** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

Form **990** (Rev. January 2020) Department of the Treasury Internal Revenue Service

A For the 2019 calendar w

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.

Inspection

<u>~ F</u>	OI BIG	20 is calendar year, or tax year beginning AUG 1, 2019 and	chang U	OH 31, 2020		
В	Check if applicable	THE OHIO CENTER FOR LAW RELATED		D Employer identific	ation number	
	Address change					
	Name change			31-112442	28	
	Initial return Final return/		Room/suite 0 2 0	E Telephone number 614-485-3	3510	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipte \$	947,675.	
	Amend return	COLUMBUS, OH 43204		H(a) Is this a group re	turn	
	Application			for subordinates	Yes X No	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	If "No," attach a	list. (see instructions)	
		e: > WWW.OCLRE.ORG		H(c) Group exemption		
		organization: X Corporation Trust Association Other	L Year	of formation; 1984 N	State of legal domicile: OH	
P		Summary				
	1 1	Briefly describe the organization's mission or most significant activities: OCLRI	E IS A	NOT FOR PRO	FIT	
Governance		ORGANIZATION WHOSE EXEMPT PURPOSE IS TO E				
Ē	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	70%		
90	3	Number of voting members of the governing body (Part VI, line 1a)	ļ	3	13	
O.	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	13	
BS C	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			6	
1	6	Total number of volunteers (estimate if necessary)	<u> </u>	6	1500	
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	<i>A</i>		0.	
_	ь	Net unrelated business taxable income from Form 990-T, line 39		7b	0.	
			-	Prior Year	Current Year	
0	8	Contributions and grants (Part VIII, line 1h)		404,037.	770,591.	
Revenue	9	Program service revenue (Part VIII, line 2g)		123,822.	111,469.	
Sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,834.	7,329.	
-	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	The second secon	402.	58,286.	
_	$\overline{}$	Total revenue - add lines 8 through 11 (must.equal Part VIII, column (A), line 12)		539,095.	947,675.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
4	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		307,593.	311,547.	
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.	
XD						
ш	117	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		168,647.	133,327.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		476,240.	444,874.	
_		Revenue less expenses. Subtract line 18 from line 12		62,855.	502,801.	
Assets or	28		B	eginning of Current Year	End of Year	
Set	20	Total assets (Part X, line-16)		996,293.	1,371,679.	
I A	필 21	Total liabilities (Part'X) line 26)		133,090.	5,675.	
جّے	22	Net assets or fund balances. Subtract line 21 from line 20		863,203.	1,366,004.	
		Signature Block				
	1000	ities of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is	
tru	e, correc	and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.	2021	
. 9	6	Signature of officer		Date	204	
Sig	- Villan			Date		
He	re	KATE STRICKLAND, EXECUTIVE DIRECTOR Type or print name and title			<u> </u>	
(-	_			Date Check	PTIN	
Print/Type preparer's name Preparer's signature Preparer's signature Print NATOSHA DILLEY NATOSHA DILLEY 03/26/21 self-employed self-employed self-employed policies and print						
Preparer Firm's name CLARK, SCHAEFER, HACKETT & CO. Firm's EIN > 31-080005						
	•	Firm's address 4449 EASTON WAY, SUITE 400		FuntSenv		
	Use Only Firm's address 4449 EASTON WAY, SUITE 400 COLUMBUS, OH 43219 Phone no.614-885-2208					
Ms	May the IRS discuss this return with the preparer shown above? (see instructions)					

