

Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

or calendar year 2023, or fiscal year beginning	, 2023, and ending	, 2
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Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer OHIO ASSOCIATION OF PHYSICIAN ASSISTANTS 91-1858693 MATTHEW FREADO Name and title of officer or person subject to tax PRESIDENT Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b ____ 238, 217. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) _______ **2b** 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here 6a **b Total tax** (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9a 10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize CLARK, SCHAEFER, HACKETT & CO. 43402 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 34378088522 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 07/12/24 CLARK, SCHAEFER, HACKETT & CO. Date ERO's signature **ERO Must Retain This Form - See Instructions**

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

OMB No. 1545-0047

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8822-B**(Rev. December 2019)
Department of the Treasury

Internal Revenue Service

Change of Address or Responsible Party - Business

▶ Please type or print.

▶ See instructions.▶ Do not attach this form to your return.▶ Go to www.irs.gov/Form8822B for the latest information.

OMB No. 1545-1163

Before you begin: If you are also changing your home add	lress, use Form 8822 to report that change.							
If you are a tax-exempt organization (see instructions), che	ck here X							
Check all boxes this change affects.								
1 X Employment, excise, income, and other business returns (Forms 720, 940, 941, 990, 1041, 1065, 1120, etc.)								
2 Employee plan returns (Forms 5500, 5500-EZ, etc.)								
3 Business location								
4a Business name		4b Employer identification number						
OHIO ASSOCIATION OF PHYSICIAN	ASSISTANTS	91-1858693						
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	n, state, and ZIP code). If a P.O. box, see instructions. If foreign address	s, also complete spaces below, see instructions. ${f N}$						
COLUMBUS	ОН 4	3220						
Foreign country name	Foreign province/county	Foreign postal code						
6 New mailing address (no., street, room or suite no., city or to PO BOX 932 BOWLING GREEN		ess, also complete spaces below, see instructions.						
Foreign country name	Foreign province/county	Foreign postal code						
7 New business location (no., street, room or suite no., city or to	own, state, and ZIP code). If a foreign address, also complete spaces	pelow, see instructions.						
Foreign country name	Foreign province/county	Foreign postal code						
8 New responsible party's name		1						
9 New responsible party's SSN, ITIN, or EIN. (CAUTI	ON: YOU MUST REFER TO THE INSTRUCTIONS FOR FOR	M SS-4 TO SEE WHO MAY USE AN EIN.)						
10 Signature. Under penalties of perjury, I declare that I have	e examined this application, and to the best of my knowled	ge and belief, it is true, correct, and complete.						
Daytime telephone number of person to contact (opt	ional) 🕨							
1								
Cignature of ourse, officer, or representative		Parks						
Signature of owner, officer, or representative		Date						
Here MATTHEW FREADO								
Title								

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8822-B** (Rev. 12-2019)

LHA 314191 04-01-23

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

AF	or the	e 2023 calendar year, or tax year beginning and calendar year, or tax year beginning	enaing		
	heck if pplicable	C Name of organization		D Employer identif	ication number
	Addre		TS		
	Name chang	Doing business as		91-18586	593
	Initial return	,	Room/suite	E Telephone numb	
	Final return/	P.O. BOX 932		(614)999	
	termin ated			G Gross receipts \$	238,217.
	Ameno	BOWLING GREEN, OH 45402		H(a) Is this a group	
	Application	Finame and address of principal officer: MATTHEW FREADO		for subordinate	s? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No
<u> </u>	ax-ex	empt status: 501(c)(3) X 501(c) (6) (insert no.) 4947(a)(1) c	or 527	If "No," attach	a list. See instructions
	Vebsit			H(c) Group exempti	
(F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1978	M State of legal domicile; OH
Pa	rt I	Summary			
Φ.		Briefly describe the organization's mission or most significant activities: ${ m \underline{TO} \ \ EN}$			
ŭ		GROWTH, PERSONAL EXCELLENCE, AND RECOGNIT	ION OF	PHYSICIAN	ASSISTANTS
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	1
ove	3	Number of voting members of the governing body (Part VI, line 1a)		<u>3</u>	
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			
Se Se	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	
Viti	6	Total number of volunteers (estimate if necessary)		<u>6</u>	
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		
				Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		0.	-1
enn	l	Program service revenue (Part VIII, line 2g)		218,930.	
Revenue	l .	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,739.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		220,669.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	+
	ı	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	004 555	252 425
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		234,565.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		234,565.	
		Revenue less expenses. Subtract line 18 from line 12		-13,896.	'
Net Assets or -und Balances			Ве	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		99,899.	
ot A	21	Total liabilities (Part X, line 26)		0.	
		Net assets or fund balances. Subtract line 21 from line 20		99,899.	68,155.
	rt II				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			ly knowledge and belief, it is
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	nas any knowledge.	
	_	Signature of officer		I Date	
Sigr		MATTHEW FREADO, PRESIDENT		Dato	
Here	е	Type or print name and title			
				Date Check	PTIN
aid		Print/Type preparer's name JANE E. PFEIFER Preparer's signature			
	arer	Firm's name CLARK, SCHAEFER, HACKETT & CO.			31-0800053
	Only	Firm's address 1656 HENTHORNE DR., SUITE 400		FIIII(SEIN	<u>, </u>
	Jy	MAUMEE, OH 43537		Phone no 41	L9-841-2848
May.	the I	RS discuss this return with the preparer shown above? See instructions		Filotic ilo. = -	X Yes No
· ··uy	U 10 11				100

