Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2022 calendar year, or tax year beginning 07/01/2022and ending 06/30/2023

_	Chor	sk if applicab	le: C Name of organization Ohio Fair Managers Associa	<u> </u>	D Employe	r identification number
_			le: C Name of organization Ohio Fair Managers Associa	ation		
님		ess change		m/suite	34-172 E Telephon	
닏		e change		iii/Suite		
닉		l return	PO Box 2625		(330)2	208-0372
닉		eturn/terminate				
ᆜ		nded return	Stow, OH 44224			ceipts \$ 398,857.
Ш	Applic	ation pending	F Name and address of principal officer: Howard L. Call	'		for subordinates? Yes No
			PO Box 2625 Stow, OH 44224	H(b	Are all subordina	ates included? Yes No
<u></u>	Tax-ex	empt status	501(c)(3) X 501(c)(6) (insert no.) 4947(a)(1) or 55	27	If "No," attach a	list. See instructions
<u>ا ا</u>	Websi	te: <u>ht</u> t	p://ohiofairs.org) Group exemption	n number
		of organization		formation: 200	3 M St	ate of legal domicile: OH
P	art	Sumi	nary			
	1	Briefly de	scribe the organization's mission or most significant activities:			
e		Promo	te the general welfare of Fairs of the	State o	f Ohio;	encourage
Governance		coope	eration among Fairs; provide an annual o	conventi	on or m	meeting.
/err	2	Check th	s box if the organization discontinued its operations or disposed of more than	25% of its net as	ssets.	
9	3	Number of	of voting members of the governing body (Part VI, line 1a)		3	17
	4	Number of	of independent voting members of the governing body (Part VI, line 1b)		4	17
ies	5	Total nun	ber of individuals employed in calendar year 2022 (Part V, line 2a)		5	0
Activities &	6	Total nun	ber of volunteers (estimate if necessary)		6	0
Act	7	a Total unr	elated business revenue from Part VIII, column (C), line 12		7a	0.
		Net unrel	ated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Yea		Current Year
<u>e</u>	8	Contribut	ons and grants (Part VIII, line 1h)	42	,445.	41,120.
	9		service revenue (Part VIII, line 2g)		,246.	331,541.
Revenue	10	_	nt income (Part VIII, column (A), lines 3, 4, and 7d)		2.	1.
Še	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17	,798.	26,195.
_	12		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,491.	398,857.
_	13		ind similar amounts paid (Part IX, column (A), lines 1-3)		, 1910	33070371
	14		paid to or for members (Part IX, column (A), line 4)			
			· · · · · · · · · · · · · · · · · · ·	6	,000.	7,200.
es	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)		,000.	7,200.
Expenses	1		nal fundraising fees (Part IX, column (A), line 11e)			
ğ	1		draising expenses (Part IX, column (D), line 25)	207	172	204 020
ш	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)		,173.	384,939.
	18		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		,173.	392,139.
	19	Revenue	less expenses. Subtract line 18 from line 12		,318.	6,718.
S OF	3			eginning of Cur		End of Year
Sset	20		ets (Part X, line 16)	156	<u>,652.</u>	163,370.
Net Assets Fund Baland	21		lities (Part X, line 26)	150	650	162 250
			s or fund balances. Subtract line 21 from line 20	156	,652.	163,370.
	art l	_	ture Block			
			rijury, I declare that I have examined this return, including accompanying schedules and sta		•	owledge and belief, it is
tru	ie, cor	rect, and co	nplete. Declaration of preparer (other than officer) is based on all information of which prep	parer has any know	vledge.	
•	•	Cianatura	officer		-40	
	ign	Signature o		Da	ate	
Н	ere		J. Dawson, Treasurer			
		,, , , , , , , , , , , , , , , , , , ,	t name and title	Data	- I	7 I DTIN
P	aid	Print	Type preparer's name Preparer's signature	Date	Check _	if PTIN
P	repa	rer		1	self-emple	Dyeu
U	se C	nly Firm	s name	F	irm's EIN	
		Firm	s address	P	hone no.	
Ma	v the	IRS discus	s this return with the preparer shown above? See instructions			Yes No

Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III.
1	Briefly describe the organization's mission:
•	To represent and promote the general welfare of County, Independent,
	and State Fairs of the State of Ohio; encourage cooperation; promote
	Agriculture and related field; provide for annual meeting; education.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? \square Yes \square 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 \$ 249,375. including grants of \$) (Revenue \$331,541.)
	OFMA ANNUAL CONVENTION, MEETING, AND TRADE SHOW INVOLVES THE
	PARTICIPATION OF MEMBERS, MEMBER ASSOCIATES, INDUSTRY BUSINESSES
	AND YOUTH MEMBERS FOR THE PURPOSE OF COMMUNICATION, EDUCATION, PLANNING AND PROMOTION OF AND AMONG OHIO FAIRS.
	PLANNING AND PROMOTION OF AND AMONG OHIO FAIRS.
4b	(Code:) (Expenses \$ 27,074. including grants of \$) (Revenue \$ 41,120.)
	MEMBERSHIP CONSISTS OF 95 LOCAL FAIR BOARDS WHO COLLECTIVELY
	WORK WITH AN ESTIMATED 3,000 ASSOCIATE MEMBERS WHO RECEIVE
	QUARTERLY NEWSLETTERS AND USE THE OFMA WEBSITE FOR EDUCATION
	AND INFORMATION ABOUT CURRENT OHIO FAIR EVENTS.
	(0.1
4C	(Code:) (Expenses \$ 14,769. including grants of \$) (Revenue \$
	AT OHIO FAIRS.
	AI OHIO FAIRS.
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ 10,581. including grants of \$) (Revenue \$ 13,511.)
4e	Total program service expenses 301,799.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			3.7
•	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,	v	
	candidates for public office? If "Yes," complete Schedule C, Part I	3	_X_	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-4		
3	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		21	
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D. Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			- 21
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
-	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		21
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			 -
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			l
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d		24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		l
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			l
	If "Yes," complete Schedule L, Part I	25b		l
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			.———
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or			
	founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity			
	(including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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):			i
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?			
u	If "Yes," complete Schedule L, Part IV	28a	х	l
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	-22	Х
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	200		
·	If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N,	<u> </u>		
32	Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		-22
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	55		
J-1	or IV, and Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	ээа		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
50	related organization? If "Yes,", complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	31		
30	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	30	Λ	
га	Check if Schedule O contains a response or note to any line in this Part V			
	Chook in Contourie Contains a response of note to any line in this fact v	· · ·	Yes	No
1 ~	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
1a	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reporatble gaming (gambling)	10	х	
	winnings to prize winners?	1c	Λ	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
''	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
~	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration			
	or excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	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 17 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. 17 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?............... 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X X 8b Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . 11a Х b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a X 12b X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c X 13 13 X Х 14 14 Did the organization have a written document retention and destruction policy?............ 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? 15a Х Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with 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. Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records (440)357-4440 20 Robert J. Dawson 5475 Canyon Ridge Drive Painesville, OH 44077

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Charly this have if neither the expenientian per any related expenientian compensated any current efficer, director, or trustee

Check this box if neither the organization n	or any rela	ted o	rgar	niza	tion	comp	oen	sated any currer	nt officer, directo	r, or trustee.
		(C)								
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average	(do not check more than			than o	ne	Reportable	Reportable	Estimated amount	
	hours	box, ι	box, unless person is both an			an	compensation	compensation	of other	
	per week (list any			d a di	irecto	or/truste	ee)	from the organization (W-2/	from related organization (W-2/	compensation from the
	hours for	Individual trustee or director	Ins	Officer	Key	Hig em	Former	1099-MISC/	1099-MISC/	organization and
	related	direc	tituti	icer	en en	hes	mer	1099-NEC)	1099-NEC)	related organizations
	organizations	tor tal	ona		employee	t co	-			
	below dotted line)	rust	Institutional trustee		/ee	npe				
	dolled line)	e e	stee			Highest compensated employee				
						ted				
(A) Transport T. Gall	00 00									
(1) Howard L Call	20.00			3,5				22 000		
Executive Director	02 00			Х				32,000.		
(2) Rodney Arter	02.00	.								
<pre>ImmediatePastPresident (3) Paul Harris</pre>	03.00	Х								
	03.00	₹.		v						
President (4) Stanlaw Strade	03.00	Х		Х						
(4) Stanley Strode 1st Vice President	03.00	Х		х						
(5) Bob Dawson	05.00			Λ						
Treasurer	05.00	х		х				6,600.		
(6) Wade Flory	01.00			^				0,000.		
District Director	01.00	х								
(7) Tom Stocksdale	03.00									
2nd Vice President	03.00	х		х						
(8) Roger Smith	01.00	-22								
District Director	01.00	x								
(9) Paul Lease	01.00									
District Director	02.00	x								
(10) Kim Meyers	01.00									
District Director	-	х								
(11) Kendra Von Lehmden-Wentz	01.00									
District Director		х								
(12) Doug Marine	01.00									
District Director		х								
(13) Deb Hukell	01.00									
District Director		х								
(14) Virgil Strickler	01.00									
Director at Large		х								