	THE OHIO CENTER FOR LAW RELATED
	990 (2019) EDUCATION 31-1124428 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE OHIO CENTER FOR LAW RELATED EDUCATION IS A NON-PROFIT, NONPARTISAN
	ORGANIZATION THAT ENCOURAGES PARTICIPATION IN OUR DEMOCRACY THROUGH
	ACTIVE LEARNING PROGRAMS ABOUT LAW AND CITIZENSHIP FOR EDUCATORS AND
	STUDENTS INVOLVING VOLUNTEERS FROM GOVERNMENT AND THE LEGAL
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?
	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
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 92,589 • Including grants of \$) (Revenue \$ 88,118 •)
4a	(Code:) (Expenses \$ 92,589. Including grants of \$) (Revenue \$ 88,118.) MOCK TRIAL: THE OHIO MOCK TRIAL PROGRAM, ESTABLISHED BY THE OHIO CENTER
	FOR LAW-RELATED EDUCATION IN 1983, IS A STATEWIDE EDUCATIONAL PROGRAM
	DESIGNED TO ALLOW STUDENTS TO BECOME AWARE OF THEIR CONSTITUTIONAL
	RIGHTS AND RESPONSIBILITIES. IT PROVIDES STUDENTS THE OPPORTUNITY TO
	LEARN FIRST HAND ABOUT LAW, COURT PROCEDURES AND THE JUDICIAL SYSTEM
	WHILE ALSO BUILDING INTERPRETATION, CRITICAL THINKING AND PUBLIC
	SPEAKING SKILLS. STUDENTS WHO COMPETE IN THE MOCK TRIAL PROGRAM COME
	AWAY WITH A GREATER UNDERSTANDING OF NOT ONLY THE PRINCIPLES OUR LEGAL
	SYSTEM IS FOUNDED ON BUT ALSO OF THEMSELVES AND THE SKILLS THEY
	POSSESS.
4b	(Code:) (Expenses \$ 49,679. including grants of \$) (Revenue \$)
	WE THE PEOPLE: THE CITIZEN AND THE CONSTITUTION IS AN INSTRUCTIONAL
	PROGRAM ON THE HISTORY AND PRINCIPLES OF AMERICAN CONSTITUTIONAL
	DEMOCRACY FOR ELEMENTARY, MIDDLE, AND HIGH SCHOOL STUDENTS. THE PROGRAM
	IS BASED ON CURRICULAR MATERIALS DEVELOPED BY THE CENTER FOR CIVIC
	EDUCATION AND ACCLAIMED BY LEADING EDUCATORS. SIMULATED CONGRESSIONAL
	HEARINGS, EXCELLENT FOR PERFORMANCE ASSESSMENT, ARE BUILT INTO THE
	CURRICULUM AT THE HIGH SCHOOL AND MIDDLE SCHOOL LEVELS. CLASSES MAY CHOOSE TO ENTER A COMPETITION STRUCTURED AS A SIMULATED HEARING WHERE
	THEIR KNOWLEDGE OF THE CONSTITUTION IS TESTED.
	THEIR KNOWLEDGE OF THE CONSTITUTION IS TESTED.
40	(Code:).(Expenses \$
46	LAW AND CITIZENSHIP CONFERENCE: THIS IS A ONE-DAY FALL CONFERENCE THAT
	GATHERS EDUCATORS AND PRESENTERS THROUGHOUT THE STATE AND COUNTRY TO
	LEARN ABOUT AND DISCUSS "HOT TOPICS" IN THE FIELD OF CIVICS AND
	LAW-RELATED EDUCATION. TEACHERS ARE INTRODUCED TO INNOVATIVE TEACHING
	STRATEGIES AND METHODOLOGIES TO HELP THEM BETTER PREPARE STUDENTS.

4d Other program services (Describe on Schedule O.)

(Expenses S 141,059 - including grants of S

(Revenue \$ 16,705.)

4e Total program service expenses ► 313,493.

Form 990 (2019)

Form 990 (2019) EDUCATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	- 1	-	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	6
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		- 2	II .
	public office? /f "Yes," complete Schedule C, Part I	3	.49	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			100
	during the tax year? If "Yes," complete Schedule C, Part II	4	_B	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	Eller.	× 1	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	0	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		1	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	-69		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			۹,
	or in quasi endowments? // "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,1line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			J
_	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 of its total	44-		x
a	assets reported in Part X, line 16? // Yes," complete Schedule D, Part VIII 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	11c		
a		444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		<u> </u>
٠	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- 111		
120	Schedule D, Parts XI and XII	12a	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		x
13		13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000]		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17.	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
1	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
9	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
W.	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b		20b		Ĺ
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	<u></u>	х
			000	