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
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		
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	Х	
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ا		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,	_		x
•	Schedule D, Part III	8		
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?	_		3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	, .	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the appropriation projection of the control of the United Otelson			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		 ^
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			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	l		
	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		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
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		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Х
		_		_

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			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		X
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		
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		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See 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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		L
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		L
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2		
b		_		
_	(gambling) winnings to prize winners?	1c		

Form 990 (2023) OHIO ASSOCIATION OF PHYSICIAN ASSISTANTS

Part 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 return	ns?	2b					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За	X				
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O							
	At any time during the calendar year, did the organization have an interest in, or a signature or other a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
b	b If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccounts (FBAR).						
5a	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		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit						
	any contributions that were not tax deductible as charitable contributions?		6a	X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts						
	were not tax deductible?		6b	X				
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 ser	vices provided to the payor?	7 <u>a</u>					
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	as required						
	to file Form 8282?	1 1	7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			-				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f 7g		-			
g								
_	3							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the						
_			8					
9	Sponsoring organizations maintaining donor advised funds.		0-					
a			9a					
10			9b					
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a						
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-					
11	Section 501(c)(12) organizations. Enter:	[100]						
	Gross income from members or shareholders	11a						
	Gross income from other sources. (Do not net amounts due or paid to other sources against	114						
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
	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.							
	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
			14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?		15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X			
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.							

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Part VI Governance, Management, and Disclosure. For each "Yes" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 13							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 15							
2								
_	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3	Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
		6	Х	- 21				
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-	- 22					
7a		7-	Х					
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a						
b		_	х					
_	persons other than the governing body?	7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37					
a	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37				
800	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	No				
	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, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		X				
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		Х				
	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 with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed							
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)	availat	ole				
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	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 and records							
	TRACY L VANNEMAN - (614)999-9202							
	P.O. BOX 932, BOWLING GREEN, OH 43402							

