



6745 Longshore Street
Suite 240
Dublin, OH 43017

614.431.1040
DGPerry.com

October 9, 2024

CONFIDENTIAL

Ohio Provider Resource Association
1152 Goodale Blvd
Columbus, OH 43212

Dear Mr. Moore:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

DG Perry, PLLC

Filing Instructions

Ohio Provider Resource Association

Exempt Organization Tax Return

Taxable Year Ended December 31, 2023

Date Due: AS SOON AS POSSIBLE

Remittance: None is required. Your Form 990 for the tax year ended 12/31/23 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

DG Perry, PLLC
6745 Longshore Street, Ste 240
Dublin, OH 43017

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of filer

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

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**2023****OHIO PROVIDER RESOURCE ASSOCIATION** **31-1559921**Name and title of officer or person subject to tax **PETER MOORE**
PRESIDENT AND CEO

EIN or SSN

31-1559921**Part I Type of Return and Return Information**

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

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 2,228,699
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity), (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 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

☒ I authorize **DG PERRY, PLLC** to enter my PIN **43235** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

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

31282643235

Do not enter all zeros

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

ERO's signature **JAMES E. HUNTER, CPA**

Date

ERO Must Retain This Form — See Instructions**Do Not Submit This Form to the IRS Unless Requested To Do So**For Privacy Act and Paperwork Reduction Act Notice, see back of form.
DAAForm **8879-TE** (2023)

Form **990**Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2023
 Open to Public
 Inspection
A For the 2023 calendar year, or tax year beginning , and ending**B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**OHIO PROVIDER RESOURCE ASSOCIATION**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1152 GOODALE BLVD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

COLUMBUS**OH 43212****D** Employer identification number**31-1559921****E** Telephone number**614-224-6772****G** Gross receipts\$**2,578,699****F** Name and address of principal officer:**PETER MOORE****1152 GOODALE BLVD****COLUMBUS****OH 43212****H(a)** Is this a group return for subordinates ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

I Tax-exempt status:☐ 501(c)(3)☒ 501(c)(**6**) (insert no.)☐ 4947(a)(1) or☐ 527**J** Website:**WWW.OPRA.ORG****H(c)** Group exemption number**K** Form of organization:☒ Corporation☐ Trust☐ Association☐ Other**L** Year of formation: **1974****M** State of legal domicile: **OH****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TRADE ASSOCIATION FOR PROVIDERS OF CARE TO THE INTELLECTUALLY AND/OR THE DEVELOPMENTALLY DISABLED		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	24
	Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a
b Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	229,830	350
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,774,914	2,046,702
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	78,117	181,647
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	250	0
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,083,111	2,228,699
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	756,274	881,876
	b Total fundraising expenses (Part IX, column (D), line 25)	0	0
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	875,251	954,440
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,631,525	1,836,316
	19 Revenue less expenses. Subtract line 18 from line 12	451,586	392,383
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,318,530	4,602,123
	22 Net assets or fund balances. Subtract line 21 from line 20	450,133	127,657
		3,868,397	4,474,466

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	PETER MOORE			
Paid Preparer Use Only	Type or print name and title		PRESIDENT AND CEO	
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN
	JAMES E. HUNTER, CPA	JAMES E. HUNTER, CPA	10/09/24	self-employed P00367326
	Firm's name	Firm's EIN	83-3033790	
	Firm's address		Phone no.	
	DG PERRY, PLLC 6745 LONGSHORE STREET, STE 240 DUBLIN, OH 43017		614-431-1040	

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2023)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:**TRADE ASSOCIATION FOR PROVIDERS OF CARE TO THE INTELLECTUALLY AND/OR THE DEVELOPMENTALLY DISABLED****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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 ☒ 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 \$ **910,000** including grants of\$) (Revenue \$ **2,046,702**)
TRADE ASSOCIATION FOR PROVIDERS OF CARE TO THE INTELLECTUALLY AND/OR THE DEVELOPMENTALLY DISABLED.**4b** (Code:) (Expenses \$ including grants of\$) (Revenue \$)
N/A**4c** (Code:) (Expenses \$ including grants of\$) (Revenue \$)
N/A**4d** Other program services (Describe on Schedule O.)(Expenses \$ **926,316** including grants of\$) (Revenue \$)**4e** Total program service expenses **1,836,316**

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)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
25b 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? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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).		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	18
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
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 services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
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 sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:			
a	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:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
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.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 24 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.		
1b	Enter the number of voting members included on line 1a, above, who are independent 24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	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?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

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.
☐ Own website ☒ Another's website ☒ 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