Part VII Section A. Officers, Directors, Tru	istees, Ke	y Em _l	ploy	yee	s, a	nd H	ighe	est Compensate	ed Employe	es (continued)		
	(C)												
(A)	(B)	Position						(D)	(E)			(F)	
Name and title	Average hours per	, , , , , , , , , , , , , , , , , , ,					ne	Reportable	Reportable		Estima		ount
	box, unicos person is bour					an	compensation from the	compensation from relate			f other	on	
	week (list any hours for		r and		irecto	or/trust		organization (W-2/	organization (\			ensation	UII
	related	Individual to or director	Inst	Officer	Key	em _l	Former	1099-MISC/	1099-MISC			zation a	and
	organizations	vidu	ituti	cer	em	nest	mer	1099-NEC)	1099-NEC	()	related o	organiza	ations
	below dotted line)	Individual trustee or director	Institutional trustee		Key employee	e cor							
	illie)	uste	trus		ee	npe							
		ď	tee			Highest compensated employee							
						ed							
(15) Von Cremeans	01.00												
Director at Large		X											
(16) Tracey Koszalka	01.00												
<u>Director at Large</u>		X											
(17) Alan Aichholz	01.00												
District Director		Х											
(18) Ron Llewellyn	01.00												
District Director		х											
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b Subtotal								38,600.					
c Total from continuation sheets to Pa								00,000					
d Total (add lines 1b and 1c)								38,600.					
2 Total number of individuals (including b	out not limit	ted to	tho	se l	liste	d abo	ve)		ore than \$1	00.00	00 of		
reportable compensation from the orga							,		• • • • • • • • • • • • • • • • • • • •	,			
												Yes	No
3 Did the organization list any former offic	er. director	. trust	ee.	kev	em/	volar	ee. o	or highest comp	ensated			100	140
employee on line 1a? If "Yes," complete				-							3		Х
4 For any individual listed on line 1a, is the										the			- 22
organization and related organizations gr													
individual						•	•		101 00011		4		х
5 Did any person listed on line 1a receive of									 ation or indiv	idual			
for services rendered to the organization		•					•	•				v	
Section B. Independent Contractors	. 11 100,	oomp	1010		1100	uio o	101	odon poroon		• • •		X	
1 Complete this table for your five highest	compensat	ed inc	dene	end	ent	contr	acto	ors that received	more than	\$100	000 of		
compensation from the organization. Rep												on's	
tax year.							,	,		3			
(A)								(B)			(C)		
Name and business address								Description of se	ervices		Compen	sation	
-									+				
-									+				
2 Total number of independent contractions	(includia a	hut -	O# 11	m:+	0d t	0 +6) !:	atad abays)!-					
2 Total number of independent contractors							se II	sieu above) WNC	'				
received more than \$100,000 of compen	รสแบท เเดพ	ıne c	лga	u uz	aliO	П							

		Check if Schedule O conta	ains a response or no	ote 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
ts,	1a	Federated campaigns	1a	ı				
iran	b	Membership dues	1b	41,120.				
, G	С	Fundraising events	:					
iifts ar /	d	Related organizations		ı				
Contributions, Gifts, Grants, and Other Similar Amounts	е	Government grants (contrib						
	f	All other contributions, gifts,						
		and similar amounts not inc	-					
i j	a	Noncash contributions include		1				
Cor	h	Total. Add lines 1a-1f		4.	41,120.			
				Business Code				
eun	2a	OFMA CONVENTI	ON	561499	331,541.	331,541.		
Program Service Revenue	b				•	,		
<u>.</u>	С							
Se Z	d							
E S	е							
oge	f	All other program service re	evenue					
Ē	g	Total. Add lines 2a-2f			331,541.			
	3	Investment income (including			-			
		and other similar amounts).			1.			1.
	4 Income from investment of tax-exempt bond pro		ceeds					
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross rents 6	ia					
	b	Less: rental expenses 6	ib					
	С	Rental income or (loss) 6	ic					
	d	Net rental income or (loss).						
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7	'a					
	b	Less: cost or other basis						
		and sales expenses 7	'b					
	С	Gain or (loss)	'c					
	d	Net gain or (loss)	<u></u>	<u> </u>				
σ								
nue	8a	Gross income from fundrais	sing					
e ve		events (not including \$						
F.		of contributions reported on	line 1c).					
Other Reven		See Part IV, line 18						
		Less: direct expenses						
	С	Net income or (loss) from fu	undraising events .	<u> </u>				
	9a	Gross income from gaming	activities.					
		See Part IV, line 19						
		Less: direct expenses)				
		Net income or (loss) from ga	-	<u> </u>				
	10 a	Gross sales of inventory, les						
		returns and allowances						
		Less: cost of goods sold		•				
	С	Net income or (loss) from sa	ales of inventory					
S		A		Business Code	10 50:	10 50		
Miscellaneous Revenue	l .	QUEEN'S ACTIV	TTIES	561499	12,684.			4
scellaneo Revenue	b	REBATES	4	561499	5,336.			
scel Rev	С	100TH ANNIVER		561499	6,300.			
Ξ		All other revenue		561499	1,875.			
		Total. Add lines 11a-11d .			26,195.			_
	12	Total revenue. See instruc	ctions		<i>3</i> 98,857.	357,736.		1.

