## 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.

Department of the Treasury Internal Revenue Service

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

		35377 1 0000	3.55	20 0002	·					
A F	or the	= 2022 calendar year, or tax year beginning MAY $1$ , $2022$ and ending	APR	30, 2023						
	heck if oplicable	C Name of organization	DI	Employer identific	cation number					
	Addres									
	Name change			31-60493	35					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s	suite <b>F</b>	Telephone number						
	Final return/	53 WEST THIRD AVENUE	Suite L	•	9-2107					
	termin ated Ameno	City or town, state or province, country, and ZIP or foreign postal code		Gross receipts \$	600,013.					
	return	COLUMBOS, OH 43201	H(a	) Is this a group re						
	tion pendir	F Name and address of principal officer: MATTIEW W. HARNET		for subordinates? Yes X No						
		SAME AS C ABOVE		Are all subordinates in						
		empt status: 501(c)(3) X 501(c) ( 6 ) (insert no.) 4947(a)(1) or	527		list. See instructions					
	Vebsit			Group exemptio						
K F	orm of		Year of for	mation: 1898  N	A State of legal domicile: OH					
Pa	rt I	Summary			~					
ه		Briefly describe the organization's mission or most significant activities: TO PROMO			CTIVE					
Governance		PHILOSOPHY AND PRACTICE OF OSTEOPATHIC MEDIC:		N OHIO.						
e L		Check this box if the organization discontinued its operations or disposed of r	nore than	1 1	I					
٥		Number of voting members of the governing body (Part VI, line 1a)			20					
		Number of independent voting members of the governing body (Part VI, line 1b)			19					
es		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			4					
Activities &		Total number of volunteers (estimate if necessary)			19					
Ş		Total unrelated business revenue from Part VIII, column (C), line 12			2,359.					
-	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
			-	Prior Year	Current Year					
<u>a</u>		Contributions and grants (Part VIII, line 1h)		117,295.	59,000.					
en e		Program service revenue (Part VIII, line 2g)		538,893.	470,635.					
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		56,089.	29,606.					
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		400.	23,875.					
$\dashv$		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		712,677.	583,116.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		225.	200.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
è		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		411,815.	423,437.					
eus		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
Expenses		Total fundraising expenses (Part IX, column (D), line 25)		107 016	202 510					
"ا		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		127,216.	202,519.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		539,256.	626,156.					
	19	Revenue less expenses. Subtract line 18 from line 12	Poginni	173,421.						
rs Dee	20 21 22	T - 1 (D - 1 V ) - 40)		ng of Current Year, 323, 153.						
SSe	20	Total assets (Part X, line 16)		259,995.	1,238,466. 256,287.					
ee Eet	21	Total liabilities (Part X, line 26)	1	,063,158.	982,179.					
<u>∠</u> ∷ Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		,005,150.	902,179.					
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	ntomonte o	and to the best of my	knowledge and helief it is					
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	-		knowledge and belief, it is					
iuc,	COLLEC	t, and complete. Declaration of preparer (other than officer) is based on an information of which pre-	parti nas a	The knowledge.						
Sian		Signature of officer		 Date						
Sign		NICKLAUS J. HESS, DO, PRESIDENT-ELECT								
Here	8	Type or print name and title								
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN					
aid		KATHY M. MOSELEY KATHY M. MOSELEY		17/24 self-employ						
	arer	Firm's name GBQ PARTNERS LLC	100/.		0-2122306					
	Only	Firm's address 230 WEST STREET, SUITE 700		THIH SEIN Z	<u> </u>					
	O III y	COLUMBUS, OH 43215		Phone no (6	14) 221-1120					
May	tho IE	25 discuse this return with the preparer shown above? See instructions		T HOHE HO. ( O	X Ves No					

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE OHIO OSTEOPATHIC ASSOCIATION IS TO SUPPORT OHIO'S
	OSTEOPATHIC PHYSICIANS IN DELIVERING PRINCIPLE CENTERED MEDICINE AND
	ACHIEVING THE QUADRUPLE AIM THROUGH THE PRACTICE OF OSTEOPATHIC
	MEDICINE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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? Yes X No
	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 measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	COMMUNICATIONS - THE ASSOCIATION PUBLISHES A WEBSITE, QUARTERLY
	MAGAZINE, AND WEEKLY EMAIL NEWSLETTER TO INFORM MEMBERS ABOUT HEALTH
	RELATED ISSUES AND ASSOCIATION ACTIVITIES.
	MINITED IDDOED THE MODOCIMITOR MCTIVITIES.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	LEGISLATIVE REPRESENTATION - THE ASSOCIATION ACTIVELY REPRESENTS THE
	INTERESTS OF THE OSTEOPATHIC MEDICINE PROFESSION IN THE LOCAL, STATE
	AND FEDERAL GOVERNMENTS.
	AND FEDERAL GOVERNMENTS:
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	PROFESSIONAL RELATIONS - THE ASSOCIATION INTERFACES WITH THE AMERICAN
	OSTEOPATHIC ASSOCIATION AND VARIOUS STATE ASSOCIATIONS AND COALITIONS
	TO PROMOTE HEALTH AND MAINTAIN HIGH PROFESSIONAL STANDARDS IN THE
	PRACTICE OF OSTEOPATHIC MEDICINE.
	PRACTICE OF OSTEOPATRIC MEDICINE.
4d	Other program services (Describe on Schedule O.)
<del>-t</del> u	
4 -	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses
	Form <b>990</b> (2022)

232002 12-13-22

## Form 990 (2022) OHIO OSTEOPATHIC ASSOCIATION 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		Х
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	<u> </u>		
Ū	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	ا ا		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	ء ا		X
-		6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<b> </b> ₩
_	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			3,7
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	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	Х	
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	1.0		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated limit clarification and 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	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 25	
ıza	, ,	40-	Х	
	Schedule D, Parts XI and XII	12a	- 21	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		- V
	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)? If "Yes," complete Schedule E	13		
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			
	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,			
	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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a		20a		Х
	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

232003 12-13-22

Form 990 (2022) OHIO OSTEOPATHIC ASSOCIATION

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	Х	<u> </u>
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			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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			37
	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?   f	28a		x
h	"Yes," complete Schedule L, Part IV  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		Х
29	Did the organization receive more than \$25,000 in non-cash 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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
•	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	34	Х	
35.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	21	Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
	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	Х	
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	Щ_
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			L Na
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	4 12-13-22	Form	990	(2022)

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OHIO OSTEOPATHIC ASSOCIATION

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No	
<b>2</b> a	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	4	<u> </u>			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?		2b	X		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 6	Э		3b	X		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthori	ty over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account	ccour	nt)?	4a		_X_	
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 Ac	coun	ts (FBAR).				
5а				5a 5b		X	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
	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						
	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		•				
	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv			7a			
b			doe d	7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-					
4	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c			
d			•	7e			
f	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						
g							
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
_	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
Ū	sponsoring organizations manualling donor advised funds. Did a donor advised fund maintained by the						
9	9 Sponsoring organizations maintaining donor advised funds.						
а	Did the arrangement arrangement of an arrangement of the distributions and a continuous 40000			9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
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:						
а	Gross income from members or shareholders	11a					
	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	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	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			
	<b>Note:</b> 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		I				
	organization is licensed to issue qualified health plans	13b		4			
	Enter the amount of reserves on hand	13c				37	
				14a		_X_	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration and the results of the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.					v	
	excess parachute payment(s) during the year?			15		X	
40	If "Yes," see the instructions and file Form 4720, Schedule N.	!. <u></u> -	0	40		v	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		X	
17	If "Yes," complete Form 4720, Schedule O.  Section 501(a)(21) experiments. Did the trust, or any disqualified or other person engage in any act.	iv/i+i ~ -					
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any act that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes," complete Form 6069.			17			
	ii res, complete romi occa.						