PETER MOORE**1152 GOODALE BLVD****COLUMBUS****OH 43212****614-224-6772**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 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.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER MOORE	45.00									
PRESIDENT AND CEO	0.00			X				178,618	0	24,889
(2) DIANE BEASTROM	1.00									
TRUSTEE	0.00	X						0	0	0
(3) ASHLEY BROCIUS	1.00									
TRUSTEE	0.00	X						0	0	0
(4) ROY CHERRY	1.00									
TRUSTEE	0.00	X						0	0	0
(5) SCOTT DELONG	1.00									
VICE CHAIRPERSON	0.00	X		X				0	0	0
(6) BOB GASTON	1.00									
TRUSTEE	0.00	X						0	0	0
(7) DENNIS GRANT	1.00									
TRUSTEE	0.00	X						0	0	0
(8) ADAM GUINTHER	1.00									
TRUSTEE	0.00	X						0	0	0
(9) FELICIA HALL	1.00									
TRUSTEE	0.00	X						0	0	0
(10) ROBERT HEINZERLING	1.00									
TRUSTEE	0.00	X						0	0	0
(11) MICHELLE HERNDON	1.00									
TRUSTEE	0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) TAMARA HONKALA										
(12) TRUSTEE	1.00 0.00	X						0	0	0
(13) JEFF JOHNSON										
(13) TRUSTEE	1.00 0.00	X						0	0	0
(14) EDGAR J. BARNETT JR.										
(14) TRUSTEE	1.00 0.00	X						0	0	0
(15) BETH LUCAS										
(15) TRUSTEE	1.00 0.00	X						0	0	0
(16) MICHELLE MADDEN										
(16) SECRETARY	1.00 0.00	X		X				0	0	0
(17) TIM MENKE										
(17) TRUSTEE	1.00 0.00	X						0	0	0
(18) KURT MILLER										
(18) TRUSTEE	1.00 0.00	X						0	0	0
(19) PHILLIP E. MILLER										
(19) TRUSTEE	1.00 0.00	X						0	0	0
1b Subtotal								178,618		24,889
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								178,618		24,889

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	350			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		350			
	Program Service Revenue				Business Code		
2a		MEMBERSHIP DUES			1,683,401	1,683,401	
b		CONFERENCES, SEMINARS & TRNG			363,301	363,301	
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f			2,046,702		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			181,647		181,647
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	6a	(i) Real	(ii) Personal		
	b	Less: rental expenses	6b				
	c	Rental inc. or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales exps.	7b	350,000			
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
9a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code			
	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12 Total revenue. See instructions				2,228,699	2,046,702	0	181,647

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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	203,507			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	462,278			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	35,969			
9 Other employee benefits	131,316			
10 Payroll taxes	48,806			
11 Fees for services (nonemployees):				
a Management				
b Legal	131,824			
c Accounting	44,440			
d Lobbying	68,969			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	129,324			
12 Advertising and promotion	6,087			
13 Office expenses	38,098			
14 Information technology	42,443			
15 Royalties				
16 Occupancy	25,836			
17 Travel	44,479			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	312,957			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,057			
23 Insurance	6,087			
24 Other expenses. Itemize expenses not covered 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.)				
a BOARD EXPENSE	27,481			
b CREDIT CARD FEES	19,168			
c OTHER EXPENSES	15,884			
d DUES & SUBSCRIPTIONS	13,014			
e All other expenses	11,292			
25 Total functional expenses. Add lines 1 through 24e	1,836,316	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	1,407,261	2	37,855
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	146,007	4	13,600
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	86,995	9	122,389
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 712,417		
	b Less: accumulated depreciation	10b 363,467	10c 366,007	348,950
	11 Investments—publicly traded securities	2,312,260	11	3,883,575
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	195,754
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,318,530	16	4,602,123	
Liabilities	17 Accounts payable and accrued expenses	89,457	17	70,964
	18 Grants payable		18	
	19 Deferred revenue	56,731	19	56,693
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	303,945	25	
	26 Total liabilities. Add lines 17 through 25	450,133	26	127,657
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		3,868,397	27	4,472,190
28 Net assets with donor restrictions			28	
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		3,868,397	32	4,472,190
33 Total liabilities and net assets/fund balances	4,318,530	33	4,599,847	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,228,699
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,836,316
3	Revenue less expenses. Subtract line 2 from line 1	3	392,383
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,868,397
5	Net unrealized gains (losses) on investments	5	197,799
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	13,611
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,472,190

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a 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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) TIMOTHY NEVILLE										
(12) TRUSTEE	1.00 0.00	X						0	0	0
(21) LIZ OWENS										
(13) TREASURER	1.00 0.00	X		X				0	0	0
(22) LISA REED										
(14) TRUSTEE	1.00 0.00	X						0	0	0
(23) JAMIE STEELE										
(15) CHAIRPERSON	1.00 0.00	X		X				0	0	0
(24) JIM STEFFEY										
(16) TRUSTEE	1.00 0.00	X						0	0	0
(25) MARY THOMPSON-HUFFORD										
(17) TRUSTEE	1.00 0.00	X						0	0	0
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**SCHEDULE C
(Form 990)****Political Campaign and Lobbying Activities**

OMB No. 1545-0047

2023**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**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.****If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:**

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

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

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

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

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

Name of organization

OHIO PROVIDER RESOURCE ASSOCIATION

Employer identification number

31-1559921**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$
- 3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2023

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
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					

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.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
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 not be described in section 501(c)(3)?			
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 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		<input checked="" type="checkbox"/>
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		<input checked="" type="checkbox"/>
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		<input checked="" type="checkbox"/>

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	1,683,401
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	2a	68,969
b Carryover from last year	2b	517
c Total	2c	69,486
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	101,004
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	-31,518

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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Part IV Supplemental Information *(continued)*

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**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

