Form 1023-EZ

(Rev. April 2021)

Department of the Treasury Internal Revenue Service

Streamlined Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

Do not enter Social Security numbers on this form as it will be made public.

OMB No. 1545-0047

Note: If exempt status is approved, this application will be open for public inspection.

Yes

🔵 No

🔵 No

Information about Form 1023-EZ and its separate instructions is at <u>www.irs.gov/form1023ez</u>

Check this box to attest that you have completed the Form 1023-EZ Eligibility Worksheet in the current instructions, are eligible to apply for exemption using Form 1023-EZ, and have read and understand the requirements to be exempt under section 501(c)(3).

Have your annual gross receipts exceeded \$50,000 in any of the past 3 years and/or do you project that your annual gross receipts will exceed \$50,000 in any of the next 3 years? If yes, stop. Do not file Form 1023-EZ. See Instructions.

Do you have total assets the fair market value of which is in excess of \$250,000? If yes, stop. Do not file Form 1023-EZ. See Instructions.

Part I	Identification of Applicar	nt											
1a	Full Name of Organization						b C	are Of	f Name (if	applicable	e)		
Tŀ	HE PURCHASE AREA AMATEUR F	RADIO SC	OCIETY INC										
c	Mailing Address (number, street, and re	oom/suite)	. If a P.O. box, se	ee instructions		d City				e State	f Zip c	ode + 4	
102 N 5TH STREET				MURRAY			KY	4207	'1				
2 Employer Identification Number 3 Month Tax Year End			s (MM)	4 Person to Contact if More Information is			Needed						
92-2580731 12					TRACY MCKINNEY								
5	Contact Telephone Number				6 Fa	ax Number (option	al)			7 User	^r Fee Subn	nitted	
27	0-293-0335									\$27	5.00		
8	List the names, titles, and mailing addr	esses of yo	ur officers, dii	rectors, and/o	or trust	tees. (If you have n	nore	than f	ive, see in	structions	.)		
First Na	^{me:} TRACY		Last Name:	MCKINN	IEY			Title:	PRES	SIDENT			
Street A	Address:			City:		,	Sta	te:		Zipo	:ode + 4:	40074	
- Flood Nie	102 N 5TH STREET		Last Names	Ý MU	RRAY		L		KY			42071	
First Na	^{me:} JOSH		Last Name:	KERR				Title:	VICE	-PRESID	ENT		
Street A	Address: 102 N 5TH STREET			City: MUI	RRAY	,	Sta	te:	KY	Zipo	:ode + 4:	42071	
First Na	^{me:} DEBRA		Last Name:	BARTO	١			Title:	TREA	SURER			
Street A	Address: 102 N 5TH STREET			City: MU	RRAY	,	Sta	te:	KY	Zipo	code + 4:	42071	
First Na	me		Last Name:	_				Title:				.2011	
Street 4	Address:			MISHIC/			Sta	te.		RETARY	:ode + 4:		
	102 N 5TH STREET			MUI	RRAY	,			KY		.000 1 4.	42071	
First Na	^{me:} CORBIE		Last Name:	GOMEZ				Title:	DIRE	CTOR			
Street A	Address: 102 N 5TH STREET			^{City:} MUI	RRAY	,	Sta	te: I	KY	Zipo	:ode + 4:	42071	
9a	Organization's Website (if available):	WWW	.PAARS.ORG	3						•			
b	Organization's Email (optional): cq	@paars.o	rg										
Part II	Organizational Structure												
1	To file this form, you must be a corpora	ation, an un	incorporated	association,	or a tru	ist. Select the bo	x for	the ty	pe of org	anization.			
	Corporation Unincorporated association Trust												
2	2 Check this box to attest that you have the organizing document necessary for the organizational structure indicated above.												
	(See the instructions for an explanation of necessary organizing documents .)												
3													
4	State of Incorporation or other formation: Kentucky												
5	Section 501(c)(3) requires that your ord	— anizing do		limit your pu	rpose	s to one or more ex	xemp	ot purp	ooses witl	hin sectior	n 501(c)(3)		
		, ,			•						.,.,		
Check this box to attest that your organizing document contains this limitation.							*~ · · * : ~ ! · · ~ · ·	t of					
6		n 501(c)(3) requires that your organizing document must not expressly empower you to engage, otherwise than as an insubstantial part of your activities, vities that in themselves are not in furtherance of one or more exempt purposes.											
				ument does not expressly empower you to engage, otherwise than as an insubstantial part of your I furtherance of one or more exempt purposes.									
7		Section 501(c)(3) requires that your organizing document must provide that upon dissolution, your remaining assets be used exclusively for section 501(c)(3) exempt purposes. Depending on your entity type and the state in which you are formed, this requirement may be satisfied by operation of state law.											
	Check this box to attest that you express dissolution provision in you dissolution provision.	-	-			• •					•		