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all colu							
Check if Schedule O contains a response or note to any line in this Part IX								
	ot include amounts reported on lines 6b, 7b, 8b, 9b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising			
and '	10b of Part VIII.	, , , , , , , , , , , , , , , , , , , ,	expenses	general expenses	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,	T 000		T 000				
_	and key employees	7,200.		7,200.				
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							
8	Pension plan accruals and contributions (include section							
0	401(k) and 403(b) employer contributions)							
9 10	Other employee benefits							
10 11	· '							
	Fees for services (nonemployees): Management	33,000.		33,000.				
	Legal	100.		100.				
	Accounting	634.		634.				
	Lobbying	36,000.	7,200.	28,800.				
	Professional fundraising services. See Part IV, line 17	30,000.	1,200.	20,000.				
f	Investment management fees							
	Other. (If line 11g amount exceeds 10% of line 25, column							
9	(A), amount, list line 11g expenses on Schedule O.)							
12	Advertising and promotion							
13	Office expenses	21,273.	15,955.	5,318.				
14	Information technology.	,_,		2,323.				
15	Royalties							
16	Occupancy							
17	Travel.	30,449.	18,689.	11,760.				
18	Payments of travel or entertainment expenses for any	,	==,,,,,,,,	==,::::				
	federal, state, or local public officials							
19	Conferences, conventions, and meetings	249,375.	249,375.					
20	Interest	,	,					
21	Payments to affiliates							
22	Depreciation, depletion, and amortization							
23	Insurance	3,527.		3,527.				
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.)							
а	MISCELLANEOUS	10,581.	10,581.					
b								
С								
d								
е	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	392,139.	301,800.	90,339.				
26	Joint costs. Complete this line only if the organization							
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation. Check							
	here if following SOP 98-2 (ASC 958-720)							

1	Check if Schedule O contains a response or note to any line in this Part X	(A)	1	(B)
		Beginning of year		End of year
1	Cash — non-interest-bearing	83,207.	1	89,935
	Savings and temporary cash investments	73,445.	2	73,435
1	Pledges and grants receivable, net	, , , , , , , ,	3	70,100
- 1	Accounts receivable, net		4	
	Loans and other receivables from any current or former officer, director,			
- 1	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
- 1	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	
1	Notes and loans receivable, net.		7	
8 8	Inventories for sale or use		8	
- 1			9	
- 1	Prepaid expenses and deferred charges		9	
- 1	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D		40-	
- 1	Less: accumulated depreciation		10c	
	Investments — publicly traded securities		11	
- 1	Investments — other securities. See Part IV, line 11		12	
- 1	Investments — program-related. See Part IV, line 11		13	
	Intangible assets		14	
- 1	Other assets. See Part IV, line 11.	156 650	15	162 250
	Total assets. Add lines 1 through 15 (must equal line 33)	156,652.	16	163,370
- 1	Accounts payable and accrued expenses		17	
- 1	Grants payable		18	
- 1	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
2	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	
	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities			
	not included on lines 17-24). Complete Part X of Schedule D		25	
	Total liabilities. Add lines 17 through 25		26	
3	Organizations that follow FASB ASC 958, check here			
<u> </u>	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions		27	
28	Net assets with donor restrictions			
27 28			28	
3	Organizations that do not follow FASB ASC 958, check here			
5	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	156,652.	31	163,370
•	Total net assets or fund balances	156,652.	32	163,370
33	Total liabilities and net assets/fund balances	156,652.	33	163,370