2023Open to Public
Inspection

Name of the organization

Employer identification number

OHIO PROVIDER RESOURCE ASSOCIATION**31-1559921****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds 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 that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|---|---|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
- 4 Number of states where property subject to conservation easement is located
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
- 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
- | | |
|---|----------|
| (i) Revenue included on Form 990, Part VIII, line 1 | \$ |
| (ii) Assets included in Form 990, Part X | \$ |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.
- | | |
|---|----------|
| a Revenue included on Form 990, Part VIII, line 1 | \$ |
| b Assets included in Form 990, Part X | \$ |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** ☐ Public exhibition **d** ☐ Loan or exchange program
- b** ☐ Scholarly research **e** ☐ Other
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐ Yes ☐ No

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		530,851	184,720	346,131
c Leasehold improvements				
d Equipment				
e Other		181,566	178,747	2,819
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				348,950

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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, line 15, col. (B))	

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

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 under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
---------	--

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
-----------------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

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 XIII **Supplemental Information** *(continued)*

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SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

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.**

OMB No. 1545-0047

2023**Open to Public
Inspection**

Employer identification number

31-1559921**OHIO PROVIDER RESOURCE ASSOCIATION****Part I Questions Regarding Compensation****1a** 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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**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?**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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?

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:

- a** The organization?
- b** Any related organization?

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:

- a** The organization?
- b** Any related organization?

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**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**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule J (Form 990) 2023

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PETER MOORE 1 PRESIDENT AND CEO	(i)	178,618	0	0	0	0	178,618	0
	(ii)	0	0	0	0	24,889	24,889	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for 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.

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**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.

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

OHIO PROVIDER RESOURCE ASSOCIATION

Employer identification number

31-1559921**FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS**

SECTION 3.1 - AUTHORITY. ALL OF THE AUTHORITY OF THE ASSOCIATION SHALL BE EXERCISED BY A BOARD OF TRUSTEES, EXCEPT WHERE THE LAW, THE ARTICLES OF INCORPORATION, OR THESE REGULATIONS REQUIRE THAT ACTION BE OTHERWISE TAKEN OR AUTHORIZED.

SECTION 3.2 - NUMBER AND COMPOSITION. THE BOARD OF TRUSTEES SHALL BE COMPRISED OF NO LESS THAN THREE TRUSTEES, THE EXACT NUMBER OF WHICH MAY BE DETERMINED FROM TIME TO TIME BY THE BOARD OF TRUSTEES. EFFECTIVE JANUARY 1, 1998, THE TRUSTEES SHALL BE DIVIDED INTO THE FOLLOWING GENERAL CLASSIFICATIONS: DISTRICT TRUSTEES, OFFICER TRUSTEES, PAST PRESIDENT, AT-LARGE TRUSTEES, AND HONORARY TRUSTEES.

SECTION 3.3 - DISTRICT TRUSTEES. AN OFFICER TRUSTEE SHALL SERVE AS A TRUSTEE FOR THE TERM OF HIS/HER OFFICE. THE DISTRICT TRUSTEES SHALL BE DIVIDED INTO THREE CLASSES DESIGNATED CLASS I, CLASS II, AND CLASS III.

(A) DISTRICT TRUSTEES SHALL BE ELECTED FROM EACH OF THE FOLLOWING DISTRICTS WITHIN THE STATE OF OHIO:

DISTRICT 1 SHALL BE COMPRISED OF ACTIVE MEMBERS SERVING THE FOLLOWING COUNTIES: BUTLER, WARREN, CLINTON, HAMILTON, BROWN, ADAMS, HIGHLAND, PIKE, SCIOTO, CLERMONT, AND LAWRENCE.

DISTRICT 2 SHALL BE COMPRISED OF ACTIVE MEMBERS SERVING THE FOLLOWING COUNTIES: DARKE, SHELBY, LOGAN, HARDIN, MIAMI, CHAMPAIGN, CLARK, PREBLE, MONTGOMERY, MERCER, AUGLAIZE, AND GREENE.

DISTRICT 3 SHALL BE COMPRISED OF ACTIVE MEMBERS SERVING THE FOLLOWING COUNTIES: HOLMES, TUSCARAWAS, CARROLL, HARRISON, JEFFERSON, COSHOCTON,

MUSKINGUM, GUERNSEY, BELMONT, PERRY, MORGAN, NOBLE, MONROE, WASHINGTON,

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

Schedule O (Form 990) 2023

Name of the organization	Employer identification number
OHIO PROVIDER RESOURCE ASSOCIATION	31-1559921

ATHENS, HOCKING, ROSS, VINTON, JACKSON, GALLIA AND MEIGS.

DISTRICT 4 SHALL BE COMPRISED OF ACTIVE MEMBERS SERVING THE FOLLOWING COUNTIES: FULTON, WILLIAMS, LUCAS, OTTAWA, DEFIANCE, HENRY, WOOD, SANDUSKY, SENECA, PAULDING, HANCOCK, PUTNAM, VAN WERT, WYANDOT, CRAWFORD, ALLEN, AND RICHLAND.

DISTRICT 5 SHALL BE COMPRISED OF ACTIVE MEMBERS SERVING THE FOLLOWING COUNTIES: ASHLAND, MEDINA, SUMMIT, PORTAGE, TRUMBULL, MAHONING, COLUMBIANA, WAYNE, AND STARK.

