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)

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning AUG 1, 2016 2017 and ending JUL 31, C Name of organization D Employer identification number Check if THE OHIO CENTER FOR LAW RELATED Address change EDUCATION Name Ichange 31-1124428 Doing business as Initial return Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ termin-ated 1700 LAKE SHORE DRIVE 614-485-3510 G Gross receipts \$ 589,423. City or town, state or province, country, and ZIP or foreign postal code Amended return COLUMBUS, OH 43204 H(a) Is this a group return Applica-F Name and address of principal officer: KATE STRICKLAND for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or If "No," attach a list. (see instructions) J Website: WWW.OCLRE.ORG H(c) Group exemption number K Form of organization; X Corporation Trust Association Other > L Year of formation: 1984 M State of legal domicile: OH Part I Summary Briefly describe the organization's mission or most significant activities: OCLRE IS A NOT FOR -PROFIT Governance ORGANIZATION WHOSE EXEMPT PURPOSE IS TO EDUCATE STUDENTS AND Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 11 4 Activities & 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 7 5 1500 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 0. **b** Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 455,423. 8 Contributions and grants (Part VIII, line 1h) 407,030. 132,442. 185,266. 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 863. 790. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 148. 768. 593,307. 589 423. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), fines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 368,233. 323,285. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

 16a Professional fundraising fees (Part IX, column (A), line 11e)

 b Total fundraising expenses (Part IX, column (D), line 25)

 7,910.

 0. 0. 174,319. 202,906. 17 Other expenses (Part IX, column (A) lines 11a-11d, 11f-24e) 526,191. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 542,552. 50,755. 63,232. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 5 849,156. 1,046,358. 20 Total assets (Part X, line 16) 170,913. 304,883. 21 Total liabilities (Part X, line 26) 678,243. 741,475. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign KATE STRICKLAND, EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's name Preparer's signature 05/17/18 ₽00014949 Paid JANE E. PFEIFER JANE E. PFEIFER self-employed Firm's name CLARK, SCHAEFER, HACKETT & CO. 31-0800053 Preparer Firm's EIN > Firm's address 4449 EASTON WAY, SUITE 400 Use Only COLUMBUS, OH 43219 Phone no. 614-885-2208 X Yes No

May the IRS discuss this return with the preparer shown above? (see instructions)

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?Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$62,412. including grants of \$) (Revenue \$91,653.
	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.
	115.004
4b	(Code:) (Expenses \$145,891. including grants of \$) (Revenue \$3,506.)
	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.
4c	(Code:) (Expenses \$ 48,359. including grants of \$
40	(Code:) (Expenses48,359. including grants of \$) (Revenue \$18,791.) LAW AND CITIZENSHIP CONFERENCE: THIS IS A TWO-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 in Schedule O.)
	(Expenses \$ 127,278. including grants of \$) (Revenue \$ 19,260.)
4e	Total program service expenses ► 383,940.
	Form 990 (2016

Form 990 (2016) 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		1	
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D., Part I	6		<u>X</u>
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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes, " complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ļ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes, " complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes;" complete Schedule F, Parts I and IV	14b		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	1		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			77
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		47
	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			77
	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,"			٠,
	complete Schedule G. Part III	19	900	X (2016)

Par	t IV Checklist of Required Schedules (continued)			
L		T	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete		l	
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270		
·		24c		
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
		24d		
zoa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	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	05.		v
-00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			ĺ
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			77
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			.,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		X
b	The state of the s	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "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	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	1	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	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ļ
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>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes, " complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2016)

	990 (2016) EDUCATION 31-112	4420		5
Par		1420	P	age 5
1 41	Check if Schedule O contains a response or note to any line in this Part V			
	Check it obtiedate o contains a response of note to any line in this Fart V	·····		ــــاـ
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1	Yes	No
		레		
	2. The state that the state of	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_		
		7		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	5500005000050	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	0.0000000000000000000000000000000000000	X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	Ά
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	Ά
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A			
	sponsoring organization have excess business holdings at any time during the year?	8	1000000000000	m chilemann
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
	amounts due or received from them.)		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	7		
a	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		providence
_	Note. See the instructions for additional information the organization must report on Schedule O.	154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
		188888		

