Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name change	Α	For the	2023 ca	lendar year, or					ending					
Name change	В	Check if a	applicable:	C Name of organ	ization Patty	Brisben Foun	dation for Wome	en's Sexual Healt	h	D Emplo	yer iden	tification	number	
Name change	X	Address o	change											
Trace-compt status: South Composition State City or town City of them City of them City or town City of them	Number and street (or P.O. box if mail is not delivered to street							ss) Room/suite						
Final returnation Cincinnati	\Box	Name cha	ange	308 E 8th Stre	eet					E Telepho	one num	ber		
Freid return formation Chinchmatic Chi		Initial retu	ırn	City or town			State			(330) 980	1621			
Amended return Application pending F Name and address of principal efficient Brianna Ledsome 308 E Bit Street. Cincinnati, OH. 45202 Tax-exempt status: X \$51(c)() \$51(c) ((reservo) 4847(a)(1) or 527 Website: www.pattybrisbenfoundation.org Tax-exempt status: X \$51(c)() \$51(c) ((reservo) 4847(a)(1) or 527 Website: www.pattybrisbenfoundation.org Tax-exempt status: X \$51(c)() \$51(c) ((reservo) 4847(a)(1) or 527 Website: www.pattybrisbenfoundation.org Tax-exempt status: X \$51(c)(a) \$51(c) ((reservo) 4847(a)(1) or 527 Website: www.pattybrisbenfoundation.org Tax-exempt status: X \$51(c)(a) \$51(c) ((reservo) 4847(a)(1) or 527 Website: www.pattybrisbenfoundation.org Tax-exempt status: X \$51(c)(a) \$51(c) ((reservo) 4847(a)(1) or 527 Website: www.pattybrisbenfoundation.org Tax-exempt status: X \$51(c)(a) \$51(c) ((reservo) 4847(a)(1) or 527 Website: www.pattybrisbenfoundation.org Tax-exempt status: X \$51(c)(a) \$51(c) ((reservo) 4847(a)(1) or 527 Website: www.pattybrisbenfoundation.org Briefly describe the organization's mission or most significant activities: The Patty Brisben Foundation serves to organization grants funding to support research flocused in four areas: vulvo/Paginal Point organization grants funding to support research flocused in four areas: vulvo/Paginal Point organization grants funding to support research flocused in four areas: vulvo/Paginal Point organization grants funding to support research flocused in four areas: vulvo/Paginal Point organization grants funding to support research flocused in four areas: vulvo/Paginal Point organization grants funding of support research flocused in four areas: vulvo/Paginal Point organization grants funding of support research flocused in four areas: vulvo/Paginal Point organization grants funding in support research flocused in flocus areas: vulvo/Paginal Point organization grants funding description grants funding flocus flocus flocus flocus flocus flocus floc	\Box	e ()	ua contra de la contra del la contra de la contra del la contra del la contra de la contra de la contra de la contra de la contra del la	Cincinnati			ОН	45202		(000) 000	A			
Application pending F Name and address of principal efficier. Bir Strote C (incinnat), OH 45202 H(a) to a successor as a value of the successo	ш	Final return	/terminated	Foreign countr	ry name	Foreign provin	nce/state/county	Foreign post	al code		1			
Tax-exempt status: Single Single Single Circle Circle Single	\Box	Amended	i return							G Gross	receipts	\$		290,304
Tax-exempt status: Single(s) Sotic) ((mest no.) 4e47(a)(1) or 527 17/80 attache is its See instructions 17/80 attache is its See instruction 17/80 attache is its See instructions 17/80 attache is its See instruction 17/80 attache is its See instruction 17/80 attache is its See instruction 17/80 attache its See instructions 17/80 attache its See instructions 17/80 attache its See instruction 17/80 attache instruction 17/80 attache instruction 17/80	\Box			E Name and add	tress of principal of	ficer			H/a) le	this a group retu	um for sub	ordinates?	Yes	X No
Tax-exempt status: X So1(c)(3) So1(c) ((naser no.) 4947(a)(1) or 327 He) Group exemption number: He) Group exemption number: OH Summary	\square	Applicatio	on pending	Fig. 1 Committee on the Committee of the				22		4000	VIII	40	=	=
Website: www pattybrishenfoundation org	_					Street, Cinci	nnati, OH 452		_					□ NO
Part Summary Summary Summary Trust Association Coher L Yearfortermatics 2006 M State of legal administic OH	1	Tax-exen	npt status:	X 501(c)(3)	501(c) ((inse	ert no.) 4947	(a)(1) or 527	40000	"No," attach	a list. Se	e instructio	ons	
Part Summary Summary Summary Trust Association Cither LiYearforfermations 2006 Mistate of legal domicine OH	J	Website	: ww	w.pattvbrisbenf	foundation.org				H(c) G	roup exempti	on numb	er		
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enhance women's sexual health and well-being through research and education. The organization grants funding to support research focused in four areas: vulvovaginal pain 2 Check this box if the organization discontinued its operations of disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a)					-19 -02 -0				400					
B Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year 379,232 163,502 10 Investment income (Part VIII, line 2g) 4,879 0 30,642 58,719 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -124,744 779 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 290,009 223,000 233,000 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 192,502 177,741 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 192,502 177,741 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 42,922 168 Professional fundraising fees (Part IX, column (A), line 11e) 0 0 0 0 0 0 0 0 0	•	1								Brisben Fo	undation	on serve	s to	
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Sign Here Sign at Preparer Use Only Signature of officer Date Print/Type preparer's name Diana L Veid Firm's name Veid and Veid CPAs Firm's address 635 W 7th St Ste 408, Cincinnati, OH 45203 Passed on all information of which preparer has any knowledge. 11/8/2024 11/8/2024 Date Date Date Check if PTIN Check if Self-employed P00816106 Firm's EIN 54-2131378 Phone no. (513) 721-8299														
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Here Brianna Ledsome Development Director	Si	an										11/8/	2024	
Paid Preparer Use Only Date Check if PTIN			Sign	ature of officer						Date	е			
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Use Only Firm's name Veid and Veid CPAs Firm's EIN 54-2131378 Firm's address 635 W 7th St Ste 408, Cincinnati, OH 45203 Phone no. (513) 721-8299			r Dia	na L Veid		1	Mars	Un. Vec	0 1	1/8/2024	self-er	mployed	P008161	06
Firm's address 635 W 7th St Ste 408, Cincinnati, OH 45203 Phone no. (513) 721-8299				n's name Ve	id and Veid CF	PAs				Firm's EIN	54-	213137	8	
			2.0	n's address 63	5 W 7th St Ste	408, Cincinn	nati, OH 45203			Phone no.	(51	3) 721-8	3299	
	Ma	y the IF	RS discus	ss this return w	ith the prepare	er shown abov	ve? See instruc	tions					X Yes	No