DISTRICT 6 SHALL BE COMPRISED OF ACTIVE MEMBERS SERVING THE FOLLOWING COUNTIES: MARION, UNION, DELAWARE, LICKING, KNOX, MADISON, MORROW, FRANKLIN, FAYETTE, FAIRFIELD, AND PICKAWAY.

DISTRICT 7 SHALL BE COMPRISED OF ACTIVE MEMBERS SERVING THE FOLLOWING COUNTIES: ERIE, HURON, LORAIN, CUYAHOGA, LAKE, GEAUGA, AND ASHTABULA.

DISTRICT 8 SHALL BE COMPRISED OF THOSE ACTIVE MEMBERS SERVING MORE THAN ONE OF THE DISTRICTS DESIGNATED 1 THROUGH 7 ABOVE, AND WHICH ELECTS TO BE CLASSIFIED IN DISTRICT 8 IN ACCORDANCE WITH THIS SECTION 3.2 (A).

FOR PURPOSES OF THESE REGULATIONS, THOSE ACTIVE MEMBERS PROVIDING SERVICES IN MORE THAN ONE DISTRICT SHALL ELECT TO BE INCLUDED, AND HAVE THE INDIVIDUALS THEY SERVE COUNTED, EITHER: (I) IN THE DISTRICT WHERE THE MAJORITY OF THE INDIVIDUALS THEY SERVE RESIDE; OR (II) IN DISTRICT 8. SUCH ELECTION MUST INITIALLY OCCUR NO LATER THAN SEPTEMBER 1, 1997. ACTIVE MEMBERS MAY CHANGE THEIR OPTION EVERY FOUR YEARS UPON WRITTEN NOTIFICATION TO THE BOARD OF TRUSTEES.

EACH OF THOSE DISTRICTS HAVING ACTIVE MEMBERS WHO CUMULATIVELY SERVE 1-1,000 INDIVIDUALS SHALL BE REPRESENTED BY TWO TRUSTEES ON THE BOARD, AND EACH OF THOSE DISTRICTS HAVING ACTIVE MEMBERS WHO CUMULATIVELY SERVE MORE THAN 1,000 INDIVIDUALS SHALL BE REPRESENTED BY THREE TRUSTEES ON THE BOARD.

Name of the organization	Employer identification number
OHIO PROVIDER RESOURCE ASSOCIATION	31-1559921

(B) NOMINATION AND ELECTION. THE NOMINATING COMMITTEE SHALL PREPARE A SLATE OF CANDIDATES FOR THE PURPOSE OF NOMINATING PERSONS TO SERVE AS DISTRICT TRUSTEES. ONLY REPRESENTATIVES OF ACTIVE MEMBERS FROM WITHIN A DISTRICT SHALL BE ELIGIBLE FOR NOMINATION WITH RESPECT TO THAT DISTRICT. THE NOMINATING COMMITTEE SHALL ACCEPT NOMINATIONS SUBMITTED FROM EACH OF THE DISTRICTS BY A DATE ESTABLISHED BY THE NOMINATING COMMITTEE, BUT NO LATER THAN NOVEMBER 15 OF EACH YEAR. IF NO NOMINATIONS ARE RECEIVED FROM ANY DISTRICT, THE NOMINATING COMMITTEE SHALL SELECT ONE OR MORE NOMINEES FOR THAT DISTRICT. EACH DISTRICT TRUSTEE SHALL BE ELECTED BY THE ACTIVE MEMBERS FROM THE DISTRICT FOR WHICH ITS CANDIDATES HAVE BEEN NOMINATED. ALL SUCH ELECTIONS SHALL BE CONDUCTED BY MAIL BALLOT, WITH THOSE CANDIDATES RECEIVING THE GREATEST NUMBERS OF VOTES BEING ELECTED TO OFFICE. DISTRICT TRUSTEES MAY BE RE-ELECTED.

(C) TERM. DISTRICT TRUSTEES SHALL BE DIVIDED INTO THREE SEPARATE CLASSES. CLASS I TRUSTEES SHALL BE THOSE DISTRICT TRUSTEES ELECTED FROM DISTRICTS 1, 4 AND 7; CLASS II TRUSTEES SHALL BE THOSE DISTRICT TRUSTEES ELECTED FROM DISTRICTS 2, 3, AND 5; AND CLASS III TRUSTEES SHALL BE ELECTED FROM DISTRICTS 6 AND 8. DISTRICT TRUSTEES SHALL BE ELECTED INITIALLY BY MAIL VOTE IN OCTOBER 1997. IN CONNECTION WITH THIS ELECTION PROCESS, ALL CLASS I TRUSTEES SHALL BE ELECTED FOR A TERM EXPIRING DECEMBER 31, 1998; ALL CLASS II TRUSTEES SHALL BE ELECTED FOR A TERM EXPIRING DECEMBER 31, 1999; ALL CLASS III TRUSTEES SHALL BE ELECTED FOR A TERM EXPIRING DECEMBER 31, 2000. THEREAFTER, ALL SUCCESSOR DISTRICT TRUSTEES SHALL BE ELECTED FOR TERMS OF THREE YEARS EACH.