OHIO OSTEOPATHIC ASSOCIATION 31-6049335 Form 990 (2022) 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 20 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 19 **b** Enter the number of voting members included on line 1a, above, who are independent ..... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 X 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization Х 15b 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 Х taxable entity during the year? 16a 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

#### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed OH

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) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records MATT HARNEY, EXECUTIVE DIRECTOR - 614-299-2107

53 W. THIRD AVE., COLUMBUS, OH 43201

## 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	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		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) MATTHEW W. HARNEY EXECUTIVE DIRECTOR	40.00			v				125 520	0.	10 420
	2.50	X		Х				135,538.	0.	18,439.
(2) JENNIFER L. GWILYM, DO PRESIDENT	2.50	Х		х				0.	0.	0.
(3) NICKLAUS J. HESS, DO	5.00	Δ		Δ				0.	0.	<u> </u>
PRESIDENT-ELECT	2.50	Х		х				0.	0.	0.
(4) DOUGLAS W. HARLEY, DO	5.00									
VICE-PRESIDENT	2.50	х		х				0.	0.	0.
(5) EDWARD E. HOSBACH II, DO	5.00									
TREASURER	2.50	Х		Х				0.	0.	0.
(6) HENRY L. WEHRUM, DO	5.00									
PAST PRESIDENT	2.50	Х		Х				0.	0.	0.
(7) NICHOLAS G. ESPINOZA, DO	5.00									
TRUSTEE		Х						0.	0.	0.
(8) LUIS L. PEREZ, DO	5.00									
TRUSTEE		Х						0.	0.	0.
(9) CHELSEA A. NICKOLSON, DO	5.00									
TRUSTEE		Х						0.	0.	0.
(10) MICHAEL E. DIETZ, DO	5.00	1								_
TRUSTEE		Х	_		_			0.	0.	0.
(11) JOHN F. RAMEY, DO	5.00	ļ								
TRUSTEE		Х						0.	0.	0.
(12) ANDREW P. EILERMAN, DO	5.00	-								
TRUSTEE	F 00	Х						0.	0.	0.
(13) KATHERINE EILENFELD, DO	5.00	.,								_
TRUSTEE	F 00	X						0.	0.	0.
(14) GREGORY HILL, DO TRUSTEE	5.00	х						0.	0.	0.
(15) MELINDA E. FORD, DO	5.00	^						0.	0.	· ·
TRUSTEE	3.00	Х						0.	0.	0.
(16) JOHN C. BAKER, DO	5.00	- 22						0.	0.	<u></u>
TRUSTEE	7.00	Х						0.	0.	0.
(17) LAUREN CEA	5.00		$\vdash$		$\vdash$					<u>·</u>
STUDENT TRUSTEE		х						0.	0.	0.
	1						-	1 01		Form <b>990</b> (2022)

(A)	(B)			_ (C	•			(D)	(E)	(F)		
Name and title	Average hours per	ours per (do not check more that box, unless person is box					an	Reportable compensation	Reportable compensation	Estimat amount	t of	
	week (list any	_	Cer ar	a a a	recto	r/trus	lee)	from	from related	othe		
	hours for	directo				L		the organization	organizations (W-2/1099-MISC/	compens from tl		
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organiza		
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and rela		
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizat	tions	
18) AYOUB HARB	5.00		=	0	<u>×</u>	王亞	Œ					
TUDENT TRUSTEE		Х						0.	0.		0	
19) MOLLY FREY	5.00								•			
TUDENT TRUSTEE	F 00	Х	_	-		_		0.	0.		0	
20) NICHOLAS W. SALUPO, DO ESIDENT TRUSTEE	5.00	Х						0.	0.		0	
									<u> </u>			
1b Subtotal								135,538.	0.	18,4	39	
c Total from continuation sheets to Pa	art VII, Section A							0.	0.		0	
d Total (add lines 1b and 1c)								135,538.	0.	18,4	39	
2 Total number of individuals (including compensation from the organization	but not limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,0	000 of reportable			
3 Did the organization list any former of	fficer director trust	مم لا	(AV C	mnl	0.70	a or	hia	hest compensated empl	ovee on	Yes	No	
line 1a? If "Yes," complete Schedule J	•	-	•	•	•		•	·	•	3	X	
4 For any individual listed on line 1a, is t											1	
and related organizations greater than										4 X		
5 Did any person listed on line 1a receiv												
rendered to the organization? If "Yes.	" complete Schedul	e J f	or su	ıch p	oers	on .				5	X	
Section B. Independent Contractors  Complete this table for your five highe	st compensated inc	lepe	nder	nt co	ntra	acto	s th	at received more than \$	100,000 of compensa	ation from		
the organization. Report compensation		ear e	endir	ıg wi	ith c	or wi	thin		ear.			
(A Name and bus		NC	ONE	3				(B) Description of s	ervices (	(C) Compensatio	on	
							$ \top $					
2 Total number of independent contract \$100,000 of compensation from the o		ot lin	nited	to t	thos		ted	above) who received mo	ore than			
# 100,000 of compensation from the 0	garnzation					-				Form <b>990</b>		

			Check if Schedule O c	ontain	s a respons	e or note to any lin	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
કે છે	1 :	a Fed	derated campaigns		1a					
an			mbership dues							
2 8		c Fur	ndraising events							
ifts ar A			lated organizations			41,000.				
nig Bilki			vernment grants (contri							
Sig			other contributions, gifts, g							
bet			nilar amounts not included			18,000.				
Ę Ę	,		cash contributions included in li		···					
Contributions, Gifts, Grants and Other Similar Amounts	ı	h Tot	tal. Add lines 1a-1f				59,000.			
						Business Code				
ا بو	2 :	a ME	EMBERSHIP DU	ES		621110	337,936.	337,936.		
Š	-	$\mathbf{b} \ \overline{\mathbf{M}}$	ANAGEMENT SE	RVI	CES	541900	87,650.	87,650.		
Sel		c ME	EMBER EDUCAT	ION		611430	35,717.	35,717.		
an		d PU	JBLICATION			541800	6,270.	6,270.		
Program Service Revenue	(	e GF	ROUP RATING	PLAI	1	541900	2,359.		2,359.	
Pr	1	f All	other program service r	evenu	e	900099	703.	703.		
		g To	tal. Add lines 2a-2f				470,635.			
	3	Inv	estment income (includ	ing div	idends, inte	rest, and				
		other similar amounts)			28,659.			28,659.		
	4	Inc	ome from investment of							
	5	Ro	yalties							
					(i) Real	(ii) Personal				
	6	a Gro	oss rents	6a						
	ı	<b>b</b> Les	ss: rental expenses	6b						
	(	c Rei	ntal income or (loss)	6с						
	(	d Net	t rental income or (loss)	$\overline{}$						
	7 :	<b>a</b> Gro	ess amount from sales of		(i) Securities					
		ass	ets other than inventory	7a	17,844	•				
	ı		ss: cost or other basis							
an l			I sales expenses	7b	16,897	•				
Ver			· ,	7c	947					
her Revenue			t gain or (loss)				947.			947.
Her.	8		oss income from fundraisin	g even	is (not					
δ			luding \$							
			ntributions reported on I		´ I					
			rt IV, line 18			Sa Sa				
			ss: direct expenses			Bb				
			t income or (loss) from f							
	9 ;		oss income from gaming	-						
			rt IV, line 19			)a   				
			ss: direct expenses		_	)b				
			t income or (loss) from g							
	10		oss sales of inventory, le			_				
			d allowances			0a 0b				
			ss: cost of goods sold							
$\dashv$	•	L INE	t income or (loss) from s	oaies 0	i ii iveritory	Business Code				
sn	11 -	a MT	ISC.			541900	23,875.			23,875.
ne Tue						-	20,0,0			
ella	ľ									
Miscellaneous Revenue	Ì		other revenue							
Σ			tal. Add lines 11a-11d				23,875.			
	12		al revenue. See instruction				583,116.	468,276.	2,359.	53,481.