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	39	8,8	57.
2	Total expenses (must equal Part IX, column (A), line 25)	2	39	2,1	39.
3	Revenue less expenses. Subtract line 2 from line 1	3		6,7	18.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15	6,6	52.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	16	3,3	70.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	n a separate			
	basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate by	asis, consolidated			
	basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	theUniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		
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		3b	. aan	
IIVA			Earn	· uui i	しつしつつ

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

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

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

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

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

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

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

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

Name	Section 501(c)(4), (5), or (6) org	ganizations: Complete Part III.		Emmlayer identif	iaatian numbar
	e of organization			Employer identif	
	lo Fair Managers			34-1721	
Pa	•	e organization is exempt und		<i>'</i>	organization.
1	Provide a description of the orga definition of "political campaign	anization's direct and indirect political ca activities."	ampaign activities in Pa	art IV. See instructions for	
2	Political campaign activity exper	nditures. See instructions		\$	7,200.
3	Volunteer hours for political can	npaign activities. See instructions			C
Pa	rt I-B Complete if the	e organization is exempt und	der section 501(d	c)(3).	
1	Enter the amount of any excise	tax incurred by the organization under s	ection 4955		0.
2	Enter the amount of any excise	tax incurred by organization managers u	under section 4955		0.
3	If the organization incurred a se	ection 4955 tax, did it file Form 4720 for t	this year?		🗌 Yes 🔲 No
4a	Was a correction made?				🗌 Yes 🔲 No
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the	e organization is exempt und	der section 501(d	c), except section 501	
1	Enter the amount directly expen	nded by the filing organization for section	527 exempt function	activities \$	0.
2	•	ganization's funds contributed to other o	•	•	
	function activities				
3		ures. Add lines 1 and 2. Enter here and o			
4	Did the filing organization file Fo	orm 1120-POL for this year?			🗌 Yes 🗌 No
5	Enter the names, addresses and	d employer identification number (EIN)	of all section 527 politic	cal organizations to which the	filing organization made
	payments. For each organization	n listed, enter the amount paid from the	filing organization's fu	nds. Also enter the amount of	political contributions
	received that were promptly and	d directly delivered to a separate political	organization, such as	a separate segregated fund of	or a political action
	committee (PAC). If additional s	space is needed, provide information in F	Part IV.		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
				funds. If none, enter -0	delivered to a separate
					political organization. If none, enter -0
					ii none, enter -o
(1)		17 SOUTH HIGH STREET Ste. SUITE 750	00 0454610	T 000	
	RNMENT ADVANTAGE GROUP	Columbus, OH 43215	20-8454618	7,200.	
(2)					
(3)			-		
(4)			-		
(5)					
(5)			-		
(0)					
(6)			-		

Pa	art II-A	Complete if the organization section 501(h)).	n is exempt u	nder section 50)1(c)(3) and file	d Form 5768 (ele	ection under
A	Check	if the filing organization belongs to an a	ffiliated group (and	d list in Part IV each a	affiliated group memb	er's name, address, El	N, expenses,
		and share of excess lobbying expenditu	ıres).				
В	Check	if the filing organization checked box A	and "limited contro	ol" provisions apply.			
		Limits on Lobb	ying Expenditur	es		(a) Filing	(b) Affiliated
		(The term "expenditures" me	eans amounts pa	nid or incurred.)		organization's totals	group totals
•	1a Total lo	obbying expenditures to influence public					
		obbying expenditures to influence a legisla	· · · · ·				
		obbying expenditures (add lines 1a and 1					
	d Other e	exempt purpose expenditures					
	e Total e	xempt purpose expenditures (add lines 1	c and 1d)				
		ng nontaxable amount. Enter the amount					
	,	ŭ					
	If the a	mount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:		
	Not ove	r \$500,000	20% of the amo	ount on line 1e.			
	Over \$5	600,000 but not over \$1,000,000	\$100,000 plus	15% of the excess ov	er \$500,000.		
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess ov	er \$1,000,000.		
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ove	r \$1,500,000.		
	Over \$1	7,000,000	\$1,000,000.				
	g Grassr	oots nontaxable amount (enter 25% of lir	ie 1f)				
		ct line 1g from line 1a. If zero or less, ent					
	i Subtrac	ct line 1f from line 1c. If zero or less, ente	er -0				
	j If there	is an amount other than zero on either lin	ne 1h or line 1i, di	d the organization file	Form 4720		
	reportir	ng section 4911 tax for this year?					☐ Yes ☐ No
				Period Under Section			
		(Some organizations that made a	section 501(h) el	ection do not have t	o complete all of th	e five columns belov	v.
		_		uctions for lines 2a	-		
		Labora		. B' 4 V 4			
		Lobby	ng Expenditures	S During 4-Year Ave	raging Period		
	Ca	lendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
	2a Lo	obbying nontaxable amount					
	b Lo	obbying ceiling amount					
	(1	50% of line 2a, column (e))					
	c To	otal lobbying expenditures					
	d G	rassroots nontaxable amount					
	e G	rassroots ceiling amount					
	(1	50% of line 2d, column (e))					
	f G	rassroots lobbying expenditures					