Form 9	990 (2023) Patty Brisben Foundation for Women's Sexual Hea	ilth	20-4277190 Page 2
	art III Statement of Program Service Accomplishm	nents	
	Check if Schedule O contains a response or no	te to any line in this Part III	X
1	Briefly describe the organization's mission:		
	The Patty Brisben Foundation is committed to the education, stu		
	sexual health and health disorders with an emphasis on four are		
	disorders, sexual health issues related to menopause, intimacy-	elated sexual dysfunction	
_	after cancer therapy and libido and sexual desire issues.	during the year which were not listed on	
2	Did the organization undertake any significant program services the prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		ico _K_ito
3	Did the organization cease conducting, or make significant chan-	ges in how it conducts, any program	
HE	services?		Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for	or each of its three largest program service	es, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are req		Illocations to others,
	the total expenses, and revenue, if any, for each program service	e reported.	
	(O.). (Farance & 100 F00 including	177 741 \\ (Peyer	wo ¢ \
4a	(Code:) (Expenses \$ 199,596 includi The Organization funded 4 grants for research involving endome	ng grants of \$ 177,741) (Rever	iue \$)
	and premenstrual disorders.	enosis and women's sexual-neam	
	and premensudal disorders.		
		<i>d</i>	
4b	(Code:) (Expenses \$ 8,008 includi	ng grants of \$) (Rever	nue \$)
	Exhibitor and sponsor at the International Society for the Vulvov	aginal Disease to expand	
	educational outreach		
4c	c (Code:) (Expenses \$ includi	ng grants of \$) (Rever) \$ au
40	(Code IICidal	ng grants of \$) (Never	ιας ψ
	<u> </u>		
4d			200
	(Expenses \$ 0 including grants of \$	0) (Revenue \$	0)
4e	e Total program service expenses 207,604		

EII.	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		103	110
8	complete Schedule A	1	Х	
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 candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			V
120	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	-	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		^
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V.	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		x
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		
·	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
	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	-	×
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		Х
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		Х
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
D	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			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		l v
47	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		X
17	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?			
20-	If "Yes," complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		^
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 12 If "Yes," complete Schedule I. Parts I and II.	21	×	

Par	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	-	Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	_	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			2000
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
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	22		l
	persons? If "Yes," complete Schedule L, Part III.	27	NO. ELS.	X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
122123	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		X
32	complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			-
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	البيال	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
25-	III, or IV, and Part V, line 1	34 35a	X	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	ood		1
~	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	- 51		
50	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			\sqcup
		16.500	Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	ES		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
355 200 Material	reportable gaming (gambling) winnings to prize winners?	1c	Х	
		Form	990	(2023)