#### 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 (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 200. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 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, 162,804. 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) 168,260. Other salaries and wages 7 Pension plan accruals and contributions (include 19,925. section 401(k) and 403(b) employer contributions) 46,661. Other employee benefits 9 25,787. 10 Payroll taxes Fees for services (nonemployees): Management 10,364. Legal 10,200. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 9,398. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 63,746. Office expenses 13 Information technology 14 Royalties 15 17,127. 16 Occupancy 4,557. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 64,283. Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 6,257. Depreciation, depletion, and amortization ..... 22 1,690. 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.) 14,398. DUES AND SUBSCRIPTIONS MISCELLANEOUS 499. С d All other expenses 626,156. 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 (2022)
Part X | Balance Sheet

Part	X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			100.	1	100.
	2	Savings and temporary cash investments			336,573.	2	282,815.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	57,970.	4	38,492		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	sons (as defined				
		under section 4958(f)(1)), and persons describ				6	
ş	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			4 005	8	
1	9				4,895.	9	5,294.
'	10a	Land, buildings, and equipment: cost or other		272 221			
		basis. Complete Part VI of Schedule D		372,321.	44 500		20 051
		Less: accumulated depreciation		· · ·	44,508.	10c	38,251
	11	Investments - publicly traded securities			486,627.	11	286,907
	12	Investments - other securities. See Part IV, line			392,480.	12	586,607
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,323,153.	15	1,238,466		
	<u>16</u> 17	Total assets. Add lines 1 through 15 (must ed		57,302.	16 17	35,424	
- 1	17 18	Accounts payable and accrued expenses		37,302.	18	33,444	
	19	Grants payable	202,693.	19	220,863		
	20	Deferred revenue Tax-exempt bond liabilities			202,033.	20	220,003
	20 21	Escrow or custodial account liability. Complete			21		
١,	22	Loans and other payables to any current or for					
ties		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of th				22	
ړ ا ٿ	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat				24	
2	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			259,995.	26	256,287.
		Organizations that follow FASB ASC 958, cl	neck her	e X			
Ses		and complete lines 27, 28, 32, and 33.					
Net Assets or Fund Balances	27	Net assets without donor restrictions			1,063,158.	27	982,179.
<u> </u>	28	Net assets with donor restrictions				28	
<u>n</u>		Organizations that do not follow FASB ASC	958, che	eck here			
Ĕ		and complete lines 29 through 33.					
<u>ئا</u> ئۇ	29	Capital stock or trust principal, or current fund				29	
Sse	30	Paid-in or capital surplus, or land, building, or				30	
۲   ک <u>ا</u>	31	Retained earnings, endowment, accumulated			1 062 150	31	000 170
	32	Total net assets or fund balances			1,063,158.	32	982,179.
:	33	Total liabilities and net assets/fund balances			1,323,153.	33	1,238,466. Form <b>990</b> (2022

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			3,1			
2	Total expenses (must equal Part IX, column (A), line 25)	2		626	5,1	56.		
3	Revenue less expenses. Subtract line 2 from line 1	3		-43	3,0	40.		
4								
5	Net unrealized gains (losses) on investments	5		-3'	7,9	39.		
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		982	2,1	79.		
Pai	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: Cash X Accrual Other		[					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	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	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	consolidated basis, or both:							
	X 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	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C	).					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	dit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### **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

Name of the organization

**Employer identification number** 

0	HIO OSTEOPATHIC ASSOCIATION	31-6049335					
Organization type (check	one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 6 ) (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						
, ,	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.					
General Rule							
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor's						
Special Rules							
sections 509(a)(1) contributor, durin	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.						
contributor, durin literary, or educat	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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year							
sections 509(a)(1) contributor, durin or (ii) Form 990-Ei  For an organizatic contributor, durin literary, or educat "N/A" in column (  For an organizatic year, contribution is checked, enter purpose. Don't co	and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) FZ, line 1. Complete Parts I and II.  on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a g the year, total contributions of more than \$1,000 exclusively for religious, charitable, scie ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (er b) instead of the contributor name and address), II, and III.  on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a seculusively for religious, charitable, etc., purposes, but no such contributions totaled mothere the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the General Rule applies to this organization because it re	If that received from any one form 990, Part VIII, line 1h; any one entific, antering any one contributor, during one than \$1,000. If this box is, charitable, etc., eceived nonexclusively					

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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

OHIO OSTEOPATHIC ASSOCIATION

Name of organization Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$\$	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

31-6049335

Name of organization Employer identification number

### OHIO OSTEOPATHIC ASSOCIATION

31-6049335

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b></b> \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
23453 11-15			Schedule B (Form 990) (2022)

Name of organization **Employer identification number** OHIO OSTEOPATHIC ASSOCIATION 31-6049335 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE C (Form 990)

### **Political Campaign and Lobbying Activities**

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

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

		nization	ions. Complete Fait III.		1	Employer identification number
rianic	or orga		TEOPATHIC ASSOCI	Δ TT ON		31-6049335
Part	· I-A		anization is exempt und		or is a section 52	
1 P 2 P	Provide a	a description of the organiz campaign activity expendit	ation's direct and indirect politic	cal campaign activities i	n Part IV.	\$
Part	I-B	Complete if the org	anization is exempt und	der section 501(c)(	3).	
1 E	nter the	amount of any excise tax	incurred by the organization un	der section 4955		\$
<b>2</b> E	nter the	amount of any excise tax	incurred by organization manag	gers under section 4955		\$
			n 4955 tax, did it file Form 4720			
4a ₩	Vas a co	orrection made?				Yes No
	1	describe in Part IV.	anization is exempt und	lov costion FO1(a)	avaant aaatian E	:04/a\/0\
	I-C					
		• •	l by the filing organization for se ization's funds contributed to o	•		\$
				-		¢
	•		. Add lines 1 and 2. Enter here			\$
						\$
			1120-POL for this year?			
m ce	nade pa ontribut	yments. For each organizations received that were pro	nployer identification number (E tion listed, enter the amount pa comptly and directly delivered to additional space is needed, pro	id from the filing organiz a separate political orga	ation's funds. Also en anization, such as a se	ter the amount of political
		(a) Name	( <b>b)</b> Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's contributions received and

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

Schedule C (Form 990) 2022

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232041 11-08-22

Schedule C (Form 990) 2022		PATHIC ASSOC			5049335 Page 2
Part II-A Complete if the org section 501(h)).	janization is exe	empt under section	n 501(c)(3) and file	d Form 5768 (el	ection under
	ation bolonge to an a	ffiliated aroun (and list in	Dort IV and offiliated	avous mombovio som	a address FIN
	re of excess lobbying		n Part IV each affiliated	group member's nam	ie, address, Elin,
	, ,	g experioraries). and "limited control" pro	ovisions apply		
	its on Lobbying Exp	•	омынь арріу.	(a) Filing organization's	(b) Affiliated group totals
(The term "expen	ditures" means amo	ounts paid or incurred.	)	totals	12.22
1a Total lobbying expenditures to infl	uence public opinion	(grassroots lobbying)			
<b>b</b> Total lobbying expenditures to infl	uence a legislative be	ody (direct lobbying)			
c Total lobbying expenditures (add I					
d Other exempt purpose expenditur					
e Total exempt purpose expenditure		D.			
f Lobbying nontaxable amount. Ent	er the amount from t				
If the amount on line 1e, column (a)	or (b) is: The lo	bbying nontaxable am	ount is:		
Not over \$500,000		of the amount on line 1e			
Over \$500,000 but not over \$1,00	0,000 \$100,	000 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,	000 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,	000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,00	0,000.			
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer	o or less, enter -0-				
i Subtract line 1f from line 1c. If zero	o or less, enter -0				
j If there is an amount other than ze	ero on either line 1h o	r line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
	4-Year A	veraging Period Under	Section 501(h)		
(Some organizations t				f the five columns b	elow.
	See the sepa	arate instructions for li	nes 2a through 2f.)		
	Lobbying Exp	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
, (-)/					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