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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 Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per		not c	Posi heck i	C) ition	than o	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director		Officer by	irecto		tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) TRACY VANNEMAN	40.00							07 720		0
EXECUTIVE DIRECTOR (SEP-DEC)	2 00			Х				27,738.	0.	0.
(2) DANIEL BIXEL	2.00	. ,							0	•
(3) DEVVIN CUBRA	2 00	Х						0.	0.	0.
(3) DEVVIN CUBRA REGIONAL DIRECTOR	2.00	Х						0.	0.	0.
(4) TYLER FITZGERALD	2.00	Λ						0.	0.	<u></u>
STUDENT REP (JAN-JUN) REGIONAL DIREC	2.00	х						0.	0.	0.
(5) MICHELE GAVIN	2.00	77						0.	0.	<u></u>
REGIONAL DIRECTOR	2.00	х						0.	0.	0.
(6) NATHAN C HART	2.00	-25						†	•	
REGIONAL DIR (JAN-JUN) PRESIDENT-ELE	2,00	х		х				0.	0.	0.
(7) JENNIFER MARANGONI	2.00								•	
PRESIDENT (JAN-JUN) PAST PRESIDENT (Х		х				0.	0.	0.
(8) MICHELL MCDIFFETT	2.00									
PAST PRESIDENT (JAN-JUN) VICE PRESID		Х		Х				0.	0.	0.
(9) JOYCE OILER	2.00									_
REGIONAL DIRECTOR (JAN-JUN)		Х						0.	0.	0.
(10) STEVEN WARD	2.00									
REGIONAL DIRECTOR (JAN-JUN)		Х						0.	0.	0.
(11) MELISSA BOWLBY	2.00									
VICE PRESIDENT (JAN-JUN)		Х		Х				0.	0.	0.
(12) MATTHEW FREADO	2.00									
PRESIDENT-ELECT (JAN-JUN) PRESIDENT		Х		Х				0.	0.	0.
(13) MELISSA IRWIN	2.00									
SECRETARY / TREASURER		Х		Х				0.	0.	0.
(14) NATALIE TALBOO	2.00								_	_
REGIONAL DIRECTOR		Х						0.	0.	0.
(15) KELLY IZSAK	2.00	l								
REGIONAL DIRECTOR		Х						0.	0.	0.
(16) EMILY BROWN	2.00									_
REGIONAL DIRECTOR (JUL-DEC)	0 00	Х						0.	0.	0.
(17) ANU MATHUR	2.00	. ,							_	_
REGIONAL DIRECTOR (JUL-DEC)		X					<u> </u>	0.	0.	990 (2022)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)				C)			(D)	(E)			(F)
Name and title	Average	(do		Pos		l than c	nne	Reportable	Reportable			imated
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensation	n	am	ount of
	week		cer an	la a a	Irecto	r/trust	iee)	from	from related	- 1		other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MIS			ensation om the
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	·C/		inization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (420)		•	related
	below	Individual trustee or director	In stit utio nal tru stee	Je.	Key employee	Highest compensated employee	ıer	,			orga	nizations
	line)	Indiv	Insti	Officer	Key 6	High emp	Former					
(18) ELIZABETH ADAMSON	40.00											•
EXECUTIVE DIRECTOR (JAN-SEP)				Х				0.		0.		0.
		ł										
1b Subtotal								27,738.		0.		0.
c Total from continuation sheets to Part VII	, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								27,738.		0.		0.
2 Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			0
compensation from the organization											1	() Yes No
3 Did the organization list any former officer,	director truste	20 k	·0\/ 0	mnl	01/0	o or	hia	hast companyated ampl	ovoc on	ſ		163 140
line 1a? If "Yes," complete Schedule J for so								nest compensated empi			3	х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	•		•					•	•		4	Х
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch <u>ı</u>	oers	on .					5	X
Section B. Independent Contractors												
Complete this table for your five highest cor										ensat	ion fro	m
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wi	thin T		ear.		(0)	
(A) Name and business	address	NΙC	ONE	7				(B) Description of s	ervices	С	(C) ompen) sation
		11/) I N I				\dashv	2000.191.011.01	5. 1.000			
							\downarrow					
							\dashv					
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	d to	thos	e lis	ted	above) who received mo	ore than			

Form **990** (2023)

\$100,000 of compensation from the organization

Form 990 (2023) OHIO AS
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
s s	1 a	Federated campaigns 1a					
an		Membership dues 1b					
2 8		Fundraising events 1c					
ifts ar A		Related organizations 1d					
nik G		Government grants (contributions) 1e					
Sig		All other contributions, gifts, grants, and					
ber		similar amounts not included above 1f	1,230.				
Ę K	g	Noncash contributions included in lines 1a-1f					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		1,230.			
			Business Code				
ø	2 a	DUES	813920	125,855.	125,855.		
r vic	b	CONFERENCES	611430	68,780.	68,780.		
Se	c	PROMOTIONAL/EDU/WEBSIT	611430	34,295.	34,295.		
Program Service Revenue	c	LEGISLATIVE FUND	900099	3,459.	3,459.		
ogr B	e						
Ā.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		232,389.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		12.			12.
	4	Income from investment of tax-exempt bond pr	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	/ii) Othor				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
•	10	Less: cost or other basis					
ğ		and sales expenses 7b					
eve		Gain or (loss) 7c					
her Revenue		Net gain or (loss)					
Oth	0 0	including \$ of					
٦		contributions reported on line 1c). See					
		Part IV, line 188a					
	h	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances10a					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory					
_s [Business Code				
oŭ e	11 a	MISCELLANEOUS	900099	2,661.			2,661.
ane	b	JOB POSTINGS	561311	1,700.		1,700.	
Miscellaneous Revenue	c	PAC PASS THROUGH	900099	225.			225.
Mis	C	All other revenue		4 506			
	e	Total. Add lines 11a-11d		4,586.	020 200	1 500	0.000
	12	Total revenue. See instructions	<u></u>	238,217.	232,389.	1,700.	2,898.