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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	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		
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)?	4a		_X_
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	ikue		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		\ ,	
	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	C.L	V	l
<u> </u>	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	7a	Х	KANTON
- 12	and services provided to the payor?	7b	X	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75		_
C	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			HOLE
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	University	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.	NO.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		On an other
10	Section 501(c)(7) organizations. Enter:			
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			
a			D.	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	against amounts due or received from them.)	12a	250000	10000
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	Nicos.	STATE OF	98//
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.	STATE		
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	1316		
С	Enter the amount of reserves on hand	(BB	WAY.	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
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	detalla	X
	If "Yes," see the instructions and file Form 4720, Schedule N.	17,104	SHEE	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	TERMS.	Sellin.	
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities	35525		
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	See and	-
	If "Ves " complete Form 6069	1 3 63	100	10000

Sect	ion A. Governing Body and Management		V	N-
	Tail we	1000018	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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			
1 a	one or more members of the governing body?	7a		Х
L	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b	stockholders, or persons other than the governing body?	7b		X
•	stockholders, or persons other than the governing body?	7.5		United St
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	X	Malla
a	The governing body?			-
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	_		\ v
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	oae.		· · ·
		4.0	Yes	No
10a		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	A section	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	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a	X	
b	Other officers or key employees of the organization	15b	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			
104	with a taxable entity during the year?	16a	CERTIFICATION AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED IN CO	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		G _B	
D	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	SAPRICA.	2 thistonia
Cont		100		
17	List the states with which a copy of this Form 990 is required to be filed CA, KY, MI, OH			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	501(c)		
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(0)		
	Own website Another's website X Upon request Other (explain on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po			
19	and financial statements available to the public during the tax year.	y,		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	220 000 1621			
	330-960-1621 308 E 8th St, Cincinnati, OH 45202			
	*** = *** **			

72725 Y0325		
20-42	77100	
20-42	1 130	

Form	990	(2023)

Patty Brisben Foundation for Women's Sexual Health

	Tatty Bilobott Carraction to Tromont Contraction
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII

Section A.	Officers, Directors,	Trustees, Ke	y Employees	and High	hest Com	pensated Employees
------------	----------------------	--------------	-------------	----------	----------	--------------------

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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.

			(0	2)		46000			
(B) Average hours	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)				n Reportable compensation		(E) Reportable compensation from related	(F) Estimated amount of other compensation
(list any hours for related organizations below dotted line)	ndividual trustee or director	nefiliational tractoo	Officer	(ey employee	lighest compensated employee	organization (\) 1099-MISC	1		from the organization and related organizations
40.00	10	1							
		W.	_	Х		36,	956	0	
0.00	1300					3,	000	0	C
	x					3,	000	0	C
1.00	x					3,	000	0	C
5.00 0.00	x		x					0	C
2.00	1000000		x					0	C
			x					0	C
			х					0	C
	1							0	C
								0	C
	1							0	C
							\neg		
	hours per week (list any hours for related organizations below dotted line) 40.00 0.00 1.00 0.00 1.00 0.00 2.00 0.00 2.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00	hours per week (list any hours for related organizations below dotted line) 40.00 0.00 X 1.00 0.00 X 1.00 0.00 X 2.00 0.00 X 2.00 0.00 X 1.00 0.00 X	Hours Prime Prim	Nours Officer and a d Officer and a Officer and a	Nours Officer and a direct Key employee Nours for related organizations below dotted line) Nours for related organizations Nours for related organiz	Nours Officer and a director/trustee Officer and a director/	Nours Officer and a director/trustee) Compensation From the organizations Delow dotted line) Officer O	Nours Per week (list any hours for related organizations below dotted line) Nours for related organizations for the property of the property	Nours Officer and a director/trustee) Compensation From the organization (W-2/ 1099-MISC/ 1099-NEC) Nours for related organizations below dotted line) Nours for related organizations (W-2/ 1099-MISC/ 1099-NEC) Nours for related organizations (W-2/ 1099-MISC/ 1099-MISC/ 1099-MISC/ 1099-MISC/ 1099-NEC) Nours for related organizations (W-2/ 1099-MISC/ 1

Pa	Section A. Officers, Directors, Tru	stees, Key Em	ploye	es,	and	Hi	ghes	t Co	ompensated Em	ployees (contin	ued)
						2)	0-				
	(A) Name and title	(B) Average	box,	unles	eck s pe	rson	than o	an	(D) Reportable	(E) Reportable	(F) Estimated amount of other
		hours per week (list any hours for related organizations below dotted line)	Individual trustee or director	a Institutional trustee	a Officer	_	Highest compensated employee	_	compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(15)									10	1	
(16)									0	,)	
(17)								1			
(18)								-			
(19)						U-CALL-	and the same	B			
(20)						P	No.				
(21)				4	1						
(22)			1	-	1 6	0					
(23)			1	,	4						
(24)											
(25)		1									
1b	Subtotal								45,956	0	0
С	Total from continuation sheets to Part VII, S	ection A	× ×		100				0	0	
d	Total (add lines 1b and 1c)								45,956	0 000 of	0
2	Total number of individuals (including but not live reportable compensation from the organization		sted a	DOV	e) v	vno	recei	vec	more than \$100,	,000 01	0
·	X										Yes No
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete School		The second second						ompensated		3 X
4	For any individual listed on line 1a, is the sum the organization and related organizations great	45.00 Prof. (1900) 10 Prof. (1								1	
	individual									* * * * *	4 X
5	Did any person listed on line 1a receive or according for services rendered to the organization? If "Y	[] 보이스 항공 항공 (100) (100 HE									5 X
	tion B. Independent Contractors										
1	Complete this table for your five highest compecompensation from the organization. Report co										tay vear
	(A) Name and business add		110 00	1011	<u>uui</u>	100	0110		(B) Description of serv		(C) Compensation
											0
2											0
17								_			0
8											0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		ted to	tho	se l	iste	d abo	- 5	who received		