### Schedule C (Form 990) 2022 OHIO OSTEOPATHIC ASSOCIATION 31-60493 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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.				o)
	Yes	No	Ame	ount
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:				
a Volunteers?				
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section				
	n 501(c)(	5), or se	ction	
501(c)(6).				
33.(4)(4).			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1		X
				Х
<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B</li> <li>Complete if the organization is exempt under section 501(c)(4), section</li> </ul>	ne prior year on 501(c)(	2 ? 3 5), or se		X
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	ne prior year on 501(c)(t "No" OR	2 ? 3 5), or se (b) Part	III-A, line	Х Х 3, is
<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B</li> <li>Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> </ul>	ne prior year on 501(c)(i "No" OR	2 ? 3 5), or se (b) Part	III-A, line	X
<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B</li> <li>Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)</li> </ul>	ne prior year on 501(c)(i "No" OR	2 ? 3 5), or se (b) Part	III-A, line	Х Х 3, is
<ol> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B</li> <li>Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> </ol>	ne prior year on 501(c)( "No" OR	2 3 5), or se (b) Part	III-A, line	X X 3, is
<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B</li> <li>Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>Current year</li> </ul>	ne prior year on 501(c)(t "No" OR	2 3 5), or se (b) Part	III-A, line	Х Х 3, is
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 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 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	ne prior year on 501(c)(l "No" OR	2 3 5), or se (b) Part	337 24	X X 3, is 7,936.
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 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 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	ne prior year on 501(c)(l "No" OR	2 3 5), or se (b) Part  1 2a 2b 2c	33° 24	X X 3, is 7,936.
<ul> <li>1 Were substantially all (90% or more) dues received nondeductible by members?</li> <li>2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."</li> <li>1 Dues, assessments and similar amounts from members</li> <li>2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> </ul>	ne prior year on 501(c)( "No" OR	2 3 5), or se (b) Part  1 2a 2b 2c	33° 24	X X 3, is 7,936.
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 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 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	ne prior year on 501(c)(s "No" OR cal	2 3 5), or se (b) Part  1 2a 2b 2c	33° 24	X X 3, is 7,936.
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 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 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeding section 162(e) to the reasonable estimate of nondeductible lobbying and political expenditures of nondeductible lobbying and political expenditures (do not include amounts of political expe	ne prior year on 501(c)(t) "No" OR cal	2 3 5), or se (b) Part  2a 2b 2c 3	33° 24	X X 3, is 7,936.
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 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 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	ne prior year on 501(c)(t) "No" OR cal	2 3 5), or se (b) Part  1 2a 2b 2c	33° 24 24 50	X X 3, is 7,936.

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

Name of the organization

OHIO OSTEOPATHIC ASSOCIATION

**Employer identification number** 31-6049335

Par	t I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	g that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's exclusive	usive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisor	ors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or dor	nor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the organiz	ation answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization (c		
	Preservation of land for public use (for example, recreation	or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified of	onservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
_			
b			
C	Number of conservation easements on a certified historic structur		2c
d	Number of conservation easements included in (c) acquired after		
•		d - d'a - d'a - d'a - d	
3	Number of conservation easements modified, transferred, release	d, extinguished, or terminated by the d	organization during the tax
	year	and the language of	
4	Number of states where property subject to conservation easeme	·	
5	Does the organization have a written policy regarding the periodic		Yes No
6	violations, and enforcement of the conservation easements it hold Staff and volunteer hours devoted to monitoring, inspecting, hand		
U	Stall and volunteer hours devoted to monitoring, inspecting, hand	ming of violations, and emorcing conse	a valion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservation	on easements during the year
•	7 thouse of expenses mounted in monitoring, inspecting, narraining	or violations, and ornorolling consolvation	on casements daring the year
8	Does each conservation easement reported on line 2(d) above sat	isfy the requirements of section 170(h	)(4)(B)(i)
_			
9	In Part XIII, describe how the organization reports conservation ea		
	balance sheet, and include, if applicable, the text of the footnote to	·	
	organization's accounting for conservation easements.	3	
Par	t III Organizations Maintaining Collections of Art	, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, no	ot to report in its revenue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for public e	xhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its financial	statements that describes these items	
b	If the organization elected, as permitted under FASB ASC 958, to	report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public exh	bition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treasure		
	the following amounts required to be reported under FASB ASC 9	58 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for		Schedule D (Form 990) 2022

	t III Organizations Maintaining Co					Other S	Similar A		(continu		age Z
3	Using the organization's acquisition, accessio								(COTTUTE)	ucu)	
	collection items (check all that apply):	.,	-,	<b>,</b>							
а	Public exhibition	C	<b>.</b>	Loan or exc	hange progra	am					
b	Scholarly research	•									
c	Preservation for future generations										
4	Provide a description of the organization's col	lections and explain	n how th	ev further th	ne organizatio	n's exemn	t purpose	in Part	XIII.		
5	During the year, did the organization solicit or										
•	to be sold to raise funds rather than to be mai								Yes		No
Par	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Part			9			, -	<b>,</b>	,		
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for o	ontributions	s or other ass	ets not ind	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a								-		_
	3	ŗ	3						Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.					-			_		ĺ
	t V Endowment Funds. Complete if										
	· .	(a) Current year		rior year	(c) Two year		I) Three yea	ırs back	(e) Four	years	back
1a	Beginning of year balance	-		-							
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end balanc	e (line 1d	. column (a)	) held as:						
а	Board designated or quasi-endowment	•	%	,, (,	,,						
b	Permanent endowment	_,									
c	Term endowment 9										
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.									
За	Are there endowment funds not in the posses	· ·	ation that	are held ar	nd administer	ed for the					
	organization by:	J								Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	red on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI   Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990	D, Part IV	, line 11a. S	ee Form 990	, Part X, Iir	ne 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	umulated		(d) Book	value	Э
		basis (investr	ment)	basis	(other)	depr	eciation				
1a	Land				3,000.						00.
	Buildings				5,949.	2	03,44!	5.		, 50	
С	Leasehold improvements										
d	Equipment			13	3,372.	1:	30,62	5.	2	7.	47.
е	Other										
	. Add lines 1a through 1e. (Column (d) must eq		X. colum	n (B). line 1	0c.)				38	$\frac{1}{2}$	51.

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities.

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) AMERICAN BOND FUND OF		
(B) AMERICA CLASS 2F	109,818.	END-OF-YEAR MARKET VALUE
(C) AMERICAN GROWTH FUND OF		
(D) AMERICA CLASS 2F	91,240.	END-OF-YEAR MARKET VALUE
(E) PIMCO HIGH YIELD FUND		
(F) CLASS I-2	45,935.	END-OF-YEAR MARKET VALUE
(G) TRANSAMERICA SHORT-TERM		
(H) BOND FUND CLASS I	54,280.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	586,607.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

(5) (6) (7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Only 1997) (1) 1997 (1)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 OHIO OSTEOPATHIC ASSOCIATIO	M		3T-01	J49333 Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	545,177.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-37,939.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-37,939.
3	Subtract line 2e from line 1			3	583,116.
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 <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	583,116.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per R	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	626,156.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	626,156.
4	Amounts included on Form 990, Part IX, line 25, 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			

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information.

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

#### PART X, LINE 2:

c Add lines 4a and 4b

THE ASSOCIATION HAS ADOPTED THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) RELATING TO UNCERTAIN TAX POSITIONS. THE ASSOCIATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS. THE ASSOCIATION ANNUALLY EVALUATES TAX POSITIONS WHICH INCLUDES AN ANALYSIS OF WHETHER TAX POSITIONS THE ASSOCIATION TAKES WITH REGARD TO UNRELATED BUSINESS INCOME, RELATED DEDUCTIONS APPLIED OR OTHER ACTIVITIES THAT MAY JEOPARDIZE THEIR TAX EXEMPT STATUS, WOULD MEET THE DEFINITION OF UNCERTAIN TAX POSITION. AS OF APRIL 30, 2023 AND 2022, NO TAX ACCRUAL WAS RECORDED AS MANAGEMENT BELIEVES THERE ARE NO UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 OHIO OSTEOPATHIC ASSOCIATION	<u> </u>	Page 5
Schedule D (Form 990) 2022 OHIO OSTEOPATHIC ASSOCIATION Part XIII   Supplemental Information (continued)		
(continued)		

Part VII Investments - Other Securities. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
AMERICANWASHINGTON MUTUAL INVESTORS FUND		
CLASS F2	90,515.	EOY MARKET VALUE
AMERICAN NEW PERSPECTIVE FUND CLASS 2	46,036.	EOY MARKET VALUE
ISHARES TR CORE S&P SMALL-CAP EFT	48,128.	EOY MARKET VALUE
SPDR S&P 500 EFT TR TR UNIT	100,655.	EOY MARKET VALUE

#### SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

OHIO OSTEOPATHIC ASSOCIATION

Employer identification number 31-6049335

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		ı

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 OHIO OSTEOPA!

