <i>explain in</i> <b>Part VI</b> ). See instructions. All other Type III non-functionally integrated supporting organizations must complete 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	<b>Discount</b> 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-function	ally integrated	d Type III supporting orga	nization (see	

 Schedule A (Form 990) 2021
 OSAGE NATION FOUNDATION

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

instructions).

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d Excess from 2020 e Excess from 2021

Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019

(i)

OSAGE NATION FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

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1

2

3

4

5

6

7

8 9

10

(ii)

**Current Year** 

(iii)

Schedule A (Form 990) 2021

Schedule A	(Form	990)	2021	

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2021 from Section C, line 6

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Line 8 amount divided by line 9 amount

Section D - Distributions

2

3

4

6

7

8

9

10

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Schedule A	(Form 990) 2021 OSA	GE NATION FO	UNDATION		11-3756317 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, line 1; Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8; and 8	3c, 4b, 4c, 5a, 6, 9a, 9b, and 3; Part IV, Section E	9c, 11a, 11b, and 1 , lines 1c, 2a, 2b, 3a,	1c; Part IV, Section B, lines 1 , and 3b; Part V, line 1; Part \	<sup>.</sup> 17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,
	(See instructions.)	Part V, Section E, lines 2	, 5, and 6. Also com	blete this part for any additio	nai information.
132028 01-04-2	2				Schedule A (Form 990) 202
,02020 01-04-2	-		20		

## Schedule B

### (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Organization type (check one):

### Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

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OSAGE	NATION	FOUNDATION	
			-

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

### Schedule B (Form 990) (2021)

OSAGE NATION FOUNDATION

Name of organization

Employer identification number

11-3756317

#### Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 ED & H PILLSBURY FOUNDATION X Person Payroll 10411 CLAYTON ROAD, SUITE 100 152,000. Noncash \$ (Complete Part II for FRONTENAC, MO 63131-2911 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 DAVID GRANN X Person Payroll 14 LAKE ROAD 10,000. Noncash (Complete Part II for RYE, NY 10580 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 WALTON FAMILY GRANTS X Person Payroll 8,500. P.O. BOX 2030 Noncash \$ (Complete Part II for BENTONVILLE, AR 72712 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 OSAGE NATION CONGRESS X Person Payroll Noncash 621 GRANDVIEW AVENUE 19,319. \$ (Complete Part II for PAWHUSKA, OK 74056 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

Name of organization

Page 3

Employer identification number

11-3756317

OSAGE NATION FOUNDATION

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

No. rom art 1     (b) Description of noncash property given     (c) FWV (or estimate) (See instructions.)     (d) Date received       (a) No. rom Description of noncash property given     s	art II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part	I if additional space is needed.	-
(a)       (b)       (c)       (d)         Part I       Description of noncash property given       (c)       (d)         (a)       (b)       (c)       (c)         (a)       Description of noncash property given       (c)       (c)         (b)       Description of noncash property given       (c)       (c)         (a)       (b)       (c)       (c)       (d)         No.       (b)       (c)       (c)       (d)         No.       (b)       (c)       (c)       (d)         Image: Security of noncash property given       (c)       (d)       Date received         (a)       (b)       (c)       (c)       (d)       Date received         (a)       (b)       (c)       (c)       (c)       Date received         (a)       (b)       (c)       (c)       Date received       (c)         (a)       (b)       (c)       (c)       Date received       (c) <t< th=""><th>(a) No. from Part I</th><th></th><th>FMV (or estimate)</th><th></th></t<>	(a) No. from Part I		FMV (or estimate)	
(a)       (b)       (c)       (d)         om       Description of noncash property given       (f)       (f)         (a)       (c)       (c)       (f)         (a)       (b)       (c)       (f)       (f)         (a)       (b)       (f)       (f)       (f)         (a)       (b)       (f)       (f)       (f)         (a)       (b)       (f)       (f)       (f)       (f)         (a)       (b)       (c)       (f)       (f)       (f)         (a)       (b)       (b)       (c)       (f)       (f)       (f)         (a)       (b)       (b)       (c)       (f)       (f)       (f)       (f) <td></td> <td></td> <td>    \$</td> <td></td>			 \$	
(a)     (b)     (c)       rrom art 1     Description of noncash property given     (c)       (a)     Description of noncash property given     (c)       (a)     (b)     (c)       (a)     (b)     (c)       No.     (b)     (c)       (a)     (b)     (c)       No.     (b)     (c)       Description of noncash property given     (c)       (a)     (b)     (c)       No.     (b)     (c)       (a)     (b)     (c)       (a)     (b)     (c)       (a)     (b)     (c)       (a)     (b)     (c)       (b)     (c)     (d)       Description of noncash property given     (c)       (a)     (b)     (c)       No.     (b)     (b)     (c)       No. <td>No. rom</td> <td></td> <td>(c) FMV (or estimate)</td> <td></td>	No. rom		(c) FMV (or estimate)	
io. om m     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) io. om m     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) io. om m     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) io. om m     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) io. om m     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) io. om m     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received			\$	
(a)     (b)     (c)     (d)       Description of noncash property given     (see instructions.)     (d)	No. rom		FMV (or estimate)	
No. rom art I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. rom art I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. rom Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. rom     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received			\$	
(a)     (b)     (c)     (d)       rom     Description of noncash property given     (See instructions.)     (d)	No. rom		FMV (or estimate)	
No. om art I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received			\$	
(a) No. (b) rom Description of noncash property given (See instructions) (d) Description of noncash property given (See instructions) (c)	No. rom		FMV (or estimate)	
No. (b) (c) (d) (d) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c			\$	
	No. om		FMV (or estimate)	
\$				