THE FOREGOING DISTRICTS SHALL NOT BE CHANGED, EXCEPT BY AMENDMENT TO THESE REGULATIONS. THE PAST PRESIDENT SHALL SERVE A TERM, COMMENCING UPON THE ELECTION OF A NEW PRESIDENT AND ENDING AFTER ONE YEAR OR UNTIL SUCH NEW

Name of the organization	Employer identification number
OHIO PROVIDER RESOURCE ASSOCIATION	31-1559921

PRESIDENT BECOMES PAST PRESIDENT, WHICHEVER IS LATER. A VACANCY IN THE TERM OF A PAST PRESIDENT SHALL NOT BE FILLED BY APPOINTMENT OR OTHER METHOD OF SELECTION.

SECTION 3.4 - OFFICER TRUSTEES. THE PRESIDENT, VICE PRESIDENT, SECRETARY, AND TREASURER OF THE ASSOCIATION SHALL SERVE ON THE BOARD OF TRUSTEES FOR TERMS THAT ARE CONSISTENT WITH THEIR TERMS AS OFFICERS OF THE ASSOCIATION.

SECTION 3.5 - PAST PRESIDENT TRUSTEE - THE IMMEDIATE PAST PRESIDENT OF THE ASSOCIATION SHALL SERVE ON THE BOARD OF TRUSTEES.

SECTION 3.6 - AT-LARGE TRUSTEES - THE BOARD OF TRUSTEES MAY APPOINT UP TO FIVE AT-LARGE TRUSTEES, EACH OF WHOM SHALL SERVE FOR TERMS OF ONE YEAR. ONLY REPRESENTATIVES OF ACTIVE MEMBERS SHALL BE ELIGIBLE TO SERVE AS AT-LARGE TRUSTEES. THE APPOINTMENT OF ANY AT-LARGE TRUSTEES SHALL COINCIDE GENERALLY WITH THE ELECTION OF DISTRICT TRUSTEES. IN MAKING ANY SUCH APPOINTMENTS, THE BOARD SHALL CONSIDER THE NEEDS OF THE BOARD BASED ON THE COMPOSITION OF THE BOARD FOLLOWING DISTRICT ELECTIONS, AND SHALL TAKE INTO ACCOUNT FACTORS INCLUDING, BUT NOT LIMITED TO, A MEMBER'S GEOGRAPHIC LOCATION, SIZE, TYPE OF SERVICES PROVIDED, AND THE MEMBER'S ABILITY AND KNOWLEDGE OF THE FIELD. THE INTENT OF THIS PROVISION IS TO ENSURE A BOARD THAT IS REPRESENTATIVE OF THE MEMBERSHIP.

SECTION 3.7 - HONORARY TRUSTEES. TRUSTEES SHALL CONSIST OF NOT MORE THAN THREE HONORARY TRUSTEES. CANDIDATES FOR HONORARY TRUSTEESHIPS SHALL BE NOMINATED BY THE BOARD OF TRUSTEES AND SUBMITTED TO THE BOARD FOR ELECTION BY WRITTEN BALLOT. HONORARY TRUSTEES SHALL SERVE ONE YEAR TERMS AND NEED NOT BE MEMBERS OF THE ASSOCIATION. HONORARY TRUSTEES SHALL NOT BE CONSIDERED FOR QUORUM PURPOSES AND SHALL HAVE NO VOTE.

SECTION 3.8 - VACANCIES. IF THE SEAT OF ANY DISTRICT TRUSTEE BECOMES VACANT BY DEATH, RESIGNATION, OR OTHERWISE, A SUCCESSOR DISTRICT TRUSTEE SHALL BE

Name of the organization	Employer identification number
OHIO PROVIDER RESOURCE ASSOCIATION	31-1559921

ELECTED AS SOON AS POSSIBLE FOR THE UNEXPIRED TERM BY THE ACTIVE MEMBERS IN THE DISTRICT FOR WHICH THE VACANCY EXISTS IN CONFORMANCE WITH SECTION 3.4 OF THESE REGULATIONS. THE BOARD OF TRUSTEES IS AUTHORIZED TO RESOLVE ANY DISPUTES WITH RESPECT THERETO.

SECTION 3.9 - MEETINGS AND NOTICE. AN ORGANIZATIONAL MEETING OF THE BOARD OF TRUSTEES SHALL TAKE PLACE EACH JANUARY, OR AS SOON AS PRACTICABLE THEREAFTER. OTHER MEETINGS OF THE BOARD, WHICH SHALL BE HELD AT LEAST QUARTERLY, MAY BE CALLED BY THE PRESIDENT, ANY OFFICER, OR BY ANY FOUR TRUSTEES. MEETINGS SHALL BE HELD WITHIN THE STATE OF OHIO. WRITTEN NOTICE OF THE TIME AND PLACE OF EACH MEETING OF THE TRUSTEES SHALL BE GIVEN TO EACH TRUSTEE, EITHER BY PERSONAL DELIVERY OR BY MAIL, TELEGRAM, TELEPHONE, FAX OR OTHER APPROPRIATE MEANS AT LEAST FOURTEEN DAYS BEFORE THE MEETING. NOTICE OF ADJOURNMENT OF A MEETING NEED NOT BE GIVEN IF THE TIME AND PLACE TO WHICH IT IS ADJOURNED ARE FIXED AND ANNOUNCED AT SUCH MEETING. EMERGENCY OR SPECIAL MEETINGS OF THE BOARD MAY BE CALLED BY THE PRESIDENT, ANY OFFICER, OR BY ANY FOUR TRUSTEES. WRITTEN NOTICE OF THE TIME AND PLACE OF EACH MEETING OF THE TRUSTEES SHALL BE GIVEN TO EACH TRUSTEE BY PERSONAL DELIVERY, MAIL, TELEGRAM, FAX OR OTHER APPROPRIATE MEANS AT LEAST TWENTY-FOUR HOURS BEFORE THE MEETING.