Form 990 (2023)

Part VIII	Statement of Revenue	
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		Check if Schedule O contains a response or n	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
w	1a	Federated campaigns 1a	0		and the same		
ant	b	Membership dues	0				
교 교	С	Fundraising events 1c	119,701				
fts,	d	Related organizations	0				
ia ia	е	Government grants (contributions) 1e	0				
Sim S	f	All other contributions, gifts, grants, and				1	
er S		similar amounts not included above 1f	43,801				
흔된	g	Noncash contributions included in					
Contributions, Giffs, Grants and Other Similar Amounts		lines 1a–1f 1g	\$ 2,000			6 0	
S E	h	Total. Add lines 1a-1f		163,502			
			Business Code		and the		
Program Service Revenue	2a			0	-		
e 2	b			0			
gram Serv Revenue	С			0	The same of the sa		
ev	d			0			
P. B.	е			0			
P.	f	All other program service revenue		0	10	November 200	
	g	Total. Add lines 2a–2f		0		Description And	
	3	Investment income (including dividends, interest,					50.740
_ [other similar amounts)	40	58,719			58,719
	4	Income from investment of tax-exempt bond prod	ceeds	0			
	5	Royalties	(ii) Personal	0	Development to a receipt		MANAGEMENT AND ASSESSED.
			(II) Personal				
- 1	6a	Gross rents 6a	-				
	b	Less: rental expenses . 6b Rental income or (loss) 6c 0	0				
	c	Not sental income as (leas)	0	0			
	d 7a	Gross amount from (i) Securities	(ii) Other				
	r a	sales of assets					
		other than inventory 7a	0				
<u>e</u>	b	Less: cost or other basis					
Revenue		and sales expenses 7b	0				
ě	С	Gain or (loss)	0				
_	d	Net gain or (loss)		0			
Othe	8a	Gross income from fundraising					CALESTIN.
0		events (not including \$ 119,701					
		of contributions reported on line 1c).					
		See Part IV, line 18 8a	68,083	The second secon			
	b		67,304				
3		Net income or (loss) from fundraising events		779			
	9a	Gross income from gaming activities.			S. L. Constitution		
		See Part IV, line 19 9a	0				
	b	Less: direct expenses 9b	0			BUHL GRAVA GRAVI 2 UNA	
		Net income or (loss) from gaming activities		0	ISSUED TO STORY AND LIST		HOMOTARRISH VALUE OF
	10a	Gross sales of inventory, less	0				
- 1	,	returns and allowances	0				
0.1		Less: cost of goods sold		0			
	С	Net income or (loss) from sales of inventory .	Business Code	0		TERM STATE	
Miscellaneous Revenue	11a		Buantesa Code	0			
cellaneo Revenue	b			0			
lla ver	C			0			
Sce	d	All other revenue		0			
Ξ	e	Total. Add lines 11a–11d		0			
	12	Total revenue. See instructions		223,000	C	0	58,719

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	to any line in this Pa	art IX		
Do 1 8b, 5	not include amounts reported on lines 6b, 7b, 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	177,741	177,741		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			hance to be the
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0		and the same of	
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,		. 6	4 4	
	trustees, and key employees	36,956	9	36,956	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and		()		
	persons described in section 4958(c)(3)(B)	0		2.040	
7	Other salaries and wages	2,916		2,916	
8	Pension plan accruals and contributions (include				
2	section 401(k) and 403(b) employer contributions)	3,050	-(-1	3.050	
9	Other employee benefits	3,050		3,030	
10	Payroll taxes	. 48	4		
11	Fees for services (nonemployees):	52,709	21,855	30,854	
a	Management	2,480		2,480	
b	Legal	9,980		9,980	
C	Accounting	0,300		0,000	
d e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column	in the second			
9	(A), amount, list line 11g expenses on Schedule O.)	• 0		o	
12	Advertising and promotion	0			
13	Office expenses	1,624			1,624
14	Information technology	7,656		3,221	4,435
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	12,308			4,300
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	4,448		4,448	
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	Donated in-kind design work	2,000		2,000	
b	License, Permits, State Fees	300		300	
C	Dues & Subscriptions Bloomerang License	1,569		1,569	,
d	Board Member Cultivation	997		997	
e	All other expenses	173			173
25	Total functional expenses. Add lines 1 through 24e	316,907		98,771	10,532
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)			Later Libert and	