UYA Schedule C (Form 990) 2022 Schedule C (Form 990) 2022 Ohio Fair Managers Association 34-172171

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

For each "Yes" response on lines 1a through 1i below, prodescription of the lobbying activity.	vide in Part IV a detailed	(a)		(b)
	Ye	s	No	Amount
1 During the year, did the filing organization attempt to influence foreign, nation	al, 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 lin	- '	+	_	
c Media advertisements?		+	-+	
d Mailings to members, legislators, or the public?		+	-+	
Publications, or published or broadcast statements?Grants to other organizations for lobbying purposes?		+	-+	
		+	_	
 Direct contact with legislators, their starts, government officials, or a legislative Rallies, demonstrations, seminars, conventions, speeches, lectures, or any s 	-	+	-	
i Other activities?		\dashv		
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section		Т		
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 unde				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for t				
Part III-A Complete if the organization is exempt under sec 501(c)(6).	ction 501(c)(4), section 501(c)(5), 0	r sec	tion
				Yes N
1 Were substantially all (90% or more) dues received nondeductible by member	rs?			1 X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or le				2 2
3 Did the organization agree to carry over lobbying and political campaign activ	ity expenditures from the prior year?			3 2
Part III-B Complete if the organization is exempt under sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 answered "Yes."				
Dues, assessments and similar amounts from members		. T	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not inc				
for which the section 527(f) tax was paid).				
a Current year		. L	2a	
b Carryover from last year		. L	2b	
c Total		. L	2c	
c Total		. L	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible				
 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible If notices were sent and the amount on line 2c exceeds the amount on line 3, 				
 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible If notices were sent and the amount on line 2c exceeds the amount on line 3, organization agree to carryover to the reasonable estimate of nondeductible longer 	obbying and political expenditures next year		4	
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UYA Schedule C (Form 990) 2022

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

Attach to Form 990.

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

2022
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

Ohio Fair Managers Association 34-1721710 **Questions Regarding Compensation** Yes Nο 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) **b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b 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?..... X 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. Compensation committee **X** Written employment contract Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations 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: 4a Х 4b X Participate in or receive payment from an equity-based compensation arrangement? 4c Х 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: 5a If "Yes" on line 5a or 5b, describe in Part III. 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: The 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 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

34-1721710

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.

(2)(1) ()			and/or 1099-MISC and/or 1		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Howard L Call	(i)	32,000.					32,000.	
1Executive Director	(ii)	•					•	
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
_	(i)							
8	(ii)							
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40	(i)							
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11	(i)							
11	(ii) (i)							
12	(ii)							
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13	(ii)							
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14	(ii)							
	(i)							
15	(ii)							
	(i)							_
16	(ii)							
	1/	ı	ı	1	1		I .	I

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Schedule J (Form 990) 2022

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. Part II COMPENSATION AS AN INDEPENDENT CONTRACTOR REPORTED ON 1099-NEC Part II FOR MANAGEMENT CONTRACT DUTIES RELATED TO THE POSITION OF EXECUTIVE Part II DIRECTOR OF OHIO FAIR MANAGERS ASSOCIATION, PAID TO FAIRWAY ELECTRIC, Part II FOR SERVICES PROVIDED BY HOWARD CALL.	
Part II FOR MANAGEMENT CONTRACT DUTIES RELATED TO THE POSITION OF EXECUTIVE Part II DIRECTOR OF OHIO FAIR MANAGERS ASSOCIATION, PAID TO FAIRWAY ELECTRIC,	
Part II DIRECTOR OF OHIO FAIR MANAGERS ASSOCIATION, PAID TO FAIRWAY ELECTRIC,	
Part II FOR SERVICES PROVIDED BY HOWARD CALL.	INC.