SECTION 3.10 - QUORUM AND VOTING. A MAJORITY OF THE TRUSTEES THEN SERVING IN OFFICE, INCLUDING AT LEAST ONE OFFICER TRUSTEE, IS NECESSARY TO CONSTITUTE A QUORUM FOR A MEETING OF THE TRUSTEES UNLESS THE ACT OF A GREATER NUMBER IS REQUIRED BY LAW, THE ARTICLES OF INCORPORATION OR THESE REGULATIONS. THE ACTION OF A MAJORITY OF THOSE TRUSTEES AT A MEETING AT WHICH A QUORUM IS PRESENT SHALL CONSTITUTE THE ACTION OF THE BOARD. ALL TRUSTEES, WITH THE EXCEPTION OF HONORARY TRUSTEES, SHALL BE COUNTED FOR QUORUM AND VOTING PURPOSES.

Name of the organization	Employer identification number
OHIO PROVIDER RESOURCE ASSOCIATION	31-1559921

SECTION 4.1 - OFFICERS DESIGNATED. THE OFFICERS OF THE ASSOCIATION SHALL BE THE PRESIDENT, VICE PRESIDENT, SECRETARY AND TREASURER AND SUCH OTHER OFFICERS AS MAY BE DETERMINED FROM TIME TO TIME BY THE BOARD OF TRUSTEES.

SECTION 4.3 - NOMINATION AND ELECTION. THE OFFICERS SHALL BE ELECTED BY THE TRUSTEES OF THE ASSOCIATION AT A DATE SPECIFIED BY THE BOARD OF TRUSTEES BY WRITTEN BALLOT. AT A MEETING OF THE BOARD, CANDIDATES FOR OFFICERS WILL BE NOMINATED BY THE NOMINATING COMMITTEE. ONLY CURRENT TRUSTEES SHALL BE ELIGIBLE TO SERVE AS OFFICERS OF THE ASSOCIATION. IF AN OFFICER SHOULD CEASE TO BE THE REPRESENTATIVE OF AN ACTIVE MEMBER, HIS/HER OFFICE SHALL BE DEEMED TO BE VACANT.

THE NOMINATING COMMITTEE SHALL BE A THREE MEMBER COMMITTEE APPOINTED BY THE PRESIDENT FOR THE PURPOSE OF PREPARING A SLATE OF NOMINEES FOR PRESIDENT, VICE PRESIDENT, SECRETARY, AND TREASURER. ALL NOMINATING COMMITTEE MEMBERS SHALL BE CURRENT TRUSTEES. THE TERM OF OFFICE FOR MEMBERS OF THE NOMINATING COMMITTEE SHALL BE ONE YEAR, OR UNTIL THE ELECTION OF THE NEXT PRESIDENT, AND SHALL BE LIMITED TO TWO CONSECUTIVE TERMS. NO CURRENT OFFICER OF THE ASSOCIATION SHALL SERVE AS A MEMBER OF THE NOMINATING COMMITTEE. THE NOMINATING COMMITTEE SHALL BE FURNISHED BY THE SECRETARY WITH A LIST OF DUTIES OF THE VARIOUS OFFICERS, ATTENDANCE RECORDS OF TRUSTEES, CLASSES OF TRUSTEES AND CODE OF REGULATIONS REQUIREMENTS OF OFFICERS.

THE NOMINATING COMMITTEE SHALL SUBMIT A SLATE OF OFFICERS TO THE TRUSTEES BY MAIL NO LATER THAN THE FORTY-FIFTH DAY PRECEDING THE DATE OF THE MEETING AT WHICH OFFICERS ARE TO BE ELECTED, UNLESS THE TRUSTEES SPECIFY A LATER DATE. PRIOR ACCEPTANCE OF NOMINATION SHALL HAVE BEEN OBTAINED FROM EACH NOMINEE. THE SLATE SHALL BE SUBJECT TO APPROVAL BY THE BOARD OF TRUSTEES. BALLOTS WILL BE MAILED TO EACH TRUSTEE FOLLOWING THE BOARD MEETING, WHERE THE SLATE OF OFFICER NOMINEES WAS APPROVED, TO BE RETURNED PRIOR TO OR ON

Name of the organization	Employer identification number
OHIO PROVIDER RESOURCE ASSOCIATION	31-1559921

THE DATE OF THE BOARD MEETING AT WHICH THE ELECTION RESULTS WILL BE ANNOUNCED. ONLY THE BOARD TRUSTEES SHALL BE ELIGIBLE TO VOTE FOR OFFICERS. ELECTED OFFICERS SHALL SERVE FOR A TERM OF TWO YEARS COMMENCING ON JANUARY 1 OF EACH YEAR. NO PERSON SHALL BE ELECTED TO THE SAME OFFICE FOR MORE THAN TWO CONSECUTIVE TERMS.