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Schedule B (Form 990) (2021)

### 11571214 351291 11-3756317

2021.05010 OSAGE NATION FOUNDATION 11-37561

Name of or	rganization			Employer identification number	
DSAGE	NATION FOUNDATION			11-3756317	
Part III		<ul> <li>a) through (e) and the following l charitable, etc., contributions of \$1,0</li> </ul>	ine entry. For or	(c)(7), (8), or (10) that total more than \$1,000 for the year	
(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	and <b>ZIP + 4</b>	Re	lationship of transferor to transferee	
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transforação pomo addreso	(e) Transfer			
-	Transferee's name, address, a			lationship 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			
-	Transferee's name, address, a	and ZIP + 4	Re	lationship 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	and ZIP + 4	Re	lationship of transferor to transferee	
23454 11-11-	-21			Schedule B (Form 990) (202	

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11571214 351291 11-3756317

2021.05010 OSAGE NATION FOUNDATION 11-37561

SCHEDULE D (Form 990)	Supplemental Financial Statements  Complete if the organization answered "Yes" on Form 990,
(10111330)	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information</li> </ul>
Name of the organization	

#### OMB No. 1545-0047 1 L

	Attach to Form 990.
Go to www.irs.g	jov/Form990 for instructions and the latest information.

Inspection Employer identification number 11 - 3756317

Open to Public

	OSAGE NATION FOUND	ATION		11-3756317
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or A	ccour	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds	(b) Fur	nds 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 fur	nds	
•	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
Ŭ	for charitable purposes and not for the benefit of the donor of		•	
			•	
Pa				
			<i>r</i> , in e <i>r</i> .	•
1	Purpose(s) of conservation easements held by the organization		torioally	important land area
	Preservation of land for public use (for example, recreation		-	
	Protection of natural habitat	Preservation of a cer	tified his	storic structure
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ried conservation contribution in the form of a c	onserva	Held at the End of the Tax Year
	day of the tax year.			Held at the End of the Tax Feat
a	Total number of conservation easements		2a	
b			2b	
С	Number of conservation easements on a certified historic stru		<u>2c</u>	
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the organ	nization	during the tax
	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 conservati	on ease	ements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	asemen	ts during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(E	3)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statements th	nat desc	cribes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Simila	r 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 ba	lance sl	heet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in furthera	ance of	public
	service, provide in Part XIII the text of the footnote to its finar	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 balance	e sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherand	ce of pu	blic 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			·
-	the following amounts required to be reported under FASB A		12. 0 1100	-
а	Revenue included on Form 990, Part VIII, line 1	-		\$
	Assets included in Form 990, Part X			\$
	For Paperwork Reduction Act Notice, see the Instructions			• Schedule D (Form 990) 2021
10200				

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2021.05010	OSAGE	NATION	FOUNDATION	11-37561

Sche		ATION FOUND						1-37			Page <b>2</b>
Pa	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Other S	Similar /	Assets	(contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	t make sign	ificant us	e of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how th	ey further th	ne organizatio	on's exemp	t purpose	in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	er similar as	sets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	nization's co	llection?				Yes		No
Pa	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	on answered	"Yes" on Fo	orm 990, I	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
<b>1</b> a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	contribution	s or other as	sets not inc	luded				
	on Form 990, Part X?							X	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	able:							
									Amoun		
с	Beginning balance						1c			<u>3,3</u>	21.
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f			<u>3,3</u>	21.
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liability	?	X	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pa	t V Endowment Funds. Complete i		swered	"Yes" on Fo	orm 990, Part						
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back (d	) Three yea	ars back	(e) Fou	r years	; back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment 🕨	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse		tion that	t are held ar	nd administer	red for the o	organizati	ion			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										-
Pa	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	', line 11a. S	See Form 990	, Part X, lin	e 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	<b>(c)</b> Acc	umulated	1	(d) Boo	k valu	le
		basis (investr	nent)	basis	(other)	depre	eciation				
1a	Land	11,700,	000.					1	1,70	0,0	00.
b	Buildings										
с	Leasehold improvements										
	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must e		X. colum	nn (B), line 1	0c.)			▶ 1	1,70	0,0	00.
		-					S	chedule	D (Forn	n 990	) 2021