	Briefly describe the organization's mission or most significant activities (limit 250 characters)									
	To conduct educational activities in the science of amateur radio including, but not limited to the sponsorship of classes, lectures, contests, exhibits, and demonstrations relating to amateur radio.									
	Enter the appropriate 3-character NTEE Code that b	oest describes your activities (See	e the instructions):	N50						
	To qualify for exemption as a section 501(c)(3) organization, you must be organized and operated exclusively to further one or more of the following purpose checking the box or boxes below, you attest that you are organized and operated exclusively to further the purposes indicated. Check all that apply .									
	Charitable	Religious	Ed	ucational						
	Scientific	Literary	Те	sting for public safety						
	To foster national or international amateur sp	foster national or international amateur sports competition Prevention of								
	To qualify for exemption as a section 501(c)(3) organization, you must:									
Refrain from supporting or opposing candidates in political campaigns in any way.										
Ensure that your net earnings do not inure in whole or in part to the benefit of private shareholders or individuals (that is, board members, officers, key management employees, or other insiders).										
Not further non-exempt purposes (such as purposes that benefit private interests) more than insubstantially.										
Not be organized or operated for the primary purpose of conducting a trade or business that is not related to your exempt purpose(s).										
	Not devote more than an insubstantial part of your activities attempting to influence legislation or, if you made a section 501(h) election, not normally manual expenditures in excess of expenditure limitations outlined in section 501(h).									
	Not provide commercial-type insurance as a substantial part of your activities.									
Check this box to attest that you have not conducted and will not conduct activities that violate these prohibitions and restrictions.										
	Do you or will you attempt to influence legislation? (If yes, consider filing Form 5768. See the instruction	/ou or will you attempt to influence legislation?				No				
	Do you or will you pay compensation to any of you (Refer to the instructions for a definition of compe				Yes	No				
	Do you or will you donate funds to or pay expense	s for individual(s)?			Yes	No				
	o you or will you conduct activities or provide grants or other assistance to individual(s) or organization(s) outside the United ates?				Yes	No				
	o you or will you engage in financial transactions (for example, loans, payments, rents, etc.) with any of your officers, directors, trustees, or any entities they own or control?				Yes	No				
	Do you or will you have unrelated business gross in	ncome of \$1,000 or more during a	a tax year?		Yes	No				
	Do you or will you operate bingo or other gaming a	activities?			Yes	No				
	Do you or will you provide disaster relief?				Yes	No				

favorable tax status than private foundation status.

- Are you applying for recognition as a church, school, or hospital (described in section 170(b)(1)(A)(i), (ii), or (iii) of the Internal 1 Yes No No Revenue Code)? If yes, stop. Do not file Form 1023-EZ. See Instructions
- 2 If you qualify for public charity status, check the appropriate box (2a - 2c below) and skip to Part V below.
 - Select this box to attest that you normally receive at least one-third of your support from public sources or you normally receive at least 10 percent of your support from public sources and you have other characteristics of a publicly supported organization. Sections 509(a)(1) and 170(b)(1)(A)(vi).
 - Select this box to attest that you normally receive more than one-third of your support from a combination of gifts, grants, contributions, membership b fees, and gross receipts (from permitted sources) from activities related to your exempt functions and normally receive not more than one-third of your support from investment income and unrelated business taxable income. Section 509(a)(2).
 - Select this box to attest that you are operated for the benefit of a college or university that is owned or operated by a governmental unit. Sections c 509(a)(1) and 170(b)(1)(A)(iv).
- If you are not described in items 2a 2c above, you are a private foundation. As a private foundation, you are required by section 508(e) to have specific 3 provisions in your organizing document, unless you rely on the operation of state law in the state in which you were formed to meet these requirements. These specific provisions require that you operate to avoid liability for private foundation excise taxes under sections 4941-4945.
 - Select this box to attest that your organizing document contains the provisions required by section 508(e) or that your organizing document does not need to include the provisions required by section 508(e) because you rely on the operation of state law in your particular state to meet the requirements of section 508(e). (See the instructions for explanation of the section 508(e) requirements.)

Part V Reinstatement After Automatic Revocation

Complete this section only if you are applying for reinstatement of exemption after being automatically revoked for failure to file required annual returns or notices for three consecutive years, and you are applying for reinstatement under section 4 or 7 of Revenue Procedure 2014-11. (Check only one box.)

1

Check this box if you are seeking retroactive reinstatement under section 4 of Revenue Procedure 2014-11. By checking this box, you attest that you meet the specified requirements of section 4, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future. (See the instructions for requirements.)

Check this box if you are seeking reinstatement under section 7 of Revenue Procedure 2014-11, effective the date you are filing this application.

Part VI Signature

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, and to the best of my knowledge it is true, correct, and complete.

JOSH KERR

(Type name of signer)

VICE-PRESIDENT

(Type title or authority of signer)

02282023

(Date)

Form 1023-EZ (Rev. 4-2021)