SECTION 4.4 - VACANCIES. IN THE EVENT OF A VACANCY IN THE OFFICE OF PRESIDENT, THE VICE PRESIDENT SHALL BECOME PRESIDENT. IN THE EVENT OF A VACANCY IN ANY OTHER OFFICE, THE VACANCY SHALL BE FILLED FOR THE UNEXPIRED TERM BY THE BOARD OF TRUSTEES.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS DECISIONS TO AMEND THE ARTICLES OF INCORPORATION AND THE CODE OF REGULATIONS OF THE ASSOCIATION REQUIRE APPROVAL BY THE MEMBERSHIP AS DISCUSSED BELOW:

SECTION 6.1 - GENERAL. THE ARTICLES OF INCORPORATION AND THE CODE OF REGULATIONS OF THE ASSOCIATION MAY BE AMENDED FROM TIME TO TIME, AS HEREINAFTER PROVIDED. PROPOSED AMENDMENTS SHALL BE APPROVED BY THE BOARD OF TRUSTEES, OR PROPOSED BY ANY FIVE ACTIVE MEMBERS NOT MORE THAN THREE OF WHICH SHALL COME FROM THE SAME DISTRICT. THE PROPOSED AMENDMENT SHALL BE SUBMITTED TO THE MEMBERSHIP IN WRITTEN FORM AND VOTING SHALL BE BY MAIL BALLOT. THE AFFIRMATIVE VOTE OF A MAJORITY OF THE ACTIVE MEMBERS VOTING BY MAIL BALLOT SHALL BE SUFFICIENT FOR THE ADOPTION OF THE AMENDMENT. AN AMENDED OR RESTATED ARTICLES OF INCORPORATION OR CODE OF REGULATIONS MAYBE ADOPTED IN THE SAME FASHION.

SECTION 6.2 - REQUESTED ARTICLES OF INCORPORATION AND CODE OF REGULATIONS. THE BOARD OF TRUSTEES MAY ADOPT RESTATED ARTICLES OF INCORPORATION, OR A RESTATED CODE OF REGULATIONS TO CONSOLIDATE THE ORIGINAL ARTICLES OR CODE

Name of the organization	Employer identification number
OHIO PROVIDER RESOURCE ASSOCIATION	31-1559921

AND ALL PREVIOUSLY ADOPTED AMENDMENTS THAT ARE IN FORCE AT THE TIME IN LIEU OF HAVING SUCH RESTATED ARTICLES OR CODE ADOPTED BY THE MEMBERS AS PROVIDED IN SECTION 6.1 ABOVE.

SECTION 6.3 - NOTIFICATION. COPIES OF ALL AMENDMENTS TO THE ARTICLES OF INCORPORATION AND AMENDED CODE OF REGULATIONS, SHALL BE DISTRIBUTED TO ALL BOARD MEMBERS AND MADE AVAILABLE TO ALL ACTIVE MEMBERS AS SOON AS PRACTICABLE AFTER ADOPTION.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE BOARD REVIEWS THE DRAFT FORM 990 AND COMMUNICATES ANY CHANGES TO THE EXECUTIVE DIRECTOR PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM IS SIGNED AND IS REVIEWED BY THE EXECUTIVE COMMITTEE. PRESIDENT IS MADE AWARE OF POTENTIAL CONFLICTS THROUGHOUT THE YEAR. EACH BOARD MEMBER IS ASKED TO EXERCISE AN AFFIRMATIVE OBLIGATION TO REPORT POTENTIAL CONFLICTS INVOLVING THEMSELVES OR OTHERS. EXECUTIVE COMMITTEE EVALUATES AND ADDRESSES CONFLICTS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE COMPENSATION OF THE PRESIDENT ON AN ANNUAL BASIS. THE EXECUTIVE COMMITTEE CONSIDERS COMPARABLE SALARIES IN THE MARKET PLACE AS WELL AS THE QUALIFICATIONS AND PERFORMANCE OF THE INDIVIDUAL.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE VICE PRESIDENT'S INITIAL SALARY AND COMPENSATION PACKAGE WAS REVIEWED

Name of the organization	Employer identification number
OHIO PROVIDER RESOURCE ASSOCIATION	31-1559921

AND SET BY THE EXECUTIVE COMMITTEE BY REFERENCE TO COMPARABLE MARKET DATA AND THE INDIVIDUAL'S QUALIFICATIONS. SUBSEQUENT ADJUSTMENTS TO COMPENSATION OF THE VICE PRESIDENT AND ALL OTHER EMPLOYEES IS PERFORMED BY THE PRESIDENT OF THE ASSOCIATION. TOTAL COMPENSATION IS REVIEWED AS PART OF THE ANNUAL BUDGET APPROVAL PROCESS BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

BOOK / TAX DEPRECIATION DIFFERENCE	\$	13,611
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**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2023**Open to Public
Inspection**

OHIO PROVIDER RESOURCE ASSOCIATION

Employer identification number

31-1559921

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) OPRA PROPERTIES, LLC 1152 GOODALE BLVD COLUMBUS OH 43212 31-1559921	BLDG RENT	OH			N/A
(2)					
(3)					
(4)					
(5)					