Form 990 (2019) EDUCATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		1	- 1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		-0	Luci
240	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	650	X
248			·)	i
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a	1	х
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2401		
	any tax-exempt bonds?	-24c ⁴	,	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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%			72
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? ## Yes, complete Schedule L, Part III	07		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		<u> </u>
20	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	ELECTION OF		1
_	"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
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? #			
	"Yes," complete Schedule L, Part IV	28c		X
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 conservation			
	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
34	sections 301.7701-2 and 30117701-3? If Pyes, " complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_33	\vdash	
		34		x
35a	Part V, line 1 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 controlled entity	000	_	
	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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0	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 in Schedule O for Part VI, lines 11b and 19?		l	
I Do	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
La	Note: All Form 990 filers are required to complete Schedule O It V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a constate any line in this Red V			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part V	trainin	1,,	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b		_		
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		N.	
-	(gambling) winnings to prize winners?	10	x	
93200	4 01-20-20		<u> </u>	(2019)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 6 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3Ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X **4**a 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). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5_b 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? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7a h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. 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 Section 501(c)(7) organizations. Enter: a 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 10b Section 501(c)(12) organizations, Enter: a 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

If "Yes," complete Form 4720, Schedule O.

EDUCATION 31-1124428 Form 990 (2019) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 13 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 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in 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 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If Yes, describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed -Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website 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 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

WILMA D'SOUZA - 614-485-3510

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

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

(A) Name and title	(B) Average hours per week	box,	not ch unles	s per	ition nore: son is	than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Potmer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CANDICE SUFFREN TRUSTEE	1.00	х					F	0.	0.	0.
(2) GARY DANIELS	1.00	A	Н		7	1000		0.	0.	<u> </u>
TRUSTEE	2.00	x		- 1				0.	0.	0.
(3) JEANNA JACOBUS	1.00	-	0.1		W	(ment)	gr.		3.1	
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(4) JEREMY YOUNG	1.00	mil	4	6	9					
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(5) JONATHAN HOLLINGSWORTH	1.00	No.	1							_
TRUSTEE	75-4770.01	X		Н	\vdash	┡	┡	0.	0.	0.
(6) KARYN JUSTICE TRUSTEE	1.00	x						0.	0.	_
(7) MARION SMITHBERGER	3.00	Α.	 		\vdash	┢	-	0.	0.	0.
PRESIDENT	3.00	x		x				0.	0.	0.
(8) MICHAEL FARLEY	7 3.00						\vdash		Ŭ.	
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(9) PATRICK DUKES	1.00				Г		Г			
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(10) SARA STIFFLER	1.00]								
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(11) STEVE DAUTERMAN TRUSTEE	1.00	x			İ			0.		
(12) SUZAMNE PFEIFFER	1.00	╇			⊢	⊢	⊢	0.	0.	0.
TRUSTEE	1.00	x				ı		0.	0.	0.
(13) THOMAS FRIEDMAN	2.00	 		Т	\vdash	\vdash	⇈	1		
SECRETARY		\mathbf{x}		x				0.	0.	0.
(14) KATE STRICKLAND	40.00				П					
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Form 990 (2019)

Form 990 (2019)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2019) EDUCATI
Part VIII Statement of Revenue

Total revenue Petented or exempt function revenue business revenue business revenue sections 512 - 514. Total revenue Petented or exempt function revenue business revenue business revenue sections 512 - 514. Total Add Ines 11-11 - 770 , 591. Total Add Ines 12-11 - 770 , 591. Total Contributions reported on Ine 10, 582. Total Add Ines 12-11 - 770 , 591. Total			Check if Schedule O contains a response or	note to any line	a in this Part VIII	war		
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Form 990 (2019) EDUCATION
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons of include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_	3b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	1			
_	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		1		
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		1		CONTRACTOR OF STREET
5	Compensation of current officers, directors,				4
,	trustees, and key employees	75,078.	49,706.	23,973.	1,399.
6	Compensation not included above to disqualified	1370701	257.001	20/5/31	2/3333
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	185,922.	123,091.	59,367.	3,464.
8	Pension plan accruals and contributions (include		«		-,
_	section 401(k) and 403(b) employer contributions)	5,121.	3,391.	1,635.	95.
9	Other employee benefits	26,893.	17,805	8,587.	501.
10	Payroll taxes	18,533.	12,270	5,918.	345.
11	Fees for services (nonemployees):				
а	Management				
	Legal	_41			
	Accounting	59,480%	46,451.	13,029.	
d	Lobbying		ji .		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	5,467.	3,227.	2,240.	
12	Advertising and promotion				
13	Office expenses	8,586.	6,647.	1,939.	
14	Information technology	17,623.	16,813.	810.	
15	Royalties				
16	Occupancy	0.000	0.000		
17	Travel	2,890.	2,890.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				41)
19	Conferences, conventions, and meetings				Lette dult
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,411.		2,411.	41343
23	Insurance	5,207.		5,207.	
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.)				
фа	FOOD/FACILITIES	12,746.	12,746.		
	MISCELLANEOUS	11,098.	10,740.	358.	
SUPE.	RECOGNITION/MEMENTOS	6,897.	6,794.	103.	
ď	MDAN DECONTESTON / TVDT DV	922.	922.		
_	All other expenses				0.000
25	Total functional expenses. Add lines 1 through 24e	444,874.	313,493.	125,577.	5,804
26	Joint costs. Complete this line only if the organization	1	N 55		
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	33			
	Check here if following SOP 98-2 (ASC 958-720)				