Part X	Balance Sheet								r	_
	Check if Schedule O contains a response or note to any line in this Part X.		1.5	20					· L	

		(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest-bearing	157,941	1	57,816
2	Savings and temporary cash investments	1,243,688	2	1,116,494
3	Pledges and grants receivable, net	0	3	0
4	Accounts receivable, net	0	4	C
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	0	5	
6	Loans and other receivables from other disqualified persons (as defined		1	
"	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
<u>ع</u> 7	Notes and loans receivable, net	0	74	0
×	Inventories for sale or use	0	8	
ASS 8	Prepaid expenses and deferred charges	0	9	
9				
10				
	other basis. Complete Part VI of Schedule D Less: accumulated depreciation	0	10c	0
1	Less. accumulated depreciation	0	11	0
11	Investments—publicly traded securities	The state of the s		0
12	Investments—other securities. See Part IV, line 11	0	12	0
13	Investments—program-related. See Part IV, line 11	0	13	0
14	Other assets. See Part IV, line 11	0	14	
15	Other assets. See Part IV, line 11	0	15	0
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,401,629		1,174,310
17	Accounts payable and accrued expenses	0	17	
18	Grants payable	133,412		
19	Deferred revenue	0	19	
20	Tax-exempt bond liabilities	0	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
S 22	Loans and other payables to any current or former officer, director,			
Liabilities	trustee, key employee, creator or founder, substantial contributor, or 35%			
ap	controlled entity or family member of any of these persons	0	22	
□ ₂₃	Secured mortgages and notes payable to unrelated third parties	0	23	0
24	Unsecured notes and loans payable to unrelated third parties	0	24	0
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	0	25	C
26	Total liabilities. Add lines 17 through 25	133,412	26	C
ဟ	Organizations that follow FASB ASC 958, check here X			
§	and complete lines 27, 28, 32, and 33.			
E 27	Net assets without donor restrictions	1,268,217	27	1,174,310
m 28		0		
밑	Organizations that do not follow FASB ASC 958, check here		1988	
교	and complete lines 29 through 33.			
ō 29		0	29	
st 30		0		
31	Retained earnings, endowment, accumulated income, or other funds	0		
Net Assets or Fund Balances	Applied the entreme to the first that the second transfer that the second transfer the second transfer to the second transfer to the second transfer that the second transf	1,268,217		1,174,310
S 33		1,401,629		1,174,310
30	Total liabilities and not assets/fully buildiness.	1,101,020		Form 990 (2023)

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)		223	,000
2	Total expenses (must equal Part IX, column (A), line 25)		316	,907
3	Revenue less expenses. Subtract line 2 from line 1		-93	,907
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		1,268	,217
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))		1,174	,310
Part		B. 52	ſ	x
	Check it Scriedule O contains a response of note to any line in this rate Air.		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	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	1216		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	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?	За		Х
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		
	M W		000	

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Employer identification number Name of the organization