Part II 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE OPRA FOUNDATION 1152 GOODALE BLVD COLUMBUS OH 43212 31-0941114	SUPPORT	OH	501C3	12B	N/A		X
(2)							
(3)							
(4)							
(5)							

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

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Schedule R (Form 990) 2023

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispro- portionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

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

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) OPRA FOUNDATION	N		
(2) OPRA FOUNDATION	O		
(3)			
(4)			
(5)			
(6)			

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII **Supplemental Information.**

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

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Form **990****Two Year Comparison Report****2022 & 2023**

For calendar year 2023, or tax year beginning , ending

Name

Taxpayer Identification Number

OHIO PROVIDER RESOURCE ASSOCIATION**31-1559921**

		2022	2023	Differences
Revenue	1. Contributions, gifts, grants	1. 139,283	350	-138,933
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 90,547		-90,547
	4. Program service revenue	4. 1,774,914	2,046,702	271,788
	5. Investment income	5. 119,748	181,647	61,899
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. -41,631		41,631
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 250		-250
	12. Total revenue. Add lines 1 through 11	12. 2,083,111	2,228,699	145,588
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 217,205	203,507	-13,698
	16. Salaries, other compensation, and employee benefits	16. 539,069	678,369	139,300
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 199,872	374,557	174,685
	19. Occupancy, rent, utilities, and maintenance	19. 23,569	25,836	2,267
	20. Depreciation and Depletion	20. 21,123	17,057	-4,066
	21. Other expenses	21. 630,687	536,990	-93,697
	22. Total expenses. Add lines 13 through 21	22. 1,631,525	1,836,316	204,791
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 451,586	392,383	-59,203
Other Information	24. Total exempt revenue	24. 2,083,111	2,228,699	145,588
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 1,853,281	2,228,349	375,068
	27. Total assets	27. 4,318,530	4,602,123	283,593
	28. Total liabilities	28. 450,133	127,657	-322,476
	29. Retained earnings	29. 3,868,397	4,472,190	603,793
	30. Number of voting members of governing body	30. 25	24	
	31. Number of independent voting members of governing body	31. 25	24	
	32. Number of employees	32. 8	7	
	33. Number of volunteers	33. 25	24	

Form 990	Tax Return History	2023
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Name OHIO PROVIDER RESOURCE ASSOCIATION	Employer Identification Number 31-1559921
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	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	152,004	106,156	649,623	229,830	350	
Membership dues						
Program service revenue	1,991,559	1,806,974	1,759,378	1,774,914	2,046,702	
Capital gain or loss	-2,331	-17,696		-41,631		
Investment income	117,112	101,055	167,242	119,748	181,647	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue			250	250		
Total revenue	2,258,344	1,996,489	2,576,493	2,083,111	2,228,699	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	164,486	332,297	212,959	217,205	203,507	
Other compensation	647,522	387,039	506,560	539,069	678,369	
Professional fees	578,143	488,314	450,566	199,872	374,557	
Occupancy costs	21,714	27,268	21,479	23,569	25,836	
Depreciation and depletion	27,596	26,206	27,250	21,123	17,057	
Other expenses	505,673	278,436	881,773	630,687	536,990	
Total expenses	1,945,134	1,539,560	2,100,587	1,631,525	1,836,316	
Excess or (Deficit)	313,210	456,929	475,906	451,586	392,383	
Total exempt revenue	2,258,344	1,996,489	2,576,493	2,083,111	2,228,699	
Total unrelated revenue						
Total excludable revenue	2,106,340	1,890,333	1,926,870	1,853,281	2,228,349	
Total Assets	2,992,199	3,468,327	4,097,918	4,318,530	4,602,123	
Total Liabilities	229,043	156,130	253,871	450,133	127,657	
Net Fund Balances	2,763,156	3,312,197	3,844,047	3,868,397	4,472,190	

Form 990T	Tax Return History	2023
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Name OHIO PROVIDER RESOURCE ASSOCIATION	Employer Identification Number 31-1559921
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* Income shown net of expenses

	2019	2020	2021	2022	2023	2024
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

Form 990T	Tax Return History	2023
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Name OHIO PROVIDER RESOURCE ASSOCIATION	Employer Identification Number 31-1559921
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	2019	2020	2021	2022	2023	2024
Other deductions						
Net income (first activity, year 2019 & prior)						
UBTI from all trades	0	0	0	0	0	
Charitable contributions						
Net operating loss deduction						
Specific deduction		1,000			1,000	
Section 199A deduction (trusts)						
Income after deductions						
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due /Overpayment						

Tax-Exempt Interest on Investments

Description		Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	InState Muni (\$ or %)
INTEREST INCOME	\$	8,132		14			
DIVIDENDS		173,515		14			
TOTAL	\$	181,647					

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Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PAYROLL SERVICE FEES	\$ 3,372	\$ 3,372	\$	\$
PROFESSIONAL FEES	125,952	125,952		
TOTAL	\$ 129,324	\$ 129,324	\$ 0	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
EMPLOYEE TRAINING	\$ 11,292	\$ 11,292	\$	\$
TOTAL	\$ 11,292	\$ 11,292	\$ 0	\$ 0