SCHEDULE L (Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022
Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

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	<u>io Fair Manag</u>	er	s Assoc	<u>iation</u>	\ (0)		504()(4)				<u> 171</u>			`	
Pa				s (section 501(c	, , , .		. , . , .		. , .	,	•		•	•	
	Complete if th	e or	ganization a	nswered "Yes" o	on Fo	rm 99	0, Part IV, line	25a or 25b,	or Fo	orm 9	90-EZ	<u>z,</u> Par	t V, lii	ne 40	o
1	(a) Name of disqualified	nerso	on ((b) Relationship bety	ween d	lisqualifi	ed person and	(c) Description of tran			rancaction			(d) Correcte	
	(a) Namo or aloqualmou	poro	011	1	organiz	zation		(0) 5	Joonpu	011 01 111	anouotic	, ,,		Yes	No
(1)															
(2)															
(3)				,											
(4)															
(5)															
(6)															
2	Enter the amount o	f tax	incurred by	the organization	n mai	nagers	or disqualifie	d nersons di	ırina	the ve					
	under section 4958		-	-		-	-	•	-	-		\$			
3	Enter the amount o											<u>Ф</u>			
J	Litter the amount o	ı tax	i, ii arry, orr ii	1110 Z, above, rei	iiiibui	ioca b	y tilo organiza					Ψ		-	
Da	art II Loans to and	/or I	From Intere	sted Persons.											
Г				nswered "Yes" o	n Fo	rm 00	0-E7 Part \/	ine 38a or E	orm (aan E	Part I\/	/ line	26. 0	r if th	ے
			-	unt on Form 990				1110 000 01 1	OIIII C	, , , , , , , , , , , , , , , , , , ,	artiv	, 11110	20, 0		•
/- \		. 			i –			(A) D-1		(m) l= .	1-440	(h) A		(:) \A(
(a)	Name of interested person	1 ' '	Relationship h organization	(c) Purpose of loan	1''	an to or m the	(e) Original principal amoun	(f) Balanc	e aue	(g) in (default?	1 ' '	proved ard or	agree	
			o. ga <u>_</u> ao		1	ization?	pinioipai amoun	`					nittee?	ug.cc	
					<u> </u>	_					T				
					То	From				Yes	No	Yes	No	Yes	No
(1)						1									
(2)					<u> </u>	_									
(3)					ـــــــــ										
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Tota	al						\$								
Pa	art III Grants or As	sista	ance Benefi	ting Interested	Pers	sons.									
	Complete if th	e or	ganization a	nswered "Yes" o	n Fo	rm 99	0, Part IV, line	27.							
	(a) Name of interested perso	n	(b) Relations	hip between interest	ed ((c) Amo	unt of assistance	(d) Type of	assista	ance	(е) Purp	ose of a	assistar	nce
			person an	nd the organization											
(1)															
(2)															
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(9)					+						1				

(10)

Complete if the organization answ	ng Interested Persons. vered "Yes" on Form 990, Pa	art IV, line 28a, 28b	, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of zation's nues?
				Yes	No
(1)HOWARD CALL	EXEC DIRECTOR	32,000.	MANAGEMENT COMPENSATION	_	X
(2)				_	
(3)					
(4) (5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Part V Supplemental Information.	rosponess to ausotions on t	Sahadula I (aga ina	trustions)		
Provide additional information for	responses to questions on a	Schedule L (see ins	tructions).		
PART VI, LINE 1 COMPENSATION FOR MANAGEMEN	™ ~^N™DX~™ ∩∏™T	י משת אחפה י	TO THE POSITION	∩E E	VEC
PART VI, LINE 1	II CONTRACT DOTT	25 KEHAIED	IO THE POSITION	OF E	ALC
DIRECTOR OF OHIO FAIR MANA	GERS ASSOCIATION	N PAID TO F	AIRWAY ELECTRIC		
PART VI, LINE 1					
INC FOR SERVICES PROVIDED	BY HOWARD CALL (OF FAIRWAY	ELECTRIC INC		