att	Bri	sben Foundation for Women's S	exual Health				20-427	7190				
Par	tΙ	Reason for Public Chari	ity Status. (All org									
he	orga	anization is not a private foundati	on because it is: (Fo	or lines 1 through 12, or	check only	one box.)						
1		A church, convention of churche				170(b)(1)(A)(i).					
2		A school described in section 1	70(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990).)		A					
3		A hospital or a cooperative hosp	oital service organiza	ation described in sec	tion 170(l	o)(1)(A)(iii).					
4		A medical research organization hospital's name, city, and state:		ction with a hospital d	escribed i	n section	170(b)(1)(A)(iii). Ent	er the				
5		An organization operated for the section 170(b)(1)(A)(iv). (Comp	e benefit of a college	e or university owned	or operate	ed by a gov	ernmental unit desc	ribed in				
6		A federal, state, or local governi	ment or government	tal unit described in se	ction 170	(b)(1)(A)(v).					
7		An organization that normally redescribed in section 170(b)(1)(m a gove	rnmental u	nit or from the gener	al public				
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9		An agricultural research organiz or university or a non-land-gran university:	t college of agricultu	ure (see instructions).	Enter the	name, city	, and state of the col	lege or				
10	X		o its exempt function income and unrelate	ns, subject to certain e ed business taxable in	exceptions come (les	s; and (2) r s section t	no more than 33 1/39 511 tax) from busines	6 of its	SS			
11		An organization organized and	operated exclusively	y to test for public safe	ty. See s	ection 509	(a)(4).					
12		An organization organized and one or more publicly supported Check the box on lines 12a thro	organizations descr	ribed in section 509(a)(1) or se	ction 509(a)(2). See section 5	09(a)(3).				
а	1	Type I. A supporting organiz the supported organization(s organization. You must com	s) the power to regul	larly appoint or elect a	oy its supp majority	oorted orga of the direc	anization(s), typically ctors or trustees of th	by giving e suppo	g rting			
b)	Type II. A supporting organize control or management of the organization(s). You must c	e supporting organia	zation vested in the sa	on with its ame perso	s supported ons that co	d organization(s), by ntrol or manage the	having supporte	d			
c		Type III functionally integra its supported organization(s)	ated. A supporting o	rganization operated i	n connect	ion with, a	nd functionally integ	rated with	n,			
C	i	Type III non-functionally in that is not functionally integr requirement (see instruction	tegrated. A support ated. The organizati	ing organization operation generally must sat	ated in consisty a distr	nnection w	ith its supported orga quirement and an att	anization entivene	(s) ss			
e	•	Check this box if the organize functionally integrated, or Ty	ation received a wri	tten determination from	m the IRS	that it is a		e III				
f		Enter the number of supported							C			
_ 0		Provide the following information			I a v 1- a-			() A	manual of			
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	other st	mount of apport (see actions)			
		~//			Yes	No						
A)		*										
B)												
C)												
D)												
E)												
Γota	al				Desiry 258		0		C			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge				N'	3	0
4	Total. Add lines 1 through 3	0	0	C	0	0	0
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount			,	0		
	shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4						0
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	0	0				0
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	0	Ü				
	similar sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	4	C				0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	(0
11	Total support. Add lines 7 through 10						0
12	Gross receipts from related activities, etc. (s	ee instructions).				12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop here	X V			a section 501(c)(3)		
Sec	ction C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2023 (line 6, c					14	0.00%
15	Public support percentage from 2022 Sched					15	0.00%
16a	33 1/3% support test—2023. If the organizand stop here. The organization qualifies as						
b	33 1/3% support test—2022. If the organiz box and stop here. The organization qualifier						
17a	10%-facts-and-circumstances test—2023 10% or more, and if the organization meets Part VI how the organization meets the facts organization.	the facts-and-circu s-and-circumstance	mstances test, che es test. The organiz	ck this box and station qualifies as	top here. Explain in a publicly supporte	n d	
b	10%-facts-and-circumstances test—2022 15 is 10% or more, and if the organization m in Part VI how the organization meets the fa organization.	2. If the organization eets the facts-and-cts-and-cts-and-circumstar	n did not check a b -circumstances tes aces test. The orga	oox on line 13, 16a t, check this box a nization qualifies	a, 16b, or 17a, and and stop here . Exp as a publicly suppo	line olain rted	
18	Private foundation. If the organization did instructions						

Patty Brisben Foundation for Women's Sexual Health
Support Schedule for Organizations Described in Section 509(a)(2) Part III

4 귀하다. [4] 대한 그는	
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify un	der Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)	

	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	460,958	320,528	482,211	379,232	163,502	1,806,431
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	V.					
	organization's tax-exempt purpose	262,008	281,017	66,886	92,707	68,083	770,701
3	Gross receipts from activities that are not an					•	
	unrelated trade or business under section 513				A 400	- A	0
4	Tax revenues levied for the						
	organization's benefit and either paid to					. 1	
	or expended on its behalf				4	,	0
5	The value of services or facilities						
	furnished by a governmental unit to the				1 1		
	organization without charge			22			0
6	Total. Add lines 1 through 5	722,966	601,545	549,097	471,939	231,585	2,577,132
7a	Amounts included on lines 1, 2, and 3			45.			
	received from disqualified persons	150,160	32,900	26,129	12,238	12,273	233,700
b	Amounts included on lines 2 and 3						
	received from other than disqualified		A				
	persons that exceed the greater of \$5,000		4	1 10 10			
	or 1% of the amount on line 13 for the year		40	00			0
С	Add lines 7a and 7b	150,160	32,900	26,129	12,238	12,273	233,700
8	Public support (Subtract line 7c from						
	line 6.)		2 /				2,343,432
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	722,966	601,545	549,097	471,939	231,585	2,577,132
10a	Gross income from interest, dividends,	4					
	payments received on securities loans, rents,						
	royalties, and income from similar sources	11,365	6,103	3,562	30,642	58,719	110,391
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	Control of the same	9				
	acquired after June 30, 1975	0.00	0.100	2.500	22.240	50.740	0
	Add lines 10a and 10b	11,365	6,103	3,562	30,642	58,719	110,391
11	Net income from unrelated business	36 0					
	activities not included on line 10b, whether	OF THE REAL PROPERTY.					•
	or not the business is regularly carried on.	1					0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						0
40	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,	724 224	607.649	EE0 650	E02 E91	200 204	2 607 622
11	and 12.)	734,331	607,648	552,659		290,304	2,687,523
14	organization, check this box and stop here						
500	ction C. Computation of Public Su						
				<i>(1)</i>		15	87.20%
15 16	Public support percentage for 2023 (line 8, or Public support percentage from 2022 Sched		-			16	89.36%
-	ction D. Computation of Investmen					10	00.0070
17	Investment income percentage for 2023 (line			olumn (f))	18 15 15 18 18 15 8	17	4.11%
18	Investment income percentage from 2022 S					18	1.85%
	33 1/3% support tests—2023. If the organ						,,,,,,,,,
	not more than 33 1/3%, check this box and						X
b	33 1/3% support tests—2022. If the organ						
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did	not check a hov on	line 14 19a or 19k	n check this hav a	and see instructions	No. 10 to 10	

NOT FOR PUBLIC VIEWING

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.