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	t X	Check if Schedule O contains a response or note to any line in this Part	C			
				(A) Beginning of year		(B) End of year
П	1	Cash - non-interest-bearing		165,691.	1	68,913.
-1	2	Savings and temporary cash investments		821,701.	2	1,089,030.
	3	Pledges and grants receivable, net			3	_
- 1	4	Accounts receivable, net		1,319.	4	208,386.
1	5	Loans and other receivables from any current or former officer, director,				
		trustee, key employee, creator or founder, substantial contributor, or 35%	6	Continued in the continued and		
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined				
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
3	7	Notes and loans receivable, net			#7	4
check	8	Inventories for sale or use			8	
ž	9	Prepaid expenses and deferred charges		2,961.	9	3,140.
	10a	Land, buildings, and equipment: cost or other				
			708.		,	
	b	Less: accumulated depreciation 10b 28,	498.	4,621.	10c	2,210.
	11	Investments - publicly traded securities		< / V	11	
	12	Investments - other securities. See Part IV, line 11		4 8	12	
	13	Investments - program-related. See Part IV, line 11		00	13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
_	16	Total assets. Add lines 1 through 15 (must equal line 33)	destin.	996,293.	16	1,371,679.
	17	Accounts payable and accrued expenses		14,840.	17	5,585.
	18	Grants payable			18	
	19	Deferred revenue		118,250.	19	90.
	20	Tax-exempt bond liabilities	£		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
n	22	Loans and other payables to any current or former officer, director,				
	ĺ	trustee, key employee, creator or founder, substantial contributor, or 35	%			
Liabilities		controlled entity or family member of any of these persons		0 0 00 00 0	22	<u> </u>
-	23	Secured mortgages and notes payable to unrelated third parties			23	English (e.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part	۲			
		of Schedule D		100.000	25	5 685
_	26	Total liabilities. Add lines 17 through 25		133,090.	26	5,675
rA.		Organizations that follow FASB ASC 958, check here			133	
Š		and complete lines 27, 28, 32, and 33.		200 555		205 550
	27	Net assets without donor restrictions		820,757.		995,578
ŏ	28	Net assets with donor restrictions		42,446.	28	370,426
5		Organizations that do not follow FASB ASC 958, check here				
Ë		and complete lines 29 through 33.			100000	
2	29	Capital stock or trust principal, or current funds			29	
25	30	Paid-in or capital surplus, or land, building, or equipment fund		1802	30	
Net Assets or rund balances	31	Retained earnings, endowment, accumulated income, or other funds		063 063	31	1 200 001
Ž,	32	Total net assets or fund balances		863,203.	32	1,366,004
1	33	Total liabilities and net assets/fund balances		996,293.	33	1,371,679.