332009 12-21-23

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 3,000. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): 101,923. Management а 12,826. Legal 1,147. Accounting 61,090. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 9,792. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 6,320. Office expenses 13 22,613. Information technology 14 Royalties 15 16 Occupancy 900. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 45,871. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 22 Depreciation, depletion, and amortization 525. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 5,726. MISCELLANEOUS AWARD PLAQUES 403. С d All other expenses 272,136. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	76,757.	1	44,550.
	2	Savings and temporary cash investments		2	23,605.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	68,155.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
S		Organizations that follow FASB ASC 958, check here			
၁င		and complete lines 27, 28, 32, and 33.			
alaı	27	Net assets without donor restrictions		27	
Ä	28	Net assets with donor restrictions		28	
Fund Balances		Organizations that do not follow FASB ASC 958, check here			
		and complete lines 29 through 33.	0		0
Net Assets or	29	Capital stock or trust principal, or current funds		29	0.
\SS6	30	Paid-in or capital surplus, or land, building, or equipment fund		30	68,155.
et 🗸	31 32	Retained earnings, endowment, accumulated income, or other funds		32	68,155.
Ž	33	Total net assets or fund balances Total liabilities and net assets/fund balances		33	68,155.
	UU	TOTAL HADIILIES AND NEL ASSETS/TUND DAIANGES		JJ	00,100

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form **990** (2023)

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SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of orga	anization	ions. Complete Fart III.		F	mployer identification number
		SOCIATION OF PHY	STCTAN ASSTS		91-1858693
Part I-A		anization is exempt und			
2 Political	a description of the organiz campaign activity expendit er hours for political campai				
Part I-B	Complete if the org	anization is exempt und	der section 501(c)	3).	
	<u>-</u>	·	. , ,	-	. \$
2 Enter th	ne amount of any excise tax	incurred by organization manag	gers under section 4955		. \$
		n 4955 tax, did it file Form 4720			
4a Was a c	correction made?				Yes No
b If "Yes,"	describe in Part IV.				
Part I-C	Complete if the org	anization is exempt und	ler section 501(c),	except section 50	1(c)(3).
1 Enter th	ne amount directly expended	I by the filing organization for se	ection 527 exempt funct	tion activities	. \$
	0 0	ization's funds contributed to o	•		
					\$
	•	. Add lines 1 and 2. Enter here		•	
		1120-POL for this year?			
		mployer identification number (E		-	
•	,	tion listed, enter the amount pa omptly and directly delivered to			·
	•	additional space is needed, pro		•	arate segregated fund of a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro	om (e) Amount of political
	(a) Hamo	(3) / (33)	(3) =	filing organization funds. If none, enter	s contributions received and
				Turius. Il riorio, critor	delivered to a separate
					political organization. If none, enter -0
					ii florie, efiter -o

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)		
of th	e lobbying activity.	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?			_		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
_	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
į	Other activities?					
j	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? † III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5) or se	ction		
ı uı	501(c)(6).	11 00 1(0)(0	,, or sc			
	331(3)(3).			Yes	No	
4	Were substantially all (90% or more) dues received nondeductible by members?		1	1.00	X	
1	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		···		X	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."					
1	Dues, assessments and similar amounts from members		1	125	846.	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal				
	expenses for which the section 527(f) tax was paid).			6.1	000	
	Current year			61	.,090.	
b	Carryover from last year			61	000	
C	Total		۔ ا		.,090. 1,391.	
3	THE TOTAL CONTRACTOR C		3	94	E, 391.	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided the reasonable estimate of nondeductible estimates and the reasonable estimates are reasonable estimates and the reasonable estimates and the reasonable estimates are reasonable estimates and the reasonable estimates are reasonable estimates and the reasonable estimates are reasonable estimates and the rea					
5	expenditures next year? Taxable amount of lobbying and political expenditures. See instructions		4	_ 3 3	3,301.	
	TIV Supplemental Information		3	, ,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	liet): Part II-4	lines 1 :	and 2 (see		
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	1130, 1 411 117	λ, πιοσ τ δ	2110 Z (300		
	RT I-A, LINE 1:					
	·	O DIDE	OT OT			
OK	GANIZATION MAINTAINS A PAC BANK ACCOUNT. HOWEVER, N	O DIKE	CI OF	_		
IN	DIRECT PAC ACTIVITY OCCURED IN 2023.					