132052 10-28-21

Schedule D			Other Secu		FOUNDATION
Fartvii	IIIvesui	ients -	Other Secu	111105.	

	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financi	ial derivatives			
(2) Closely	/ held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (	(b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
	I Investments - Program Related.			
	Complete if the organization answered "Yes" of	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 e	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (	(b) must equal Form 990. Part X. col. (B) line 13.) 🍉 🛽			
Total. (Col. ( Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.			
		on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX (1)	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2)	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3)	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" o (a)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" of	Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	Other Assets. Complete if the organization answered "Yes" o (a) [	Description		
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colt Part X	Other Assets. Complete if the organization answered "Yes" of (a) [ (a) [ (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description		
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colt Part X Part X	Other Assets.         Complete if the organization answered "Yes" of (a)         (a)         (a)         (b)         (c)	Description		5.
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colt Part X Part X 1. (1) Fee	Other Assets.         Complete if the organization answered "Yes" of (a) if (b) if (a) if (a	Description		5. (b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X Part X 1. (1) Fer (2) FF	Other Assets. Complete if the organization answered "Yes" of (a) (a) (a) (a) (a) (a) (a) (a) (a) (a)	Description		5. (b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X (1) Fea (2) FF (3)	Other Assets. Complete if the organization answered "Yes" of (a) (a) (a) (a) (a) (a) (a) (a) (a) (a)	Description		5. (b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X 1. (1) Fee (2) FI (3) (4)	Other Assets. Complete if the organization answered "Yes" of (a) (a) (a) (a) (a) (a) (a) (a) (a) (a)	Description		5. (b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colt Part X (1) Fec (2) FF (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" of (a) (a) (a) (a) (a) (a) (a) (a) (a) (a)	Description		5. (b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colt Part X (1) Fec (2) FF (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" of (a) (a) (a) (a) (a) (a) (a) (a) (a) (a)	Description		5. (b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X (1) Feat X (2) FI (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" of (a) (a) (a) (a) (a) (a) (a) (a) (a) (a)	Description		5. (b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colt Part X (1) Fec (2) FF (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" of (a) (a) (a) (a) (a) (a) (a) (a) (a) (a)	Description		5.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 OSAGE NATION FOUNDATION		11-3756317 Page
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	tements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
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		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.	)	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir		
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	<u>2</u> a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	<b>2</b> d	
е	Add lines <b>2a</b> through <b>2d</b>		
3	Subtract line <b>2e</b> from line <b>1</b>		
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	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt XIII Supplemental Information.		

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

### PART IV, LINE 1B:

### FUNDS HELD FOR ANOTHER ORGANIZATION THAT DOES NOT YET HAVE THEIR

NON-PROFIT STATUS.