Form **990** (2019)

Form 990 (2019)

EDUCATION

	1990 (2019) BDOCATION	71	117447	20	Page	12
Pa	rt 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			,67	
2	Total expenses (must equal Part IX, column (A), line 25)	2			,87	
3	Revenue less expenses. Subtract line 2 from line 1	3			,80	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		363	, 20	3.
5	Net unrealized gains (losses) on investments	5		1	1	
6	Donated services and use of facilities	6		≪.		100
7	Investment expenses	7	, ethn	1	7	
8	Prior period adjustments	8	- 11	d		0.000
9	Other changes in net assets or fund balances (explain on Schedule O)	9	- 8.	- 11		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	1		1		
_	column (B))	10	¢1,	366	,00	4.
Pa	rt XII Financial Statements and Reporting	8	.]			
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>			X.
			_	\	'es l	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	10				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ď.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	-		=1-15	
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		4			Щ,
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				5 8	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			<u>3b</u>		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

THE OHIO CENTER FOR LAW RELATED

OMB No. 1545-0047

Open to Public

Employer identification number

31-1124428 EDUCATION Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). XAn organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (vi) Amount of other (i) Name of supported (iii) Type of organization (v) Amount of monetary in your governing document? (described on lines 1-10 organization support (see Instructions) support (see instructions) above (see instructions))

Total

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	407,030.	455,423.	430,866.	404,037.	770,591.	2467947.
2	Tax revenues levied for the organ-						</td
	ization's benefit and either paid to						N C
	or expended on its behalf					- //	0 0
3	The value of services or facilities))
	furnished by a governmental unit to						
	the organization without charge		1.55	100		11 4	
4	Total. Add lines 1 through 3	407,030.	455,423.	430,866.	404,037.	770,591.	2467947.
5	The portion of total contributions			1000			
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						174,018.
	Public support, Subtract line 5 from line 4.			40000			2293929.
	tion B. Total Support	I		-		1	
	ndar year (or fiscal year beginning in) 📂	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	407,030.	455,423.	430,866.	404,037.	770,591.	2467947.
8	Gross income from interest,		- (
	dividends, payments received on		/				
	securities loans, rents, royalties,	0.50	\$ 500	400			00 014
	and income from similar sources	863.	790.	498.	10,834.	7,329.	20,314.
9	Net income from unrelated business						
	activities, whether or not the		. 1				
	business is regularly carried on		W. //				
10	Other income. Do not include gain		9				
	or loss from the sale of capital	140	7 700	1 3 340	400	F0 306	60 050
	assets (Explain in Part VI.)	148.1	768.	1,249.	402.	58,286.	
	Total support. Add lines 7 through 10						2549114.
12	Gross receipts from related activities	D. 10				12	674,948.
13	First five years. If the Form 990 is fo	30.0	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	. —
Sec	organization, check this box and stoction C. Computation of Publ	o nere ic Support Per	rcentage				in mining.
•	Public support percentage for 2019 (olumn (fl)		14	89.99 %
	Public support percentage from 2018				4	15	91.29 %
	33 1/3% support test - 2019. If the						
100	stop here. The organization qualifies	~					
ŀ	33 1/3% support test - 2018. If the						
_	and stop here. The organization qua	_					
17:	10% -facts-and-circumstances test						
4	and if the organization meets the "fac						
_1	meets the "facts-and-circumstances"					_	
9.	10% -facts-and-circumstances tes						
1	more, and if the organization meets t	190	1977		, , ,	,	
1	organization meets the "facts-and-cir						
1B	Private foundation. If the organization		-				s
-,-	The second secon					edule A (Form 99	

Schedule A (Form 990 or 990-EZ) 2019 EDUCATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	olow, picuse comp	1010 1 411 11.)				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						- 1
	membership fees received. (Do not						
	include any "unusual grants.")						A
2	Gross receipts from admissions.						« II
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose				1	(6.1	1
2	Gross receipts from activities that					450 V	- Al
3	are not an unrelated trade or bus-						
	iness under section 513					()	
						Street II	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	1			6	P	
	or expended on its behalf		-				
5	The value of services or facilities						
	furnished by a governmental unit to					²	
	the organization without charge			•	- A.		
	Total. Add lines 1 through 5			_	0 0		
78	Amounts included on lines 1, 2, and			200	3)		
	3 received from disqualified persons			Pa	1		
ŧ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		1				
	amount on line 13 for the year			10			
	Add lines 7a and 7b		B.	19			
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			4	*		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	1	4				
	Gross income from interest.	-					
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources		3)				
	Unrelated business taxable income		y				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	11 "					
	Add lines 10a and 10b	N //					
	Net income from unrelated business	100			1		
	activities not included in line 10b,	0.60			1		
	whether or not the business is						
12	regularly carried on Other income. Do not include gain		-			-	_
	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years, If the Form 990 is fo	_			-		ation,
20	check this box and stop here ction C. Computation of Publ	ic Support Per	roontago				
				-1 (6)		1 4= 1	
	Public support percentage for 2019 (15	%
-	Public support percentage from 2018					16	%
	ction D. Computation of Inves					1 1	
	Investment income percentage for 2					17	%
	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2019. If the	e organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiza	ation	
	b 33 1/3% support tests - 2018. If the	e organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization						
						1.1.045 00	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? # "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If Yes, complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