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	0	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	I	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MATTHEW W. HARNEY	Ξ	135,538.	0	0	15,93	2,500.	153,97	0
EXECUTIVE DIRECTOR	▣	0	0	0	0	0	0	0
	Ξ							
	≣							
	Ξ							
	▣							
	Ξ							
	▣							
	Ξ							
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	(ii)							
							Schedu	Schedule J (Form 990) 2022

Page 3

	Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information
HIC ASSOCIATION	oart I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6
HIO OSTEOPATE	ģ
OHI	ion, or desc
Schedule J (Form 990) 2022  Part III Supplemental Informat	Provide the information, explanation, or descriptions required

Schedule J (Form 990) 2022

#### 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.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

OHIO OSTEOPATHIC ASSOCIATION

Employer identification number 31-6049335

FORM 990, PART VI, SECTION A, LINE 6:

THE OHIO OSTEOPATHIC ASSOCIATION IS A MEMBERSHIP ORGANIZATION OF OSTEOPATHIC PHYSICIANS IN OHIO DIVIDED INTO DISTRICT ACADEMIES. **MEMBERSHIP** CONSISTS OF THE FOLLOWING: 993 PHYSICIANS; 1,604 INTERNS & RESIDENTS; AND 016 STUDENTS FOR A TOTAL MEMBERSHIP OF 3,613. ANY REGULAR MEMBER IS ENTITLED TO SERVE ON THE ORGANIZATION'S BOARD OF TRUSTEES. EACH DISTRICT ELECTS ONE TRUSTEE TO SERVE ON THE ASSOCIATION'S BOARD OF TRUSTEES. EACH ON THE BASIS OF NUMBER OF MEMBERS IN THAT DISTRICT, REPRESENTATIVES TO PARTICIPATE IN AN ANNUAL HOUSE OF DELEGATES. THE OFFICERS OF THE BOARD OF TRUSTEES ARE ELECTED BY THE DELEGATES DURING THE ANNUAL MEETING OF THE ASSOCIATION.

FORM 990, PART VI, SECTION A, LINE 7A:

REGULAR MEMBERS, WHO INCLUDE PRACTICING PHYSICIANS, RETIRED PHYSICIANS, AND REDUCED DUES MEMBERS AS WELL AS LIFE MEMBERS ARE ELIGIBLE TO SERVE AS ELECTED REPRESENTATIVES OF THEIR DISTRICTS AT THE ASSOCIATION'S ANNUAL MEETING. ALL MEMBERS HAVE A RIGHT TO VOTE FOR THE TRUSTEES WHO REPRESENTS THEIR DISTRICT, REGARDLESS OF WHETHER THEY SERVE IN THE HOUSE OF DELEGATES OR NOT.

FORM 990, PART VI, SECTION A, LINE 7B:

THE ASSOCIATION'S BOARD OF TRUSTEES AND EXECUTIVE COMMITTEE HAVE THE

AUTHORITY TO MAKE DECISIONS IN BETWEEN MEETINGS OF THE HOUSE OF DELEGATES.

THE HOUSE OF DELEGATES IS THE MAJOR POLICY MAKING BODY OF THE ASSOCIATION,

COMPOSED OF MEMBERS WHO ARE ELECTED TO SERVE. ANY MEMBER CAN CHALLENGE A

DECISION OF THE BOARD OF TRUSTEES BY INVOKING PROCEEDINGS CALLING FOR A

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

Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page **2** 

Name of the organization

OHIO OSTEOPATHIC ASSOCIATION

Employer identification number 31-6049335

SPECIAL MEETING OF THE HOUSE OF DELEGATES. THE BOARD IS ALSO SENSITIVE TO

THE NEEDS OF THE MEMBERS AND WILL SEEK APPROVAL OF THE HOUSE FOR

SIGNIFICANT DECISIONS FOR NON-TIME SENSITIVE ISSUES WHICH HAVE A

SIGNIFICANT IMPACT ON THE FUTURE OF THE ASSOCIATION.

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

THE DIRECTOR OF ACCOUNTING AND EXECUTIVE DIRECTOR REVIEW THE 990 PRIOR TO

ITS FILING WITH THE IRS AND MAKE INQUIRIES OF THE PREPARER. SUBSEQUENTLY, A

COPY OF THE FORM 990 AND FORM 990-T IS EMAILED TO THE BOARD MEMBERS FOR

THEIR REVIEW. THE FORMS ARE FURNISHED TO ANYONE, UPON REQUEST, WHO WISHES

TO REVIEW THEM.

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

THE ASSOCIATION REQUIRES THAT ITS OFFICERS, TRUSTEES, AND KEY EMPLOYEES

ANNUALLY DISCLOSE ANY CONFLICT OF INTEREST THEREBY MONITORING COMPLIANCE.

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

THE PROCEDURE FOR DETERMINING COMPENSATION OF THE ASSOCIATION'S EXECUTIVE

DIRECTOR INCLUDES REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY

DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION

BY THE GOVERNING BODY. IN ADDITION, THE ASSOCIATION ALSO REVIEWS THE FORM

990 OF OTHER ORGANIZATIONS. FINALLY, THE EXECUTIVE DIRECTOR HAS A WRITTEN

EMPLOYMENT CONTRACT. THE ORGANIZATION DOES NOT HAVE ANY OTHER EMPLOYEES

WHO ARE EITHER OFFICERS OR KEY EMPLOYEES. IF IT DID, THE PROCESS DESCRIBED

ABOVE WOULD BE USED.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORMS 990 AVAILABLE FOR PUBLIC INSPECTION BY

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization OHIO OSTEOPATHIC ASSOCIATION	Employer identification number 31-6049335
PLACING THEM ON ITS WEBSITE, WWW.OHIODO.ORG. IN ADDITION,	THE DOCUMENTS
ARE AVAILABLE ON WWW.GUIDESTAR.ORG AND BY REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE F	OR PUBLIC
INSPECTION BY REQUEST.	_
FORM 990, PART X	
THE 6/30/2022 FINANCIAL STATEMENTS HAVE BEEN RESTATED DUE	TO AN
UNDERSTATEMENT OF AMOUNTS PREVIOUSLY REPORTED FOR ACCOUNTS	RECEIVABLES.
THE CHANGES RELATE TO PART X, LINE 4 ACCOUNTS RECEIVABLES	AND PART X,
LINE 27 NET ASSETS WITHOUT DONOR RESTRICTIONS.	

# SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Open to Public Inspection 2022

OMB No. 1545-0047

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

Employer identification number  $31-60\,4\,9\,3\,3\,5$ 

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. OHIO OSTEOPATHIC ASSOCIATION Part I

( <b>J</b> ) (e)	End-of-year assets Direct controlling	entity							t had one or more related tax-exempt
<b>©</b>	Total income   Er								t IV, line 34, because it
(0)	Legal domicile (state or	foreign country)							swered "Yes" on Form 990, Par
(q)	Primary activity								ons. Complete if the organization ans
(a)	Name, address, and EIN (if applicable)	of disregarded entity							<b>Part II</b> Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a)	(q)	(c)	(p)	(e)	(f)	( <b>b</b> )	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512 controll	(b)(13) ed
of related organization		foreign country)	section	status (if section	entity	entity	2
				501(c)(3))		Yes	No
OHIO OSTEOPATHIC FOUNDATION - 23-7263315							
53 WEST 3RD AVENUE							
COLUMBUS, OH 43201	EDUCATION & RESEARCH	OHIO	501(C)(3)	LINE 12A, I	N/A		×

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 OHIO OSTEOPATHIC ASSOCIATION

31-6049335 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

( <del>X</del>	General or Percentage managing ownership partner?										
6	aging ner?	٩									
	Gene	Yes									
Ξ	Code V-UBI amount in box	K-1 (Form 1065)									
	nate s?										
Ξ	Disproportionate allocations?	Yes No			$\vdash$		$\vdash$				
	Disp	∠e									
(6)	Share of end-of-year	doodlo									
(£)	Share of total income										
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)									
(p)	Direct controlling entity										
(2)	Legal domicile (state or	toreign country)									
(a)	Primary activity										
(a)	Name, address, and EIN of related organization										

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

	ام		l		l		l		l	
(i) Section 512(b)(13) controlled entity?	s No									
9 C	Yes									
(h) Percentage ownership										
(g) Share of end-of-year										
(f) Share of total income										
(e) /pe of entity corp, S corp	0 11431									
e Direct controlling Ty										
(c) Legal domicile (state or foreign	country)									
<b>(b)</b> Primary activity										
(a) Name, address, and EIN of related organization										