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

2023 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

OHIO ASSOCIATION OF PHYSICIAN ASSISTANTS

Employer identification number 91-1858693

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IN OHIO, AND TO SUPPORT THEIR EFFORTS TO IMPROVE THE QUALITY,
ACCESSIBILITY, AND COST-EFFECTIVENESS OF PATIENT-CENTERED HEALTHCARE.
FORM 990, PART VI, SECTION A, LINE 3:
OAPA USED A MANAGEMENT COMPANY THROUGH SEPT AND THEN A SOLE PROPRIETOR
AFTERWARDS TO CONDUCT EXECUTIVE DIRECTOR MANAGEMENT SERVICES.
FORM 990, PART VI, SECTION A, LINE 4:
AMENDED BYLAWS IN APRIL 2023.
FORM 990, PART VI, SECTION A, LINE 6:
OAPA IS A MEMBERSHIP ASSOCIATION.
FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERS VOTE TO ELECT PEOPLE TO THE BOARD.
FORM 990, PART VI, SECTION A, LINE 7B:
BYLAWS AMENDMENTS REQUIRE A VOTE OF THE MEMBERSHIP.
FORM 990, PART VI, SECTION B, LINE 11B:
DIGITAL COPY WILL BE SENT TO THE PRESIDENT AND SECRETARY-TREASURER FOR
REVIEW AND APPROVAL BEFORE FILING AND A COPY FOR AWARENESS WILL BE SENT TO
THE FULL BOARD BY EMAIL.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

	edule O (Form 990) 2								Page 2
Nan	ne of the organization	OHIO ASS	OCIATIO	N OF PH	YSICIAN	ASSISTA	NTS	Employer ide 91-18	entification number 858693
<u>NO</u>	DOCUMENTS	AVAILABLE	TO THE	PUBLIC					

Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

or calendar year 2023, or fiscal year beginning	, 2023, and ending	, 20
, ,, , , , , , ,		

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN OHIO ASSOCIATION OF PHYSICIAN ASSISTANTS 91-1858693

MATTHEW FREADO Name and title of officer or person subject to tax PRESIDENT

Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here		b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a	Form 990-EZ check here		b Total revenue, if any (Form 990-EZ, line 9)	2b
За	Form 1120-POL check here		b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here		b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here		b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here	X	b Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here		b Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here		b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here		b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here		b Amount of credit payment requested (Form 8038-CP, Part III, line 2	2) 10b
Part	II Declaration and S	ignatu	re Authorization of Officer or Person Subject to Tax	
Jnder	penalties of perjury, I declare tha	at X	I am an officer of the above entity or I am a person subject to tax wi	th respect to (name
of entit	y)		, (EIN) and that	I have examined a copy of the
	to a to a series of a series o		added and about made and be the best of an investigation and belief the	

2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2023 electrofild return and accompanying scriedules and statements, and, to the best of my knowledge and benefit, they are tide, contect, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PI	N:	check	one	box	only

X I authorize	CLARK,	SCHAEFER,	HACKETT &	ι CO.	to enter my PIN	43402
			ERO firm nam	16	j	Enter five numbers,