			4
- 6		Yes	No
1			A
di	1%		V ===1
ő		11.5	
H	2	13.	F-100
9	201		1 3
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	3b		
	3c		
1			
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ł	4b		
ı	_4c	_	
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	5a		
1	5b		
	5c		
	6		
	7		
		d s	
	8		
	44.5	-	
	9a		
	9b		-
	9c		
	10a	1.32	
	.02		
	10b		
— n 9	90 or 9	90-EZ	2) 2019

activities but for the organization's involvement.

Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these

Schedule A (Form 990 or 990-EZ) 2019

2b

3a

THE OHIO CENTER FOR LAW RELATED

Schedul	le A (Form 990 or 990-EZ) 2019 EDUCATION	3	31-1124428 Page 6	
Part \		Orga		
1	Check here if the organization satisfied the Integral Part Test as a qualifying to			Part VI). See instructions. A
_	other Type III non-functionally integrated supporting organizations must comp			
Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	et short-term capital gain	1		
2 R	ecoveries of prior-year distributions	2		Allen
3 0	ther gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		« <i>II</i>
5 D	epreciation and depletion	5		- W
6 P	ortion of operating expenses paid or incurred for production or			
	ollection of gross income or for management, conservation, or			
m	aintenance of property held for production of income (see instructions)	6		
7 0	ther expenses (see instructions)	7	- E	4.
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	*	A
Section	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
in	structions for short tax year or assets held for part of year):			
	verage monthly value of securities	1a	& Low	
	verage monthly cash balances	1b	0 B.	
	air market value of other non-exempt-use assets	10	11 11	
d To	otal (add lines 1a, 1b, and 1c)	1dh	B	
e D	iscount claimed for blockage or other	film!!		
fa	actors (explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	24	·	
3 S	ubtract line 2 from line 1d.	3	-	
4 C	ash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	ee instructions).	4		
•	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	fultiply line 5 by .035.	6		
7 R	ecoveries of prior-year distributions	7		
8 N	finimum Asset Amount (add line 7 to line 6)	8		
Section	n C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, Column A)	1		
2 E	nter 85% of line 1.	2		
3 N	finimum asset amount for prior year (from Section B, line 8, Column A)	3		
	inter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	listributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ited Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

a Excess from 2015
b Excess from 2016
c Excess from 2017
d Excess from 2018
e Excess from 2019

THE OHIO CENTER FOR LAW RELATED

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B,
	(See instructions.)
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B	/

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2019

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
OHIO STATE BAR ASSOCIATION	225,000.	174,018
	220,000	
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	18	
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otal Excess Contributions to Schedule A, Part II, Line 5		174,018

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

2019

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

THE OHIO CENTER FOR LAW RELATED EDUCATION 31-1124428 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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** _ 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 contributors. **Special Rules** X 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 or 990-EZ), 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, 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 totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

THE OHIO CENTER FOR LAW RELATED EDUCATION

31-1124428

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	4
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		s <u>68,950.</u>	Person Payroil Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		s400,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>236,000.</u>	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP.+ 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Name of organization

THE OHIO CENTER FOR LAW RELATED

EDUCATION

Employer identification number

31-1124428

Part II	Noncash Property (see instructions), Use duplicate copies of Part II if ac	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	0,
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions:)	(d) Date received
-		5	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part ((b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

THE OHIO CENTER FOR LAW RELATED

EDUCA:	TION			31-1124428
Part III	Exclusively religious, charitable, etc., contribution			or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and the following line through (e) and through (e) and through (e) and through (e) and through (e) and through (e) and through (e) and through (e) and through (e) and through (e) and through (e) and through (e) and through (e) and through (e) and through (e) and through (e) and through (e) and through	o entry, For organizations or less for the year. (Enterth	sis info, once.) >\$
	Use duplicate copies of Part III if additional s	space is needed.		N.
(a) No. from	(b) Purpose of gift	(c) Use of gift	te	l) Description of how gift is held
Part I	(2), 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		,,	, and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of
				