Schedule R (Form 990) 2022

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

<b>Note:</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes No	ê
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed i	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	λį			<b>1</b> a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				4	×	
c Gift, grant, or capital contribution from related organization(s)				2	×	
d Loans or loan guarantees to or for related organization(s)				1d		×
:				<b>1e</b>		×
						1
f Dividends from related organization(s)				<b>=</b>		×
g Sale of assets to related organization(s)				1g		×
h Purchase of assets from related organization(s)				£		×
i Exchange of assets with related organization(s)				÷		×
j Lease of facilities, equipment, or other assets to related organization(s)				÷		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	$\dashv$	×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			두		×
o Sharing of paid employees with related organization(s)				9		×
p Reimbursement paid to related organization(s) for expenses				<del>1</del>		×
q Reimbursement paid by related organization(s) for expenses				5		×
Thhar transfer of each or preparty to related overanization(e)				÷		×
				- 4		 
	who must complete th	is line, including covered r	elationships and transaction thresholds.	2		
	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) OHIO OSTEOPATHIC FOUNDATION	Ţ	116,314.	GAAP			
(2)						
(3)						
(4)						
(5)						
(9)						
232163 09-14-22			Schedule	Schedule R (Form 990) 2022	990) 2	2022

OHIO OSTEOPATHIC ASSOCIATION Schedule R (Form 990) 2022 Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

) ntage ship				
(k) Percent owners				
(j) leneral or nanaging partner? les No				
(h)				
(h) spropor- tionate cations?				
Dis alloc				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all partners sec. 501(c)(3) 0195.? Yes No				
me par 5d, 5d, 5d, 7e				
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R (Form 990) 2022

#### UNRELATED BUSINESS INCOME

### **CARRYOVER DATA TO 2023**

Name OHIO OSTEOPATHIC ASSOCIATION	Employer Identification Number 31-6049335
Based on the information provided with this return, the following are possible carryover amounts to next year.	
FEDERAL POST-2017 NET OPERATING LOSS - PUBLICATION AD	VERTISI 738.
FEDERAL POST-2017 NET OPERATING LOSS - WORKER'S COMP	GROUP R 4,640.
FEDERAL PRE-2018 NET OPERATING LOSS	8,728.

31-6049335		Amount Used for	Amount Used for
FEIN:		Amount Used for	Amount Used for
L		Used for	Used for
		Used for	Used for
	EDULE	Amount Used for	Amount Used for
	DETAIL CARRYOVER SCHEDULE	Amount Used for	Amount Used for
	DETAIL C	Amount Used for	Amount Used for
	17 NO	Amount Used for	Amount Used for
V	TISIN POST-20: Section 382 Carryover	Amount Used for	Amount Used for
OHIO OSTEOPATHIC ASSOCIATION	PUBLICATION ADVERTISIN POST-2017  Section 382 Carryover	Total Amount Used	Amount Used for
OHIO OSTEOPATE	mitatio	Original Carryover Amount 205. 533.	Used for
Name: (	Type and Entity: Section 382 Annual Li	Year Originated 2021 2021	

212571 04-01-22

Name:	OHIO OSTEOPAT	Name: OHIO OSTEOPATHIC ASSOCIATION								FEIN:	31-6049335
Type an	Type and Entity: WOR.	WORKER'S COMP GROUP	UP RA POST-2017 Section 382 Carrvover	.7 NO	DETAIL CA	DETAIL CARRYOVER SCHEDULE	EDULE				
Vear Origi-	Original Carryover Amount 151. 1,975. 2,198. 2,198. 279.	Total Amount Used	Amount Used for	Used for	Used for	Used for	Used for —	Used for	Used for	Used for	Amount Used for
Detail Type	S Amount O Sed for C O Sed for	Amount Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Amount Used for

212571 04-01-22

Name: c	HIO OSTEOPATE	Name: OHIO OSTEOPATHIC ASSOCIATION	7							FEIN:	31-6049335
Type and Entity:	mitatio	PRE-2018 NOL FED	Section 382 Carryover		DETAIL CA	DETAIL CARRYOVER SCHEDULE	EDULE				
Year Origi- nated 2009 2010 2011 2013 2014 2015 2015 2015	Original Carryover Amount 3,504. 1,684. 1,664. 267. 267. 267. 267. 315.	Amount Used	Amount Used for	Amount Used for	Used for	Amount Used for	Amount Used for	Amount Used for	Used for	Amount Used for	Amount Used for
Detail S Type B B C C C C C C C C C C C C C C C C C	Amount Used for	Used for	Amount Used for	Amount Used for	Used for	Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for

04-01-22

### Form 8879-TF

### IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning MAY 1 , 2022, and ending APR 30 , 20 23

OMB No. 1545-0047

Department of the Treasury

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer OHIO OSTEOPATHIC ASSOCIATION 31-6049335 NICKLAUS J. HESS, DO Name and title of officer or person subject to tax PRESIDENT-ELECT 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. Form 990 check here ...... b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_ 1b 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) Form 1120-POL check here 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) Form 8868 check here ..... 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here ..... 6a 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) Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** 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 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 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 lauthorize GBQ PARTNERS LLC 23568 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 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 2022 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 31104927881 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 2022 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. 03/17/24 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2022) LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

202521 12-16-22

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print OHIO OSTEOPATHIC ASSOCIATION 31-6049335 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 53 WEST THIRD AVENUE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions COLUMBUS, OH 43201 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) MATT HARNEY, EXECUTIVE DIRECTOR The books are in the care of ► 53 W. THIRD AVE. - COLUMBUS, OH 43201 Telephone No. ► 614-299-2107 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MARCH 15, 2024 to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year  $\_$  , and ending  $\_$  APR  $\,$  30 ,  $\,$  2023 ► X tax year beginning MAY 1, 2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

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

Form 8868 (Rev. 1-2022)

EXTENDED TO MARCH 15, 2024

Forn	<sub>11</sub> 990-T	E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	r <b>n</b>	OMB No. 1545-0047
		For cal	lendar year 2022 or other tax year beginning $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	)23 .	2022
Depa Interi	artment of the Treasury nal Revenue Service		Go to www.irs.gov/Form990T for instructions and the latest information.  Do 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.)		oyer identification number
B E	Exempt under section	Print	OHIO OSTEOPATHIC ASSOCIATION	3	1-6049335
X	501( <b>c</b> )( <b>6</b> ) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.  53 WEST THIRD AVENUE	EGroup (see i	p exemption number instructions)
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code COLUMBUS, OH 43201	F	Check box if
		С Во	ok value of all assets at end of year		an amended return.
G	Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
H	Check if filing only to	)	Claim credit from Form 8941 Claim a refund shown on Form 2439		
<u> </u>	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	
J_	Enter the number of	attach	ed Schedules A (Form 990-T)		2
K	During the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	L	Yes X No
	If "Yes," enter the na	ame an	d identifying number of the parent corporation.		
_	The books are in car		MATT HARNEY, EXECUTIVE DIRECTOR Telephone number	614-	299-2107
Pa			d Business Taxable Income		T
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)				0.
2	Reserved				
3	Add lines 1 and 2				
4			see instructions for limitation rules)		0.
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3		
6		•	ng loss. See instructions	. 6	0.
7			ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from				1 000
8			rally \$1,000, but see instructions for exceptions)		1,000.
9			duction. See instructions		1 000
10	Total deductions.			. 10	1,000.
11		ss taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
D	enter zero art II Tax Com	nutat	ion.	_   11	0.
		•		<del></del>	0.
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2			ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)		
3	Proxy tax. See ins				
4	Other tax amounts		6		
5	Alternative minimu			. 5	
6	lax on noncompl	uant fa	cility income. See instructions	1 6	1