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14a

X

organization is licensed to issue qualified health plans

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

13b

EDUCATION Form 990 (2016)

31-1124428

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	tion 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 11			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	(pr.2.22 gr / projet 550 s)	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
J	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This Section B requests information about policies not required by the internal nevertibe Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ı ıa		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
Č	in Schedule O how this was done	12c	х	
13	Did the americation have a without in Italy and in Italy	13	X	
14	Did the organization have a written whistieblower policy? Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		X
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1	1	
.54	taxable entity during the year?	16a	1 - 1 - 1 - 1	Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Joa		
J	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1		
	exempt status with respect to such arrangements?	16b	1 2225	
Sec	tion C. Disclosure	100	1	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	/ailahl	e	
	for public inspection. Indicate how you made these available. Check all that apply.		-	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finanz	cial	
	statements available to the public during the tax year.	11112110	J.CI.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	WILMA D'SOUZA - 614-485-3510			
	1700 LAKE SHORE DRIVE, COLUMBUS, OH 43204			
63200	17-00 Milital Briottal Britally Collegias, Or 13-20-1	Fort	ր 990	(2016)

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	ne 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	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PAM VEST BORATYN	1.00	,,				Sta				0
TRUSTEE (2) GARY DANIELS	1 00	X	<u> </u>			9	e1995 9	0.	0.	0.
(2) GARY DANIELS TRUSTEE	1.00	x					10554	0.	0.	0
(3) CANDICE CHRISTON	1.00	<u>A</u>			<u> </u>	7		U •	0.	0.
TRUSTEE	1.00	Х	4		79765			0.	0.	0.
(4) THOMAS FRIEDMAN	2.00		699as		7	├-	 -	0.	U .	<u> </u>
SECRETARY	2.00	X		х				0.	0.	0.
(5) DANIEL HILSON	1.00		Rimati	<u> </u>		 	 	U •	U .	U .
TRUSTEE	1.00	х						0.	0.	0.
(6) JONATHAN HOLLINGSWORTH	1.00	-	┢	╁	 	╁	 	· ·	J •	
TRUSTEE		x						0.	0.	0.
(7) PIERCE J. REED	3.00	 	┢		ļ					
TREASURER	7	x		X				0.	0.	0.
(8) MARION SMITHBERGER	3.00									
PRESIDENT		X		X				0.	0.	0.
(9) KARYN JUSTICE	1.00				Г					
TRUSTEE		X						0.	0.	0.
(10) STEVE DAUTERMAN TRUSTEE	1.00	x						0.	0.	0.
(11) ELIZABETH DEEGAN	1.00			T		Т				
TRUSTEE		X						0.	0.	0.
(12) MICHAEL FARLEY	1.00									
AT-LARGE MEMBER		X						0.	0.	0.
(13) SUZANNE PFEIFFER	1.00									
AT-LARGE MEMBER		X		<u></u>	<u> </u>			0.	0.	0.
(14) JEREMY YOUNG	1.00									
AT-LARGE MEMBER		X	_		_	_	_	0.	0.	0.
(15) KATE STRICKLAND	40.00	_								
EXECUTIVE DIRECTOR		╀	_	X	<u> </u>		\vdash	50,539.	0.	16,073.
		-								
		+	+	+	-	T	\vdash			1
		1								
						<u></u>	-L	_1		

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Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	loy	ees,	and	Hig	ghes	t Co	ompensated Employee	s (continued)	
	(A) Name and title	(B) (C) Average hours per hours per hours per hours per hours per hours person is both hours person is both hours person			Average Position Reportable			(D) Reportable	(E) Reportable	(F) Estimated	
		week					s both r/trus		compensation from	compensation from related	amount of other
		(list any hours for	rector						the	organizations	compensation
		related	Individual trustee or director	stee			Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		organizations	Itruste	nal tru:		oyee	omper		(11 21 1333 111133)		and related
		below line)	dividue	nstitutional trustee	Officer	ey employee	ghest (ırmer			organizations
***************************************										<u> </u>	
						_	-				