132054 10-28-21

Name of the organization       Employer identification numbers         Part Ceneral Information or Grants and Assistance       11 - 3756317         Part Ceneral Information or Grants and Assistance       11 - 3756317         Part Ceneral Information or Grants and Assistance       Image: Ceneral Information or Grants and Assistance         1 Obes the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection curves or criteria used to award the grants or assistance to Domestice Comparization and Domestice Comments. Comparization answered "Yes" on Form 990. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address of organization or (fr applicable)       (g) Amount of organization (b) EIN       (g) Perceived more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.       (g) Meethod of organization (b) EIN (c) Exection (c) (from cash assistance)       (g) Description of organization or assistance is the duplicable)       (g) Amount of organization (c) Part Bart Bart Bart Bart Bart Bart Bart B	SCHEDULE I (Form 990) Department of the Trea Internal Revenue Servic		Go	Frants and Oth vernments, an ete if the organization Go to www.ir	nd Individual	<b>s in the Ŭni</b> on Form 990, Pai m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 <b>2021</b> Open to Public Inspection
Part I       General Information on Grants and Assistance         1       Does the organization maintain necords to substantiate the amount of the grants or assistance, in the grants or assistance, and the selection interface used to award the grants or assistance?       Image: Complete if the grants or assistance, and the selection interface used to award the grants or assistance?       Image: Complete if the grants or assistance, and the selection interface used to award the grants and Other Assistance to Omessite Organization and Domessite Governments. Complete if the organization answered "Yes" on Form 900, Part IV, line 21, for any recipient that received more than \$5,000. Part I can be duplicated if additional space is needed.       Image: Complete if the organization answered "Yes" on Form 900, Part IV, line 21, for any recipient that received more than \$5,000. Part I can be duplicated if additional space is needed.       Image: Complete if the organization answered "Yes" on Form 900, Part IV, line 21, for any received more than \$5,000. Part I can be duplicated if additional space is needed.       Image: Complete if the organization answered "Yes" on Form 900, Part IV, line 21, for any received more than \$5,000. Part I can be duplicated if additional space is needed.       Image: Complete if the organization answered "Yes" on Form 900, Part IV, line 21, for any received more than \$5,000. Part I can be duplicated if addition and part of assistance in the organization answered "Yes" on Form 900, Part IV, line 21, for any received more than \$5,000. Part I can be duplicated if addition and part of the organization answered "Yes" on Form 900, Part IV, line 21, for any received more than \$5,000. Part I can be duplicated if addition and part of the organization answered "Yes" on Form 900, Part IV, line 21, for any received more thany and thany organizations andit than the part of the	Name of the orga	nization							•
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1 (a) Name and address of organization or government       (b) EIN       (c) IRC section (if applicable)       (d) Amount of cash grant       (e) Amount of assistance       (f) Method of valuation (book, FMV, appraisal, other)       (g) Description of noncash assistance       (h) Purpose of grant or assistance         THE AKANA GROUP INC GRANT FOR EQUIPMENT FOR TRIBAL USE - 118 S. MAIN ST - ANN ARBOR, MI 48104       17,066.       0.       To BUY EQUIPMENT FOR TRIBAL LAND         THE AKANA GROUP INC GRANT FOR EQUIPMENT FOR TRIBAL USE - 118 S.       17,066.       0.       To BUY EQUIPMENT FOR TRIBAL LAND         MAIN ST - ANN ARBOR, MI 48104       17,066.       0.       Image: Comparison of the comparison			-				anization answered "Y	res" on Form 990, Pari	TV, line 21, for any
EQUIPMENT FOR TRIBAL USE - 118 S.       17,066.       0.       TO BUY EQUIPMENT FOR TRIBAL LAND         MAIN ST - ANN ARBOR, MI 48104       17,066.       0.       TRIBAL LAND         Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table       Image: Constraint of the section 501(c)(3) and government organizations listed in the line 1 table       Image: Constraint of the section 501(c)(3) and government organizations listed line 1 table       Image: Constraint of th	<b>1 (a)</b> Name a	nd address of organization		(c) IRC section	(d) Amount of	(e) Amount of noncash	valuation (book, FMV, appraisal,		
3 Enter total number of other organizations listed in the line 1 table	EQUIPMENT FOR	TRIBAL USE - 118 S.			17,066.	0.			~
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									▶ 1. Schedule I (Form 990) 2021

Schedule I (Form 990) 2021

OSAGE	NATION	FOUNDATION

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HARITABLE GRANTS	33	73,209.	0.	CASH	

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

PART I, LINE 2:

THE APPLICATION FOR GRANTS IS AVAILABLE ON THE WEBSITE. THE WEBSITE

INCLUDES CRITERIA AND ELIGIBILITY INFORMATION FOR THE APPLICANTS. THE BOARD

REVIEWS COMPLETED APPLICATIONS AND ADVISES APPLICANT OF APPROVAL, IF GIVEN.

GRANT SPECIFICATIONS REQUIRE A FINAL REPORT BY FISCAL YEAR END AND THE

APPLICATIONS AND FINAL REPORTS ARE RETAINED BY THE FOUNDATION.

SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



OSAGE NATION FOUNDATION

Employer identification number 11 - 3756317

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

PEOPLE OF THE OSAGE NATION BY SUPPORTING CULTURAL, EDUCATIONAL, HEALTH,

HISTORICAL, COMMUNITY AND OTHER APPROPRIATE ACTIVITIES AND PROGRAMS.

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

THE GOVERNING BODY REVIEWS THE FORM PRIOR TO SUBMISSION.

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

BY PERIODIC INQUIRY AND REVIEW OF AND BY THE GOVERNING BODY.

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

THE OSAGE CONGRESS APPROVES COMPENSATION FOR ALL OSAGE BOARDMEMBERS. BOARD

MEMBERS DO NOT PARTICIPATE IN THIS VOTE.

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

UPON REQUEST