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	· · · · · · · · · · · · · · · · · · ·	(e) Transfer of	gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship	o of transferor to transferee
				1
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			- 2	No. in
	· · · · · · · · · · · · · · · · · · ·			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	100	f) Description of how gift is held
			10 10	
		***	- B	
			pro V	71.
		39	-	
ľ		(e) Transfer of	oift //	
			3	
	Transferee's name, address, ar	nd ZIP + 4	Relationship	of transferor to transferee
				.
				·
(a) No.		EL EL	1	
from Part I	(b) Purpose of gift	(c) Use of gift	(4	d) Description of how gift is held
7 3777		- 1		-
			(T) (C) (S)	
	W 11			
		(e) Transfer o	f gift	
	Transferee's name, address, a	nd 7IP ± 4	Relationshi	o of transferor to transferee
	A 1			
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	-			
(a) No. from • Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Parti				
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11 0	11			
) ~				
		(e) Transfer o	f gift	
	**************************************		Deletieneki	
	Transferee's name, address, a	110 ZIF + 4		p of transferor to transferee
				· · · · · · · · · · · · · · · · · · ·
	<u> </u>		-	<u> </u>

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

THE OHIO CENTER FOR LAW RELATED Name of the organization EDUCATION

Employer identification number 31-1124428

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		« <i>I</i> I
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		a n
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		55. 10
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Par	til Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, I	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreati	on or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			1 1
C	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	organization during the tax
	year >		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conserva	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the
lin-	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of		tner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	100	
	of art, historical treasures, or other similar assets held for pub		·
0,0	service, provide in Part XIII the text of the footnote to its finan-		
_ €p	If the organization elected, as permitted under FASB ASC 958	•	
J.	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service
)	provide the following amounts relating to these items:		
1	(i) Revenue included on Form 990, Part VIII, line 1		
1	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB AS	_	
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

932051 10-02-19

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

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

2,210.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

EDUCATION

a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12.	and of your market water
	(D) BOOK Value	(c) Method of valuation: Cost or	end-oi-year market value
Financial derivatives			
Closely held equity interests			
Other			-
(A)			400
B)			
C)			
D)			
E)			
F)			W 11
G)			
[H)		- A	4
I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			THE STREET
art VIII Investments - Program Related.		/	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
1)			
2)		& Alman	,
3)			
4)	ĺ		
5)		- 1	
6)		9	
7)			
——————————————————————————————————————			
(8)	-		
(9)	10		
al. (Col. (b) must equal Form 990, Part X, col. (B) fine 13.)	N.		
art IX Other Assets.	4		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
4 1	D		0.1 0.1
(a)	Description		(b) Book value
	Description		(b) Book value
(1)	Description		(b) Book value
(1)	Description		(b) Book value
(1) (2) (3)	Description		(b) Book value
(1) (2) (3) (4)	Description		(b) Book value
(1) (2) (3) (4) (5)	Description		(b) Book value
(1) (2) (3) (4) (5)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990; Part X. col. (B) line art X. Other Liabilities.			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990; Part X. col. (B) line art X Other Liabilities.	e 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990; Part X. col. (B) line art X. Other Liabilities. Complete if the organization answered "Yes"	e 15.)		25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990: Part X col. (B) lin art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	e 15.)		25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	e 15.)		25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	e 15.)		25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	e 15.)		25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990; Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	e 15.)		25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X. col. (8) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	e 15.)		25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990: Part X col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	e 15.)		25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal.income taxes. (2) (3) (4) (5)	e 15.)		25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990: Part X col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	e 15.)		25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) cal. (Column (b) must equal Form 990: Part X col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	e 15.)		