7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

Part	III .	Tax and Payments			<u> </u>
1a	Foreig	gn tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b		credits (see instructions)			
С	Gene	ral business credit. Attach Form 3800 (see instructions)	1c		
d		t for prior year minimum tax (attach Form 8801 or 8827)			
е		credits. Add lines 1a through 1d		1e	
2		act line 1e from Part II, line 7			0.
3	Other	amounts due. Check if from: Form 4255 Form 8611 Form	n 8697 🔲 F	Form 8866	
		Other (attach statement)		3	
4	Total	tax. Add lines 2 and 3 (see instructions).	viously deferred u	under	
	section	on 1294. Enter tax amount here		4	0.
5	Curre	nt net 965 tax liability paid from Form 965-A, Part II, column (k)		5	0.
6a	Paym	ents: A 2021 overpayment credited to 2022	6a		
b	2022	estimated tax payments. Check if section 643(g) election applies	6b		
С	Tax d	eposited with Form 8868	6c		
d	Forei	gn organizations: Tax paid or withheld at source (see instructions)	6d		
е	Backı	up withholding (see instructions)	6e		
f		t for small employer health insurance premiums (attach Form 8941)	6f		
g		credits, adjustments, and payments: Form 2439	_		
		Form 4136 Other Tot			
7	Total	payments. Add lines 6a through 6g		7	
8					
9					
10		payment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	paid		
11		the amount of line 10 you want: Credited to 2023 estimated tax	Man ( ) .	Refunded 11	
Part		Statements Regarding Certain Activities and Other Information			T., T.,
1		y time during the 2022 calendar year, did the organization have an interest in o	-	•	Yes No
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the	-		
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	ne name of the fo	reign country	v
_	here				X
2		g the tax year, did the organization receive a distribution from, or was it the gra			x
		n trust?			
3		s," see instructions for other forms the organization may have to file. the amount of tax-exempt interest received or accrued during the tax year		\$	
4		available pre-2018 NOL carryovers here \$8,728. Do not			
-		n on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by			
5		2017 NOL carryovers. Enter the Business Activity Code and available post-201	•		
J		mounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo	· ·		
	tiro ai	Business Activity Code		ost-2017 NOL carryover	1
		513120	\$	205.	1
		541900	\$	4,361.	1
6a	Did th			,	Х
b		s "Yes," has the organization described the change on Form 990, 990-EZ, 990			
		in in Part V			
Part	V :	Supplemental Information			
Provide	the e	xplanation required by Part IV, line 6b. Also, provide any other additional inforn	nation. See instru	ctions.	
٥.		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and prrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep			ue,
Sign	"		barci rias ariy kilowicug	May the IRS discuss th	is return with
Here	_		DENT-ELEC	the preparer shown be	
	S	gnature of officer Date Title		instructions)? X	es No
		Print/Type preparer's name Preparer's signature	Date	Check if PTIN	
Paid				self- employed	
Prepa	rer	· · · · · · · · · · · · · · · · · · ·	03/17/24	P00116	
Use C		Firm's name GBQ PARTNERS LLC		Firm's EIN 20-212	22306
	,	230 WEST STREET, SUITE 700			
		Firm's address COLUMBUS, OH 43215		Phone no. (614) 221	
223711 0	1-16-23			Form	90-T <sub>(2022)</sub>

FORM 990-T	PRE-2018	NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
04/30/10	3,504.	0.	3,504.	3,504.
04/30/11	1,838.	0.	1,838.	1,838.
04/30/12	1,664.	0.	1,664.	1,664.
04/30/13	398.	0.	398.	398.
04/30/14	61.	0.	61.	61.
04/30/15	267.	0.	267.	267.
04/30/16	561.	0.	561.	561.
04/30/17	120.	0.	120.	120.
04/30/18	315.	0.	315.	315.
NOL CARRYOV	ER AVAILABLE THIS Y	/EAR	8,728.	8,728.

# SCHEDULE A (Form 990-T)

# **Unrelated Business Taxable Income From an Unrelated Trade or Business**

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

Do 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

A N	lame of the organization OHIO OSTEOPATHIC ASSOCIATION			B Employer identification 31-604933	
<u>c</u> .	Unrelated business activity code (see instructions) 51312	0		<b>D</b> Sequence:	1 of 2
<b>E</b> [	Describe the unrelated trade or business PUBLICATION	ADVE:	RTISING		
	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled	1.1			
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10		533.	-533.
11	Advertising income (Part IX)	11		233.	-333.
12	Other income (see instructions; attach statement)	12	0.	533.	-533.
13	Total. Combine lines 3 through 12	13	-	-	
Pa	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in		limitations on dec	luctions. Deductions	s must be
1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts				
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses				
7	Depreciation (attach Form 4562). See instructions		7		
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)			14	
15	•				0.
16	Unrelated business income before net operating loss deduction. S				
	column (C)			16	-533.
17	Deduction for net operating loss. See instructions				0.
18	Unrelated business taxable income. Subtract line 17 from line 10	6			-533.
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedu	le A (Form 990-T) 2022

223741 01-16-23

Pac	ıe	4

Part	III Cost of Goods Sold Enter meth	nod of inventory valuati	on		r ago <u>=</u>
1	Inventory at beginning of year	•		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			1 _ 1	
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9	Do the rules of section 263A (with respect to property	•			Yes No
Part					
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See instru	ctions.	
	A 🗌	,			
	В				
	c 🗆				
	D				
		Α	В	С	
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.				
ŭ	Add lines 2a and 2b, columns A through D				
	Add lines 2a and 2b, columns A through b	l	I		
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I line 6 co	lumn (Δ)	0.
Ū	Deductions directly connected with the income	tillough D. Enter here	and on raiti, line o, co	idilii (r)	
4	in lines 2(a) and 2(b) (attach statement)				
7	in into 2(a) and 2(b) (attach statement)	l	I		
5	Total deductions. Add line 4 columns A through D. En	ter here and on Part I	line 6 column (B)		0.
Part		ee instructions)			
1	Description of debt-financed property (street address, of	<u>'</u>	heck if a dual-use. See i	instructions	
•	A	,, etate, <u></u> eeae,. e.			
	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,				
C	columns A through D)				
4	Amount of average acquisition debt on or allocable				
4	• .				
E	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
_	financed property (attach statement)	2.1	6.1	2/	
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	Fatanbara and S	4.1. Black 7 black (A)		0.
8	Total gross income (add line 7, columns A through D)	. ∟nter nere and on Par	τι, line /, column (A)		U •
^	Allegable deducations Marking Disc C. J. P. C.	Г	Γ		
9	Allocable deductions. Multiply line 3c by line 6	ough D. Catanilaria	Lon Doubline 7!	m (D)	0.
10	Total allocable deductions. Add line 9, columns A thr				0.
	Total dividends-received deductions included in line	ıu			U •

Sched	ule A (Form 990-T) 2022 VI Interest, Annu	ities R	ovalties, and Re	ents fron	n Control	led Or	ganizations	s (see in	structio	ne)	Page 3
ı art	VI IIICOCOL, FAIIIC	artico, 110					xempt Contro	,		115)	
	Name of controlle organization	d	2. Employer identification number	incon	unrelated ne (loss) structions)	4. Tota	al of specified nents made	5. Part of that is included controlling tion's ground that is included the controlling that is not a second that i	f columr luded in g organi	the za-	Deductions directly connected with income in column 5
(1)								1.017 0 g. c			
(2)											
(3)											
(4)											
					Controlled O		1				
7	7. Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc	of column soluded in the organization income	ie	С	Deductions directly onnected with one one column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c			Enter	columns 6 and 11. here and on Part I, le 8, column (B)
Totals									0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee instruct	ions)		
	<b>1.</b> Desc	cription of	income		2. Amou incor		3. Deduction directly connected (attach states	ected (att	<b>1.</b> Set-as ach stat		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					A alal a 22 a						Add amazunta in
Totals					Add amor column 2 here and o line 9, colu	. Enter n Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part		xempt A	Activity Income,	Other T	han Adve	ertising	g Income	see instruc	ctions)		
1	Description of exploite								ĺ		
2	Gross unrelated busin	ess incom	e from trade or busir	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)	L	2	
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter l	here and on Pa	art I,			
	line 10, column (B)									3	
4	Net income (loss) from	n unrelated		Subtract lir	ne 3 from lin	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									7	

Schedule A (Form 990-T) 2022

Part	IX Advertising Income				y
1	Name(s) of periodical(s). Check box if reporting two or		onsolidated basis		
	A BUCKEYE OSTEOPATHIC PHY	SICIAN			
	В				
	c				
		andina and an			
inter a	amounts for each periodical listed above in the correspo		В	С	D
2	Gross advertising income	A 0.	В		
_	Add columns A through D. Enter here and on Part I, lii				0.
а					
3	Direct advertising costs by periodical	533.			
а	Add columns A through D. Enter here and on Part I, lin	ne 11, column (B)			533.
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8	-533.			
5	Readership costs	333.			
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the greater of				0.
Part	X Compensation of Officers, Directors	and Trustees (Se	e instructions)		•
		,	, o mondonomo,	3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
1)				%	
2)				%	
3)				%	
4)				%	
Total	. Enter here and on Part II, line 1				0.
Part		ctions)		l	•
	11 (666 )	, i.e.,			

990-T SCH A	POST-2017	NET OPERATING	LOSS DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
04/30/22	205.	0.	205.	205.
NOL CARRYOVE	ER AVAILABLE THIS Y	205.	205.	