			ļ —								
							<u> </u>				
			-			_	╀	<			
						J. 555	100	enside.			
1h	Sub-total		<u></u>	<u> </u>	<u> </u>				50,539.	0.	16,073.
Ç	Total from continuation sheets to Part VI	I, Section A		ustio	·····		222.		0.	0.	
	Total (add lines 1b and 1c)		4.	*****	<u> </u>	<i></i>		>	50,539.	0.	16,073.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100	,000 of reportable	0
	compensation from the organization		er State	<u> </u>					· · · · · · · · · · · · · · · · · · ·		Yes No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," complete Schedule J for s	*St. 25			-		-		= -	· •	3 X
4	For any individual listed on line 1a, is the su	ım of reportab	le co	ompe	ensa	itior	anc	oth	ner compensation from t	he organization	
_	and related organizations greater than \$150	0,000? If "Yes	, " CC	mpl	ete :	Sch	edul	e J f	for such individual		4 X
5	Did any person listed on line 1a receive or a										5 X
Sec	rendered to the organization? If "Yes." con	ibiete Scriedul	e J	OF SI	JCII.	pers	SOII		######################################		
1	Complete this table for your five highest co									•	ation from
	the organization. Report compensation for (A)	the calendar y	ear	endii	ng w	vith	or w	ithir	the organization's tax (B)	/ear.	(C)
	Name and business	address	N	ON	E				Description of	services	Compensation
	*										
		Marie Carrier and Marie Community and Commun	***************************************							1	
		· · · · · · · · · · · · · · · · · · ·									
										Part of the state	
2	Total number of independent contractors (ot li	mite	d to		_	sted	above) who received m	ore than	
	\$100,000 of compensation from the organ	zation >					0				Form 990 (2016

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THE OHIO CENTER FOR LAW RELATED EDUCATION

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D**) Revenue excluded from tax under (B) Related or (C) Unrelated (A) Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues c Fundraising events 1c d Related organizations 1d 275,257. e Government grants (contributions) f All other contributions, gifts, grants, and 180,166. similar amounts not included above g Noncash contributions included in lines 1a-1f; \$ 455,423. h Total. Add lines 1a-1f Business Code 2 a PROGRAM FEES 900099 90,086. 90,086. Program Service 33,611. b PROGRAM MATERIALS 900099 33,611. c MEMBERSHIP DUES 900099 8,745. 8,745. d f All other program service revenue 132,442. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 790. 790. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 768. 768. 900099 d All other revenue 768. e Total. Add lines 11a-11d 133,210. 0. 589,423. 790. Total revenue. See instructions. 12

Form 990 (2016) EDUCATION Part IX | Statement of Functional Expenses

Do r	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	66 610	16 707	10 200	1 (05
_	trustees, and key employees	66,612.	46,787.	18,200.	1,625.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	172,829.	121,392.	47,222.	4 O1 E
7	Other salaries and wages	1/4,049.	121,392.	47,222.	4,215.
8	Pension plan accruals and contributions (include	4,984.	3,500.	1 262	122.
_	section 401(k) and 403(b) employer contributions)	61,047.	42,878.	1,362. 16,680.	1,489.
9	Other employee benefits	17,813.	12,512.	4,867.	434.
10	Payroll taxes	1/,013.	16,314.	4,00/.	434.
11	Fees for services (non-employees):				
a b	Management Logg!				
C		42,725.	12,442.	30,283.	
d		±2,123	» × × × × × × × × × × × × × × × × × × ×	30,203.	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	34,560.	34,078.	482.	
12	Advertising and promotion	11.		11.	
13	Office expenses	14,983.	13,354.	1,629.	
14	Information technology	12,772.	12,449.	323.	
15	Royalties				
16	Occupancy	***************************************			
17	Travel	20,879.	20,278.	601.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,411.		2,411.	
23	Insurance	5,000.		5,000.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	POOD / PROTE TETEO	28,893.	28,114.	779.	
b	TEAM RECOGNITION/IMPLEM	19,300.	19,300.		
С	MISCELLANEOUS	13,846.	9,680.	4,141.	25
d	RECOGNITION/MEMENTOS	6,304.	6,304.		
е	All other expenses	1,222.	872.	350.	
25	Total functional expenses. Add lines 1 through 24e	526,191.	383,940.	134,341.	7,910
26	Joint costs. Complete this line only if the organization				*
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		1		