but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

34378088522

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

CLARK, SCHAEFER, HACKETT & CO. 07/12/24 ERO's signature Date

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

EXTENDED TO NOVEMBER 15, 2024

Form 990-T		E	Exempt Organization Business Income Tax Retur	n	OMB No. 1545-0047		
			(and proxy tax under section 6033(e))		0000		
		For ca	endar year 2023 or other tax year beginning, and ending		2023		
	nent of the Treasury Revenue Service	ı	Go to www.irs.gov/Form990T for instructions and the latest information. On not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only		
Α	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	D Em	ployer identification number		
B Exe	mpt under section	Print	OHIO ASSOCIATION OF PHYSICIAN ASSISTANTS	و ا	1-1858693		
	501(c)(6)	or	Number, street, and room or suite no. If a P.O. box, see instructions.	E Gro	oup exemption number e instructions)		
	408(e) 220(e)	Туре	P.O. BOX 932	(26)	e iristructions)		
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code				
	529(a)529A		BOWLING GREEN, OH 43402	F	Check box if		
		С Во	ok value of all assets at end of year		an amended return.		
G C	neck organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	_ State	college/university		
			6417(d)(1)(A) Applicable entity				
	neck if filing only to			ent amo	ount from Form 3800		
			ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>			
			ed Schedules A (Form 990-T)		Yes X No		
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? d identifying number of the parent corporation		YesX_ No		
	ne books are in car		TRACY L VANNEMAN Telephone number	(614	1)999-9202		
Parl			d Business Taxable Income	(014	2/22/202		
1	Total of unrelated	d busine	ess taxable income computed from all unrelated trades or businesses (see instructions)	1	575.		
2				2			
3	Add lines 1 and 2			3	575.		
4	Charitable contril		(see instructions for limitation rules)	4	0.		
5	Total unrelated b	usiness	taxable income before net operating losses. Subtract line 4 from line 3		575.		
6	Deduction for ne	t operat	ring loss. See instructions	6			
7	Total of unrelated	d busine	ess taxable income before specific deduction and section 199A deduction.				
	Subtract line 6 from			7	575.		
8			erally \$1,000, but see instructions for exceptions)		1,000.		
9			eduction. See instructions		1 000		
10			lines 8 and 9		1,000.		
11 Part			able income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	. 11	0.		
				\top	0.		
1 2			as corporations. Multiply Part I, line 11 by 21% (0.21) rates. See instructions for tax computation. Income tax on the amount on	1	0.		
2			Tax rate schedule or Schedule D (Form 1041)	2			
3	Proxy tax. See in						
4	-		instructions				
5							
6			acility income. See instructions				
7	Total. Add lines	3 throu	gh 6 to line 1 or 2, whichever applies	7	0.		
Part							
1a	•		orations attach Form 1118; trusts attach Form 1116)	-			
b	Other credits (see		· · · · · · · · · · · · · · · · · · ·	\dashv			
C			Attach Form 3800 (see instructions) mum tax (attach Form 8801 or 8827) 1d	\dashv			
d e	Total credits. Ac			1e			
2			1a through 1d rt II, line 7		0.		
2 3a	Amount due from						
b	Amount due from						
c	Amount due from						
d	Amount due from						
е	Other amounts d						
f	Total amounts du	ıe. Add	lines 3a through 3e	3f	0.		
4			nd 3f (see instructions).				
	section 1294. E	Enter ta	x amount here	4	0.		
5	Current net 965 t	ax liabi	lity paid from Form 965-A, Part II, column (k)	. 5	0.		

LHA For Paperwork Reduction Act Notice, see instructions. 323701 11-20-23

Form 990-T (2023) Page **2**

	III -	Tax and Payments (continued)									age z
		ents: Preceding year's overpayment cred	ited to the current year		6a						
b	•	nt year's estimated tax payments. Check	•		04						
		es	,	_	_{6b}						
С											
d		gn organizations: Tax paid or withheld at s									
e		up withholding (see instructions)									
f		for small employer health insurance prer									
g		ve payment election amount from Form 3									
h		ent from Form 2439									
i											
i		(see instructions)									
7		payments. Add lines 6a through 6j						7			
8		ated tax penalty (see instructions). Check						8			
9		ue. If line 7 is smaller than the total of line						9			
10		payment. If line 7 is larger than the total o						10			
11		the amount of line 10 you want: Credited					Refunded	11			
Part	IV :	Statements Regarding Certain A	Activities and Othe	r Informa	tion (se	e instru	ctions)		•		
1	At an	y time during the 2023 calendar year, did	the organization have ar	n interest in c	r a signat	ure or of	ther authority	,	,	Yes	No
	over a	a financial account (bank, securities, or ot	her) in a foreign country	? If "Yes," the	e organiza	ition may	have to file				
	FinCE	N Form 114, Report of Foreign Bank and	Financial Accounts. If "	Yes," enter th	ne name o	of the for	eign country				
	here										X
2	During	g the tax year, did the organization receiv	e a distribution from, or	was it the gra	antor of, o	r transfe	ror to, a				
	foreig	n trust?									X
		s," see instructions for other forms the or									
3	Enter	the amount of tax-exempt interest receive	ed or accrued during the	tax year			\$				
4	Enter	available pre-2018 NOL carryovers here	\$	Do not	t include a	any post	2017 NOL ca	arryover	r		
	show	n on Schedule A (Form 990-T). Don't redu	ce the NOL carryover sh	nown here by	any dedu	iction re	ported on Pa	rt I, line	6.		
5	Post-2	2017 NOL carryovers. Enter the Business	Activity Code and availa	able post-201	7 NOL ca	rryovers	. Don't reduc	е			
	the ar	mounts shown below by any NOL claimed	l on any Schedule A, Pa	rt II, line 17 fo	or the tax	year. Se	e instructions	S.			
		Business Activity Co	de		Ava	ailable p	ost-2017 NOI	_ carryc	ver		
					\$						
					\$						
					\$						
					\$						
6 a	Reser	ved for future use								_	
_ b		ved for future use									
Part		Supplemental Information									
Provide	any a	dditional information. See instructions.									
	Lu	nder penalties of perjury, I declare that I have examined to	this raturn, including accompany	ing achadulas and	d atatamanta	and to the	hoot of my knowl	adaa and	haliaf it in true		
Sign		rrect, and complete. Declaration of preparer (other than						euge anu	beller, it is true,		
Here				חחהמדו	חדאנות			•	S discuss this re		ith
		gnature of officer	 Date	PRESII	DEM.I.		_		er shown below s)? X Yes		1 N.
		<u> </u>		11116							No
		Print/Type preparer's name	Preparer's signature		Date		Check	if PT	IIN		
Paid		TANE E DESTES			07/12		self-employed		000140	40	
Prepa		JANE E. PFEIFER			07/12	/ 44	Firmale FIN		000149 1-0800		2
Use C	nly	Firm's name CLARK, SCHAE		<u>& CO.</u> ITE 400	1		Firm's EIN		T-0000	053	
				115 400	,		Phone no.	/10	Q/1 20	10	
		Firm's address MAUMEE , OH	ェ ンンン /				FIIOHE HO.	ェエジー	047_70	±0	