### **SCHEDULE A** (Form 990-T)

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only

<b>A</b> N	Name of the organization OHIO OSTEOPATHIC ASSOCIATION						B Employer identification number 31-6049335		
<u>c</u> .	Inrelated business activity code (see instructions) 54190	0			<b>D</b> Sequen	ice: 2	of 2		
<b>E</b> D	escribe the unrelated trade or business WORKER'S COM	P GR	OUP RATII	NG PL	AN				
Par	t I Unrelated Trade or Business Income		(A) Income		(B) Expen	ses	(C) Net		
	Gross receipts or sales								
b	Less returns and allowances c Balance	1c							
2	Cost of goods sold (Part III, line 8)	2							
3	Gross profit. Subtract line 2 from line 1c	3							
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form								
	1120)). See instructions	4a							
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b							
С	Capital loss deduction for trusts	4c							
5	Income (loss) from a partnership or an S corporation (attach								
	statement)	5							
6	Rent income (Part IV)	6							
7	Unrelated debt-financed income (Part V)	7							
8	Interest, annuities, royalties, and rents from a controlled								
	organization (Part VI)	8							
9	Investment income of section 501(c)(7), (9), or (17)								
	organizations (Part VII)	9							
10	Exploited exempt activity income (Part VIII)	10							
11	Advertising income (Part IX)	11							
12	Other income (see instructions; attach statement) STMT 3	12	2,3				2,359.		
<u>13</u>	Total. Combine lines 3 through 12	13	2,3	59.			2,359.		
Par	directly connected with the unrelated business in	come					nust be		
1	Compensation of officers, directors, and trustees (Part X)					1 1			
2	Salaries and wages								
3	Repairs and maintenance								
4	Bad debts								
5	Interest (attach statement). See instructions								
6	Taxes and licenses					6			
7	Depreciation (attach Form 4562). See instructions								
8	Less depreciation claimed in Part III and elsewhere on return					8b			
9	Depletion					9			
10	Contributions to deferred compensation plans								
11	Employee benefit programs								
12	Excess exempt expenses (Part VIII)								
13 14	Excess readership costs (Part IX) Other deductions (attach statement)		ਟਸਸ ਟ	יידיי עייי	MENT 4	13	2,638.		
15	Total deductions. Add lines 1 through 14						2,638.		
16	Unrelated business income before net operating loss deduction. So					13	2,050.		
10	column (C)					16	-279.		
17	Deduction for net operating loss. See instructions						0.		
18	Unrelated business taxable income. Subtract line 17 from line 16						-279.		
	For Paperwork Reduction Act Notice, see instructions.		(Form 990-T) 2022						

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Part	III Cost of Goods Sold Enter metal	nod of inventory valuation	on		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9	Do the rules of section 263A (with respect to property p	produced or acquired for			Yes No
Part	IV Rent Income (From Real Property and	Personal Propert	y Leased with R	eal Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Check i	f a dual-use. See instr	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				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
_ 5	Total deductions. Add line 4 columns A through D. En	ter here and on Part I, I	ine 6, column (B)		0.
Part '	,=				
1	Description of debt-financed property (street address, o	city, state, ZIP code). Ch	neck if a dual-use. See	instructions.	
	A				
	В				
	c				
	D				
		Α	В	С	D
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)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Par	t I, line 7, column (A)	<u> </u>	0.
	,	T			
9	Allocable deductions. Multiply line 3c by line 6				
10	<b>Total allocable deductions.</b> Add line 9, columns A thr		on Part I, line 7, colur	mn (B)	0.
11	Total dividends-received deductions included in line	10			0.

Part	VI Interest, Annu	uities, R	oyalties, and Re	ents fror	n Control	led Or	ganization	<b>S</b> (s	ee instruct	ions)		Page 3
		-					Exempt Contro					
	Name of controlled organization		<b>2.</b> Employer identification number			al of specified ments made	5. Part of column that is included in t controlling organiz tion's gross incom		in the aniza-	the connected with		
(1)												
(2)												
(3)												
(4)						<u> </u>						
	<del>-</del>				Controlled O						D 1 11	
,	. Taxable Income	ir	Net unrelated ncome (loss) e instructions)		otal of specif yments mad		that is inc controlling gross	cluded	in the zation's		Deduction connected come in col	d with
(1)												
(2)												
(3)												
(4)												
							Add colun Enter here line 8, o	and or	n Part I,	Ente	d columns ( er here and ine 8, colu	on 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)			
	<b>1.</b> Des	cription of	income		2. Amou incon		3. Deduction directly connumber (attach states	ected	4. Set- (attach st	asides tatemer	nt) and s	I deductions set-asides ols 3 and 4)
(1)												
(2)												
(3)												
(4) Totals					Add amou column 2 here and or line 9, colu	Enter n Part I,					colun here ar	amounts in nn 5. Enter nd on Part I, column (B)
Part	VIII Exploited E	xempt /	Activity Income	Other 1	⊥ Than Adve		a Income	(saa in	ı structions)			•
1	Description of exploite			,		<i></i>	9	(300 111	<u>structions</u>			
2	Gross unrelated busin	•		ness. Fnte	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	n unrelated		Subtract lir	ne 3 from line	e 2. If a 🤉	gain, complete			4		
5	Gross income from ac	tivity that	is not unrelated bus	iness incor	me					5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F									7		

Schedule A (Form 990-T) 2022

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporti	ing two or more periodicals on a	a consolidated basis.		
	A				
	В				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the	e corresponding column.			
	·	A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and or		•	•	0.
а	<b>G</b>	, , ,			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or				0.
	· ·				
4	Advertising gain (loss). Subtract line 3 from I	ine			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column	in			
	line 4 showing a loss or zero, do not comple	te			
	lines 5 through 7, and enter zero on line 8	I			
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than	I			
	line 5, subtract line 6 from line 5. If line 5 is le	ess			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain	on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g	greater of the line 8a, columns t	otal or zero here and o	n	
	Part II, line 13				0.
			, · · · · ·		
Part	X Compensation of Officers, D	rectors, and Trustees	· ·		
Part				3. Percentage	4. Compensation
Part	<ul><li>Compensation of Officers, Di</li><li>Name</li></ul>	2. Title		of time devoted	attributable to
				of time devoted to business	
(1)				of time devoted to business %	attributable to
(1) (2)				of time devoted to business %	attributable to
(1) (2) (3)				of time devoted to business % %	attributable to
(1) (2) (3)				of time devoted to business %	attributable to
(1) (2) (3) (4)	1. Name			of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title		of time devoted to business % %	attributable to
(1) (2) (3) (4) Total	1. Name  1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title		of time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title		of time devoted to business % %	attributable to unrelated business

FORM 990-T (	A)	OTHER	INCOME			STATEMENT	3
DESCRIPTION						AMOUNT	
WORKERS COMP	2,3	359.					
TOTAL TO SCH	2,3	359.					
FORM 990-T (	A)	OTHER	DEDUCT:	IONS		STATEMENT	4
DESCRIPTION						AMOUNT	
WORKERS' COM	P. GROUP RELATED R	EFUNDS &	EXPEN	SES		2,6	638.
TOTAL TO SCH	EDULE A, PART II,	LINE 14				2,6	638.
990-T SCH A	POST-2017	NET OPE	ERATING	LOSS	DEDUCTION	STATEMENT	<del></del>
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOU APPLI	JSLY		LOSS MAINING	AVAILABLE THIS YEAR	
04/30/19 04/30/20 04/30/21 04/30/22	151. 1,975. 2,198. 37.		0. 0. 0.		151. 1,975. 2,198. 37.	1,97 2,19	
NOL CARRYOVE	R AVAILABLE THIS Y	EAR			4,361.	4,36	51.