Schedule D (Form 990) 2019

EDU	CAT	IOI
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	Reconciliation of Revenue per Audited Financial Statements	With Revenue per Ret		IZZZZO Page T
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			2 102 605
1	Total revenue, gains, and other support per audited financial statements		1	2,103,605.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	. 1		9
a		2a 1 155 030		1
b	***************************************	_{2b} 1,155,930.	1197	-
C		2c		
d		2d		
e	Add lines 2a through 2d		2e	1,155,930.
3	Subtract line 2e from line 1		3	947,675.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1		1 1 1
а		4a		
Ь		4b		
¢	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		15	947,675.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements	With Expenses per F	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	M b		
1	Total expenses and losses per audited financial statements		1	1,600,804.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a 1,155,930.		
b	Prior year adjustments	2b		
C	Other losses	2c		
d		2d N	V	
е	Add lines 2a through 2d		2e	1,155,930.
3	Subtract line 2e from line 1		3	444,874.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1	·
а		4a		
b		4b		
c	Add lines 4a and 4b		4c	0.
-5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	444,874.
Pa	t XIII Supplemental Information.			
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional	al information.		
	32			

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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 990-EZ.

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

THE OHIO CENTER FOR LAW RELATED EDUCATION

2019
Open to Public Inspection

Employer identification number

31-1124428

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATORS ABOUT THE LEGAL PROCESS AND SYSTEM, IN ORDER FOR THEM TO BE BETTER INFORMED AND EFFECTIVE CITIZENS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROFESSION. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAMS INCLUDING YOUTH FOR JUSTICE, OHIO GOVERNMENT IN ACTION, NEWSLETTER, MOOT COURT AND WE THE PEOPLE 0. EXPENSES \$ 141,059. INCLUDING GRANTS OF REVENUE \$ 16,705. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. THE BOARD OF TRUSTEES IS THE ONLY AUTHORITATIVE GOVERNING BODY OF THE ORGANIZATION. PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM. THE FORM IS THEN REVIEWED BY THE INDEPENDENT ACCOUNTANT AND EXECUTIVE DIRECTOR. ONCE REVIEWED BY THE INDEPENDENT ACCOUNTANT AND EXECUTIVE DIRECTOR, THE RETURN IS DISTRIBUTED TO THE BOARD OF TRUSTEES FOR REVIEW AND APPROVAL PRIOR TO FILING.

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

ANNUALLY, EACH OFFICER AND DIRECTOR IS REQUIRED TO COMPLETE A CONFLICT OF

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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Automa	tic 6-Month Extension of Time. Only subm	nit origina	al (no copies needed).			
•	ations required to file an income tax return other than Form 7004 to request an extension of time to file incom-			EMICs	, and trusts	4
Type or print	nt THE OHIO CENTER FOR LAW RELATED EDUCATION 31-1124428					, ,
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, s 1700 LAKE SHORE DRIVE, NO. City, town or post office, state, and ZIP code. For a form	020		P s		
Enter the	COLUMBUS, OH 43204 Return Code for the return that this application is for (file	e a separa	te application for each return?	*		011
Application	· · · · · · · · · · · · · · · · · · ·	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	-8L	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	-PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above) WILMA D'SOUZA	_ 06	Form 8870			12
Teleph If the c If this i box ▶ 1 I re the ▶ [poks are in the care of 1700 LAKE SHORT cone No. 614-485-3510 Deganization does not have an office or place of business as for a Group Return, enter the organization's four digit If it is for part of the group, check this box quest an automatic 6-month extension of time until organization named above. The extension is for the org calendar year or X tax year beginning AUG 1, 2019 The tax year entered in line 1 is for less than 12 months, or Change in accounting period	s in the Un Group Exe and atta JUN anization s	Fax No. ited States, check this box emption Number (GEN) . If the ach a list with the names and TINs of all the return for: If the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the second states in the se	is is fo	r the whole group, or the extension is apt organization returns.	for.
any	nis application is for Forms 990-BL, 990-PF, 990-T, 4720 nonrefundable credits. See instructions. nis application is for Forms 990-PF, 990-T, 4720, or 6069			3a	\$	0.
100	imated tax payments made, Include any prior year overp			3ь	s	0.
_	ance due. Subtract line 3b from line 3a. Include your pa	_				
A1	ng EFTPS (Electronic Federal Tax Payment System). Se	-		3с	\$	0.
Caution: instructio	If you are going to make an electronic funds withdrawalns.	l (direct de	bit) with this Form 8868, see Form 8453	-EO an	d Form 8879-EO fo	r payment
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	, see instr	uctions.		Form 8868 (F	lev. 1-2020

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