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only B Employer identification number Name of the organization OHIO ASSOCIATION OF PHYSICIAN ASSISTANTS 91-1858693 561311 D Sequence: Unrelated business activity code (see instructions) Describe the unrelated trade or business JOB POSTINGS Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales 1,700. **b** Less returns and allowances 495. Cost of goods sold (Part III, line 8) 2 1,205. 1,205. Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 11 11 Advertising income (Part IX) Other income (see instructions; attach statement) 12 12 13 1,205. **Total.** Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 630 2 2 Salaries and wages 3 3 Repairs and maintenance 4 4 Interest (attach statement). See instructions 5 5 6 Taxes and licenses 6 7 Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return 8b 8 9 Depletion _____ 9 10 Contributions to deferred compensation plans 10 Employee benefit programs 11 11 12 Excess exempt expenses (Part VIII) 12 Excess readership costs (Part IX) 13 13 Other deductions (attach statement) 14 630. Total deductions. Add lines 1 through 14 15 15 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2023

16

575.

17

Deduction for net operating loss. See instructions

	ule A (Form 990-T) 2023					Page 2
Part	III Cost of Goods Sold Enter met	hod of inventory valuat	ion N/A			
1	Inventory at beginning of year				1	0.
2	Purchases				2	0.
3	Cost of labor				3	0.
4	Additional section 263A costs (attach statement)				4	0.
5	Other costs (attach statement)		STATEM	ENT 1	5	495.
6	Total. Add lines 1 through 5				6	495.
7	Inventory at end of year				7	0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter l	here and in Part I, line	2	L	8	<u>495.</u>
9	Do the rules of section 263A (with respect to property					Yes X No
Part	IV Rent Income (From Real Property and	l Personal Prope	ty Leased With R	eal Property	<u>/) </u>	
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See instru	uctions.		
	A					
	В					
	c					
	D					
		Α	В	С		D
2	Rent received or accrued					
а	From personal property (if the percentage of					
	rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
	percentage of rent for personal property exceeds					
	50% or if the rent is based on profit or income)					
С	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
₅	Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s	nter here and on Part I	, line 6, column (B)			0.
1	Description of debt-financed property (street address, of		hack if a dual-use See	inetructions		
•	A	Sity, State, Zii Codej. C	illeck ii a dual-use. See	mstructions.		
	В					
	c \square					
	D					
		Α	В	С		
2	Gross income from or allocable to debt-financed					
_	property					
3	Deductions directly connected with or allocable					
•	to debt-financed property					
а	Straight line depreciation (attach statement)					
b	Other deductions (attach statement)					
c	Total deductions (add lines 3a and 3b,					
·	columns A through D)					
4	Amount of average acquisition debt on or allocable					
7	to dolo the force of a constant (otto object on out)					
5	Average adjusted basis of or allocable to debt-					
3	financed property (attach statement)					
6			%		%	20
6 7	Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6		90		70	<u>%</u>
8	Total gross income (add line 7, columns A through D)		rt Lline 7 column (^)			0.
O	i otal gross income (add line 1, columns A unough D)	. Linter Here allu Uli Pa	ren, inne r, conditiir (A)			•
9	Allocable deductions. Multiply line 3c by line 6		T			
10	Total allocable deductions. Add line 9, columns A thr	rough D. Enter here an	d on Part I line 7 colum	nn (R)	I	0.
11	Total dividends-received deductions included in line					0.