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

Patty Brisben Foundation for Women's Sexual Health 20-4277190 Organization type (check one): Filers of: Section: 3) (enter number) organization Form 990 or 990-EZ X 501(c)(4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2023
Open to Public

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection
Employer identification number
20-4277190

Name of the organization					Employer identification	
Patty Brisben Foundation for Women's S	Sexual Health				20-427	
Part I Fundraising Activities.	Complete if the	organizat	ion answe	ered "Yes" on Fori	m 990, Part IV, IIn	e 17.
Form 990-EZ filers are n Indicate whether the organization	ot required to co	omplete th	the following	a activities Chack s	all that apply	
	raised funds thro	ugh any or	olicitation o	of non-government g	rants	
The second second control of the second seco	•			of government grants		
b Internet and email solicitation	5					
c Phone solicitations		g L S	peciai iuno	raising events	-	
d In-person solicitations		2.22				
2a Did the organization have a writte key employees listed in Form 990), Part VII) or entit	y in connec	tion with p	rofessional fundraisi	ng services?	Yes No
b If "Yes," list the 10 highest paid in	dividuals or entitie	es (fundrais	ers) pursua	ant to agreements ur	nder which the fund	raiser is to
be compensated at least \$5,000	by the organizatio	n.				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Van	No	- (A	coi. (i)	
1		Yes	No			
			4 4	0	o	0
2			1	0	0	0
3			1	0	0	0
4		-		0	0	0
5		6		0	0	0
6	*	V				
7	1	100		0	0	0
		*		0	0	0
8	.0			0	0	0
9	1			0	0	0
10				0	0	0
Total				0	0	0
3 List all states in which the organiz	ation is registere	d or license	d to solicit	contributions or has	been notified it is ex	kempt from
registration or licensing.						
4/2						
X/						

b If "Yes," explain:

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through NONE Gala Event col. (c)) (event type) (event type) (total number) Revenue 187,784 Gross receipts 187,784 119,701 119,701 Less: Contributions . . . Gross income (line 1 68,083 minus line 2) . . . 68,083 4 Cash prizes 0 Noncash prizes Direct Expenses 40,250 6 Rent/facility costs 40,250 0 0 7 Food and beverages . . . 0 6,210 6,210 8 Entertainment. . 20,844 0 20,844 Other direct expenses . . . Direct expense summary. Add lines 4 through 9 in column (d) ... 67,304)Net income summary. Subtract line 10 from line 3, column (d) 779 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo col. (a) through col. (c)) bingo/progressive bingo Gross revenue. Cash prizes . . 0 Direct Expenses 0 Noncash prizes Rent/facility costs Other direct expenses Yes % Yes Yes No No No Volunteer labor . . 0) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

lame of the organization						Employer ident	ification number
Patty Brisben Foundation for Wome	n's Sexual Hea	ilth				2	20-4277190
Part I General Informatio							
 Does the organization mainta the selection criteria used to a Describe in Part IV the organi 	award the grant	ts or assistance?.			eligibility for the grants or as		X Yes No
					 S. Complete if the organ cated if additional space 		ed "Yes" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Society of Gynecologic Surgeons 4305 Southcross Dr Ste 100 Burnsvil	74-2307811	501(c) (3)	20,718				Research
Medstar Health Washington Hosp S25 Belcrest Rd ste 700 Hyattsville, N	52-1272129	501(c) (3)	36,484				Research
3) University Hospital Cleveland MC 1100 Euclid Ave Cleveland, OH 4410		501(c) (3)	49,998	<u> </u>			Research
4) Memorial Sloan Kettering Cancer 275 York Avenue New York, NY 1006	13-1924236	501(c) (3)	60,541	1			Research
5) Center for Intimacy Justice 315 Meigs Rd Ste 379 Santa Barbara,	84-2476390	501(c) (3)	10,000	11:			Research
6)				1//			
7)				4.0)		
8)				C			
9)			E 7" 1 10 -1		Uh	i)	
0)					4//		
11)							
2)							
2 Enter total number of section 3 Enter total number of other of				1 table			