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THE OHIO CENTER FOR LAW RELATED EDUCATION

Form 990 (2016)
Part X | Balance Sheet

Part		Chack if Schodula O contains a response or not	a ta anulin -	in this Dort V			<u> </u>
		Check if Schedule O contains a response or not	e to any line	in this Part X	(A)		(B)
				1	Beginning of year		End of year
Т	1	Cash - non-interest-bearing		***	437,589.	1	446,643
	2	Savings and temporary cash investments			359,411.	2	560,119
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net	32,971.	4	29,709		
	5	Loans and other receivables from current and for	i i				
١	Ū	trustees, key employees, and highest compensa					
		0.131.701.111				5	
1	6	Loans and other receivables from other disquali		-			
١	•	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instr).		· · · · · · · · · · · · · · · · · · ·	P	6	
2	7	Notes and loans receivable, net			<u> </u>	7	*
HOOGE H	8				Successive A	, ⊪ 8	
1	_	Inventories for sale or use			7,332.	9	445
	9	Prepaid expenses and deferred charges	1 1		1,73343	9	447
1	iua	Land, buildings, and equipment: cost or other	40.	30 708			
ŀ		basis. Complete Part VI of Schedule D		30,708. 21,266.	11,853.	40-	9,442
		Less: accumulated depreciation			TT,000.	10c	3,444
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			- (************************************	12	
	13	Investments - program-related. See Part IV, line		***	13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			040 156	15	1 046 250
\dashv	16	Total assets. Add lines 1 through 15 (must equ			849,156. 36,535.	16	1,046,358
-	17	Accounts payable and accrued expenses	784 AS	30,333.	17	33,899	
	18	Grants payable	134,378.	18	270 004		
	19	Deferred revenue	287	VISA. 2007	134,370.	19	270,984
	20	Tax-exempt bond liabilities	703.	33	——————————————————————————————————————	20	
	21	Escrow or custodial account liability. Complete	SV Lucette.			21	
es	22	Loans and other payables to current and forme	. 40				
Liabilities		key employees, highest compensated employe					
ă		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrel	-			23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on line	· · · · · · · · · · · · · · · · · · ·	•			
		Schedule D			170,913.	25	304,883
	26	Total liabilities. Add lines 17 through 25	o	► [♥] .	170,313.	26	304,003
		Organizations that follow SFAS 117 (ASC 95		re 🚩 🔼 and			
es		complete lines 27 through 29, and lines 33 and			620,655.		£01 21E
anc	27	Unrestricted nef assets			57,588.	27	684,315 57,160
Ba	28	Temporarily restricted net assets			37,300.	28	37,100
2	29					29	
<u>.</u>		Organizations that do not follow SFAS 117 (/					
ō		and complete lines 30 through 34.					
Sett	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or e				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			670 040	32	7/1 /7
~	33	Total net assets or fund balances			678,243.	33	741,475
	34	Total liabilities and net assets/fund balances	*************		849,156.	34	1,046,358

Form 990 (2016)