1 Page **3**

Part '	VI Interest, Annu	uities, R	oyalties, and Re	ents Fro	m Contro	lled O	rganization	S (s	ee instruct	tions)		Page 3
			-			E	Exempt Contro	lled O	rganization	ns .		
	Name of controlle organization	d	2. Employer identification number	identification income (loss) payments made		5. Part of column 4 that is included in the controlling organization's gross income		in the aniza-	i connected with	
(1)												
(2)												
(3)												
(4)						<u> </u>						
	-			1	Controlled O	-					D 1 11 11	
7.	. Taxable Income	ir	Net unrelated acome (loss) e instructions)	1	otal of specif yments mad		that is inc controlling gross	cluded	in the zation's		Deductions dire connected with come in column	า
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and o	n Part I,	Ente	d columns 6 and er here and on P ne 8, column (E	Part I,
Totals									0.			0.
Part '	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee ins	tructions)			
	1. Des	cription of	income		2. Amou incor		3. Deduction directly connumber (attach states	ected	4. Set (attach s	asides tatemer	5. Total ded and set-a (add cols 3	sides
(1)												
(2)												
(3)												
(4) Totals					Add amor column 2 here and o line 9, colu	Enter n Part I,					Add amou column 5. here and or line 9, colu	Enter n Part I,
Part	VIII Exploited E	xempt A	Activity Income	Other 1	Than Adve		Income	(see in	structions)			
1	Description of exploite			,			,	(300)	<u>otraotiono</u> ,			
2	Gross unrelated busin	•		ness. Ente	r here and o	n Part I.	line 10. colum	n (A)		2		
3	Expenses directly con					,	•	` '				
	line 10, column (B)		•							3		
4	Net income (loss) from	unrelated		Subtract lir	ne 3 from line	e 2. If a 🤉	gain, complete	;		4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II. line	12							7		

Schedule A (Form 990-T) 2023

Part	IX	Advertising Income				
1	Na	me(s) of periodical(s). Check box if reporting two	or more periodicals on a c	consolidated basis.		
	Α					
	В					
	С					
	D					
Enter a	amou	unts for each periodical listed above in the corre	sponding column.			
		·	Α Α	В	С	D
2	Gro	oss advertising income				
	Ad	d columns A through D. Enter here and on Part				0.
а		-				
3	Dir	ect advertising costs by periodical				
а	Ad	d columns A through D. Enter here and on Part	I, line 11, column (B)			0.
4	Ad	vertising gain (loss). Subtract line 3 from line				
	2. I	For any column in line 4 showing a gain,				
	cor	mplete lines 5 through 8. For any column in				
	line	e 4 showing a loss or zero, do not complete				
	line	es 5 through 7, and enter -0- on line 8				
5	Rea	adership costs				
6	Cir	culation income				
7	Exc	cess readership costs. If line 6 is less than				
		e 5, subtract line 6 from line 5. If line 5 is less				
	tha	an line 6, enter -0-				
8		cess readership costs allowed as a				
		duction. For each column showing a gain on				
		e 4, enter the lesser of line 4 or line 7	·			
а		d line 8, columns A through D. Enter the greater	of the line 8a columns tota	al or -0- here and or	1	0
Dart		rt II, line 13	re and Truetope /-			0.
Part		Compensation of Officers, Director	ors, and Trustees (se	ee instructions)		
Part		Compensation of Officers, Directo		ee instructions)	3. Percentage	4. Compensation
Part		Compensation of Officers, Directors 1. Name	ors, and Trustees (Se	ee instructions)	3. Percentage of time devoted	4. Compensation attributable to
		Compensation of Officers, Directo		ee instructions)	3. Percentage of time devoted to business	4. Compensation
1)		Compensation of Officers, Directo		ee instructions)	3. Percentage of time devoted to business	4. Compensation attributable to
1)		Compensation of Officers, Directo		ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1) 2) 3)		Compensation of Officers, Directo		ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1)		Compensation of Officers, Directo		ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1) 2) 3) 4)	X	1. Name		ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3) (4)	X . Ent	1. Name	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ent	1. Name er here and on Part II, line 1	2. Title	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business

FORM 990-T (A)	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 1
DESCRIPTION		AMOUNT
DATA BASE & WEBSITE ALLOCATION CREDIT CARD FEES & FINANCIAL FEES ALLOCATION		427. 68.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 5		495.