UYA Schedule L (Form 990) 2022

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number Ohio Fair Managers Association 34-1721710 PART VI LINE 1A THE EXECUTIVE DIRECTOR IS AN OFFICER AND NON-VOTING MEMBER OF THE BOARD PART VI LINE 1A OF DIRECTORS. PART VI LINE 1A EXECUTIVE DIRECTOR IS DELEGATED THE AUTHORITY TO CONDUCT MANAGEMENT PART VI LINE 1A SERVICES, INCLUDING BUSINESS OPERATIONS, PUBLIC RELATIONS, COORDINATION PART VI LINE 1A OF EVENTS. PART VI LINE 2 OFMA ED HOWARD CALL OF FAIRWAY ELECTRIC INC HAS INDIRECT BUSINESS PART VI LINE 2 RELATIONSHIPS WITH MEMBER FAIRS REPRESENTED ON THE BOARD. PART VI LINE 6 GOVERNING MEMBERS ARE DELEGATES OF MEMBER FAIRS. THE EXECUTIVE DIRECTOR PART VI LINE 6 IS CONTRACTED BY OFMA FOR MANAGMENT SERVICES, AND IS A NON-VOTING MEMBER. PART VI LINE 7A ALL MEMBER FAIRS ARE REQUIRED TO SEND A DELEGATE TO THE ANNUAL MEETING PART VI LINE 7A IN ORDER TO ELECT OFMA OFFICERS AND DIRECTORS. PART VI LINE 7B PROPOSED CHANGES TO THE CONSTITUTION MUST BE APPROVED BY THE MEMBERSHIP. PART VI LINE 7B MEMBERSHIP ADOPTS A LIST OF RESOLUTIONS FOR THE BOARD TO ADDRESS. PART VI LINE 11B TREASURER DISTRIBUTES DRAFT FORM 990 AND SUPPORTING SCHEDULES TO THE BOARD, PART VI LINE 11B MEETING CONDUCTED FOR REVIEW AND INQUIRY, VOTE TO APPROVE FILING OBTAINED. PART VI LINE 12C BOARD MEMBERS ARE REQUIRED TO PROVIDE WRITTEN ACKNOWLEDGEMENT OF POLICY. PART VI LINE 12C POLICY IS MONITORED AND ENFORCED BY ESTABLISHED COMMITTEE. PART VI LINE 15A EXECUTIVE DIRECTOR RECEIVED COMPENSATION AT AN ESTABLISHED FAIR MARKET PART VI LINE 15A VALUE OF \$32,000 FOR CONTRACTED MANAGEMENT SERVICES, LAST REVIEWED 2022. PART VI LINE 19 GOVERNING DOCUMENTS, CONFLICT OF INTEREST, AND FORM 990 AVAILABLE ON THE PART VI LINE 19

OFMA WEBSITE: HTTPS://OHIOFAIRS.ORG

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** Ohio Fair Managers Association 34-1721710 Part VI Line 1a THE EXECUTIVE DIRECTOR IS AN OFFICER AND NON-VOTING MEMBER OF THE Part VI Line 1a BOARD OF DIRECTORS Part VI Line 2 OFMA ED Howard Call of Fairway Electric Inc has indirect business Part VI Line 2 relationships with member Fairs, which may be represented on the Board. Part VI Line 3 EXECUTIVE DIRECTOR IS DELEGATED AUTHORITY TO CONDUCT MGMT SERVICES, Part VI Line 3 INCLUDING BUSINESS OPERATIONS, PUBLIC RELATIONS, EVENT COORDINATION. Part VI Line 6 GOVERNING MEMBERS ARE DELEGATES OF MEMBER FAIRS. Part VI Line 7a ALL MEMBER FAIRS ARE REQUIRED TO SEND A DELEGATE TO THE ANNUAL Part VI Line 7a MEETING IN ORDER TO ELECT OFMA OFFICERS AND DIRECTORS. Part VI Line 7b PROPOSED CHANGES TO THE CONSTITUTION MUST BE APPROVED BY THE Part VI Line 7b MEMBERSHIP. Part VI Line 11b TREASURER DISTRIBUTES DRAFT FORM 990, SUPPORTING SCHEDULES TO BOARD, Part VI Line 11b MEETING HELD FOR REVIEW/INQUIRY, OBTAINS VOTE OF APPROVAL TO FILE. Part VI Line 12c POLICY IS MONITORED AND ENFORCED BY ESTABLISHED COMMITTEE. Part VI Line 15a or b EXECUTIVE DIRECTOR COMPENSATION ESTABLISHED AT FAIR MARKET VALUE Part VI Line 15a or b FOR CONTRACTED MANAGEMENT SERVICES, LAST REVIEWED 2022. Part VI Line 19 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FORM 990 Part VI Line 19 ARE AVAILABLE ON OFMA WEBSITE: HTTPS://OHIOFAIRS.ORG

UYA Schedule O (Form 990) 2022

Name of the organization	Employer identification number
Ohio Fair Managers Association	34-1721710
Part III Line 4d	
Expenses: \$10581.00 including grants of: \$0.00 Revenue:	\$13511.00
Part III Line 4d	
MISCELLANEOUS OTHER PROGRAM REVENUE AND EXPENSE	

Details for Form 990, Part X, Line 2

34-1721710

Date	Description		Amount
06/30/2023			715.00 52,720.00
06/30/2023	COX MEMORIAL FUND CD	Total	73,435.00