Par	t 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 1	589	,42	23.				
2	Protal expenses (must equal Part IX, column (A), line 25)								
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,23 3,24					
5	Net unrealized gains (losses) on investments	5			~				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	74	1,4	75.				
Pai	rt XII Financial Statements and Reporting	1 10 1							
	Check if Schedule O contains a response or note to any line in this Part XII				X				
	Check in confedence of contains a reappointe of frote to any line in this fact All			Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0							
22	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
2.0	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a								
	separate basis, consolidated basis, or both:	i on a							
	Separate basis Consolidated basis Both consolidated and separate basis								
h	b Were the organization's financial statements audited by an independent accountant?								
ນ									
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both:	e dasis,							
	X Separate basis Consolidated basis Both consolidated and separate basis								
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	a accelit							
C	review, or compilation of its financial statements and selection of an independent accountant?		0-	X					
			2c	Δ.					
0-	If the organization changed either its oversight process or selection process during the tax year, explain in Sch								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Signature A 1999.	_			x				
1.	Act and OMB Circular A-133?		3a						
а	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		0.						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b	000	(2016)				
			Form	990	(2016)				

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990
THE OHIO CENTER FOR LAW RELATED Empl

OMB No. 1545-0047
2016

Open to Public Inspection

Employer identification number

EDUCATION 31-1124428 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 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, 4 5 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 12q. _____ 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other i vour governing documen (described on lines 1-10 organization support (see instructions) support (see instructions) Yes Nο above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2016 EDUCATION 31-1124 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	433,297.	426,416.	553,510.	407,030.	455,423.	2275676.
2	Tax revenues levied for the organ-			:			
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to		:				
	the organization without charge	(00 00 0				Alexandria de la companya della companya della companya de la companya della comp	
4	Total. Add lines 1 through 3	433,297.	426,416.	553,510.	407,030.	455,423.	2275676.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	3.20					
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						179,272.
6	Public support. Subtract line 5 from line 4.				2.0		2096404.
	ction B. Total Support			<u> </u>			2030404.
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7		433,297.	426,416.	553,510.	407,030.	455,423.	2275676.
8	Gross income from interest,	200,20.1	220,220		10,,000	133,1231	22,30,00
•	dividends, payments received on		(°				
	securities loans, rents, royalties						
	and income from similar sources	265.	350.	808.	863.	790.	3,076.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain		\$95 ⁶				
	or loss from the sale of capital		*				
	assets (Explain in Part VI.)	2,108.	2,917.	1,724.	148.	768.	7,665.
11	Total support. Add lines 7 through 10				1		2286417.
12	Gross receipts from related activities,	etc. (see instructi	ons)		***************************************	12	704,462.
13	First five years. If the Form 990 is fo		s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3)	
50	organization, check this box and stoction C. Computation of Publ	phere	contogo			***************************************	>
						T	01 60
	Public support percentage for 2016 (-	• • • • • • • • • • • • • • • • • • • •		14	91.69 % 91.69 %
	Public support percentage from 2015					15	
16	a 33 1/3% support test - 2016. If the stop here. The organization qualifies						. (77)
	•		J			or mara abaali th	
	b 33 1/3% support test - 2015. If the and stop here. The organization qua	_				•	
17	and stop nere. The organization qua						
17	and if the organization meets the "fac		-				
	meets the "facts-and-circumstances"			-	•	_	
	b 10% -facts-and-circumstances tes						
	more, and if the organization meets t		-				
	organization meets the "facts-and-cir				•		▶ □
_18	Private foundation. If the organization		-	•	• ,,		s
				· · · · · · · · · · · · · · · · · · ·		edule A (Form 996	

Schedule A (Form 990 or 990-EZ) 2016 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that					Æ	
0	are not an unrelated trade or bus-						
	iness under section 513						
			****			[
4	Tax revenues levied for the organ-				J. 1980		
	ization's benefit and either paid to						
	or expended on its behalf				75.00	/	
5	The value of services or facilities				()		
	furnished by a governmental unit to				A South		
	the organization without charge						
6	Total. Add lines 1 through 5						
7 8	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			34, 34,			
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		~0E				
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support			-			
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6		gree Samuel				
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties		a Careff				
	and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			i			
	Add lines 10a and 10b						:
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain		1				
	or loss from the sale of capital						
40	assets (Explain in Part VI.)				1		
	Total support. (Add lines 9, 10c, 11, and 12.)					- FO1(-)(0)i	
14	First five years. If the Form 990 is fo	-			•		
Se	check this box and stop here ction C. Computation of Publ	ic Support Per	centage			***************************************	
	······					15	
	Public support percentage for 2016 (-				%
16 Se	Public support percentage from 2015 ction D. Computation of Investigation					16	%
				10! (0)		Tant	0/
17	, , ,					17	%
18	, .					18	. %
19	a 33 1/3% support tests - 2016. If the						1/ is not
	more than 33 1/3%, check this box a	-	-	· -	• •		>
	b 33 1/3% support tests - 2015. If the	-					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	>