Far III	שׁ מֹ	al space is needed	als. complete ii tin	e organization answ	died res oil rolli 990,	רמונוע, וווס בב.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-	4					
2	Ż					
, m	9/					
4	5	25				
ιo		4)				
9		C.				
, ,						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information	e the information r	equired in Part I, Iii	ne 2; Part III, column	(b); and any other addit	ional information.
Part I Lin	e 2	committee as a sub	component to the Box	ard to review grant proc	gress and also	
utilizes a	utilizes a 3rd party Ignite Philanthropy for grant process monitoring.	ss monitoring.		111:		
1	· · · · · · · · · · · · · · · · · · ·					
1 1 1 1 1 1 1 1			9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
		6 6 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	D	C	
		· 黄色 高 高 高 岩 岩 岩 岩 岩 岩 岩 岩 岩 岩 岩 岩 岩 岩 岩 岩	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		5	
						1

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.

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

2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization	Limployer identification frameer
Patty Brisben Foundation for Women's Sexual Health	20-4277190
Form 990, Part III, Line 4a: Program service expenses include 5 grants totaling \$177,741 and	
professional monitoring of those grants. Grants for research and optimal treatment for	
premenstrual disorders, premenopausal breast cancer survivors on ovarian suppression, managir	og
chronic pelvic pain, improving questions healthcare providers ask regarding women's sexual	
health and educational and well-being treatments and counseling.	
Form 990, Part VI, Section B, Line 15a: A committee seeks guidance for compensation related)
issues for salaried key positions using regional reports for similar positions in the area.	
Form 990, Part VI, Section B, Line 15b: A committee seeks guidance for compensation related	
issues for salaried key positions and reports to the Board. Regional reports are utilized to	
consider reasonableness of compensation of positions.	
Form 990, Part VI, Section B, Line 11b: An executive committee reviews the 990 and approves	
for accuracy prior to filing.	
Form 990, Part VI, Section C, Line 19: The Organization makes its financial statements and 990	
available upon request.	
Form 990, Part XII, Line 2c: The Treasurer and Ignite Philanthropy are responsible for the	
oversight of the Review from an independent CPA firm.	
Form 990, Part VI, Section B, Line 12c: Annually conflict of interest policies are required to	
be signed at the first Board meeting of the year.	
, \ ()	

SCHEDULE R (Form 990)

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.

2023
Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection
Employer identification number

20-4277190 Patty Brisben Foundation for Women's Sexual Health Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income End-of-year assets Primary activity or foreign country) entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II one or more related tax-exempt organizations during the tax year. (g) Public charity status Section 512(b)(13) Legal domicile (state Exempt Code section Direct controlling Name, address, and EIN of related organization Primary activity controlled (if section 501(c)(3)) or foreign country) entity entity? No Yes (1)

(5)

(3)

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)	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	
(1)												
(2)	10-											
(3)	C	×.										
(4)		1										
(5)			h:									
(6)			1/									
(7)			C									

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	Section 5	rolled
			4					Yes	No
(1) Pure Romance 31-1407012	Board President has								0.2003
655 Plum Street Cincinnati, OH 45202	ownership	ОН	N/A	S Corp			%		X
(2)	-				14				
(3)					1//	li .			
(4)	-					The state of the s			
(5)	-								
(6)									
(7)									

20-4277190

Part	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?			
а	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		Χ
С	Gift, grant, or capital contribution from related organization(s)	1c	Χ	
d	Loans or loan guarantees to or for related organization(s)	1d		X
е	Loans or loan guarantees by related organization(s)	1e		X
				Seller.
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		Χ
i	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		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	
0	Sharing of paid employees with related organization(s)	10		Χ
		To live		
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid to related organization(s) for expenses	1q		X
	1//2			
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	thresh	nolds.	
		(d)		ved
(1) Pu	re Romance c 12,273			
	No value - Pure R			

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868. visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions. All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **Print** 20-4277190 Patty Brisben Foundation for Women's Sexual Health Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See Cincinnati, OH 45202 instructions 01 **Application Is For** Return Application Is For Return Code Code 09 01 Form 990 or Form 990-EZ Form 4720 (other than individual) Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 14 Form 990-T (corporation) Form 5330 (other than individual) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of Brianna Ledsome Telephone No. 330-980-1621 Fax No.

• If	the organization does not have an office or place of business in the United States, check this box			[
• If	this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)			. If this is	
	ne whole group, check this box			and attach	
					_
1	I request an automatic 6-month extension of time until 11/15, 20, 24, to file the exemptor the organization named above. The extension is for the organization's return for:	pt or	ganizati	on return	
	X calendar year 20 23 or				
	tax year beginning , 20 , and ending		, 20	· · · ·	
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final Change in accounting period	retur	n		
За	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less				_
	any nonrefundable credits. See instructions.	3a	\$		0
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$		0
C	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by				
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3с	\$		0
For I	Privacy Act and Pananwork Reduction Act Notice see instructions		Fam 88	68 /Pay 1-202	241