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.
- 2 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")? If "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) purposes.
- 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 filling organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 8 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).
- 9a 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
<u>4c</u>		
5a 5b		
5c 6		
7		
8		
9a		Section 1
9b		
9c		
10a		
100		

	dule A (Form 990 or 990-EZ) 2016 EDUCATION	31-112442	8 P	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	<u> </u>	
	A family member of a person described in (a) above?	11b	ļ <u>.</u>	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		<u> </u>
Sec	tion B. Type I Supporting Organizations		т	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_1_		
2	Did the organization operate for the benefit of any supported organization other than the supported		ŀ	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2	1	1
000	tion of Type it dapporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1 65	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI, how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		1	
	the supported organization(s).	1	1	
Sec	tion D. All Type III Supporting Organizations		.1	<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	ty (see instructions		
2	Activities Test. Answer (a) and (b) below.	r-	Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	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			
_	activities but for the organization's involvement.	2b		-
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	- 115 C C C C C C C C C C C C C C C C C C	1	
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	ļ <u>.</u> .	1	
	of its supported organizations? If "Yes," describe in Part VI, the role played by the organization in this regard.	3b		

Sche	dule A (Form 990 or 990-EZ) 2016 EDUCATION		3	1-1124428 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting (Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tr	rust or	n Nov. 20, 1970 (explain in Pa	art VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must comp	lete S	ections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		\$
7	Other expenses (see instructions)	7	47000	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	<i>(</i> *\	*
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c.		
	Total (add lines 1a, 1b, and 1c)	10		
	Discount claimed for blockage or other		1	
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
•	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	Ī		
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	nization (see
	inetructional	. 5	71	

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 EDUCATION 31-1124428 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016: b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2017. Add lines 3j and 4c Breakdown of line 7: b Excess from 2013 c Excess from 2014 d Excess from 2015

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

chedule A	Form 990 or 990-EZ) 2016	31-1124428 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sect line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part fo (See instructions.)	II, line 17a or 17b; Part III, line 12; ion B. lines 1 and 2: Part IV. Section C.
·		
		- \
		N(W)
····································		
·····		
		······································

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.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

THE OHIO CENTER FOR LAW RELATED

OMB No. 1545-0047

Employer identification number

2016

	ED	JCATION			31-1124428
Organizati	ion type (check or	e):			
Filers of:		Section:			
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization		
		4947(a)(1) nonexempt charitable trust not treated as a p	rivate foundation	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		527 politi	cal organization		
Form 990-	PF	501(c)(3)	exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a privat	e foundation	
		501(c)(3)	taxable private foundation		
-	-	-	General Rule or a Special Rule.		
Note: Only	y a section 501(c)("), (8), or (10) or	ganization can check boxes for both the Genera	I Rule and a Special Ru	le. See instructions.
General R	tule				
			990-EZ, or 990-PF that received, during the year Complete Parts I and II. See instructions for de		
Special R	ules				
X	or an organization	described in se	ction 501(c)(3) filing Form 990 or 990-EZ that m	et the 33 1/3% support	test of the regulations under
S	sections 509(a)(1) a	nd 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 contributo or (ii) Form 990-EZ		r, total contributions of the greater of (1) \$5,00	0 or (2) 2% of the amou	nt on (i) Form 990, Part VIII, line 1h,
	n (ii) i 0iiii 550-L2	ine r. complet	artor and ii.		
			ection 501(c)(7), (8), or (10) filing Form 990 or 99		· ·
		47 11 100	an \$1,000 exclusively for religious, charitable, s n or animals. Complete Parts I, II, and III.	cientific, literary, or edu	cational purposes, or for
·	rie prevention of c	derty to Grindre	To animals. Complete Farts I, II, and III.		
	- 2000	None of P	ection 501(c)(7), (8), or (10) filing Form 990 or 99		•
•			eligious, charitable, etc., purposes, but no such ntributions that were received during the year fo		•
			e parts unless the General Rule applies to this		
1	eligious, charitabl	, etc., contribut	ions totaling \$5,000 or more during the year		> \$
but it mu	st answer "No" or	Part IV, line 2, c	by the General Rule and/or the Special Rules do of its Form 990; or check the box on line H of its ments of Schedule B (Form 990, 990-EZ, or 990-	Form 990-EZ or on its F	·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization
THE OHIO CENTER FOR LAW RELATED EDUCATION

Employer identification number

31-1124428

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>70,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		s 166,172.	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
3		\$122,854.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$\$ <u>45,000.</u>	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
5		\$39,085.	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 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 a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	4180
(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
		\$	
		Φ	
(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 I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

Name of organization Employer identification number THE OHIO CENTER FOR LAW RELATED EDUCATION 31-1124428 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

6 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

THE OHIO CENTER FOR LAW RELATED EDUCATION

Employer identification number 31-1124428

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts	Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.		•
		(a) Donor advised funds	(b) Funds	and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed funds	<u> </u>
	are the organization's property, subject to the organization's ex	-		Yes No
6	Did the organization inform all grantees, donors, and donor ad-			
	for charitable purposes and not for the benefit of the donor or		12" 12	
			201000 Title.	Yes No
Par		anization answered "Yes" on Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization		9.	
	Preservation of land for public use (e.g., recreation or ed	· —— · · · · · · · · · · · · · · · · ·	storically importa	nt land area
	Protection of natural habitat	Preservation of a ce		
	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	n easement on the last
	day of the tax year.		76/8803200	eld at the End of the Tax Year
а		<u>.</u>		OTO AC CHO ENG OF CHO TEX FOUR
h				
~	Number of conservation easements on a certified historic structure.			
4	Number of conservation easements included in (c) acquired af	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
u		№ . #	1 1	
3	Number of conservation easements modified, transferred, rele	ased extinguished or terminated by th		ring the tay
Ū	year	ascu, extaguished, or terminated by the	ie organization de	ing the tax
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	······································	- i	
Ŭ	violations, and enforcement of the conservation easements it!			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	***************************************		
٠	Land volunces modes devoted to morntoning, inspecting, in	arraming of violations, and emoreing con	iservation casem	citts during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserv	ration passements	during the year
•	S	ing of violations, and emorning conserv	ation easements	during the year
8	Does each conservation easement reported on line 2(d) above	seatisfy the requirements of section 17/	O/b)(4)/B)(i)	
Ŭ	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
3	include, if applicable, the text of the footnote to the organization	'	,	'
	conservation easements.	on a manda statements that describes	s the organization	is accounting to
Pa	rt III Organizations Maintaining Collections of	Art. Historical Treasures, or C	ther Similar	Assets.
58000000	Complete if the organization answered "Yes" on Form			. 1000101
10	If the organization elected, as permitted under SFAS 116 (ASC		ment and balanc	a cheat works of art
10	historical treasures, or other similar assets held for public exhi	· ·		
	the text of the footnote to its financial statements that describ		ance of public se	avice, provide, in Fait Alli,
h	If the organization elected, as permitted under SFAS 116 (ASC		nt and balance at	and weeks of out biotoxical
U		•		·
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in turtherance of p	ublic service, pro	vide the following amounts
	relating to these items:		. .	
	(i) Revenue included on Form 990, Part VIII, line 1			
_				
2	If the organization received or held works of art, historical trea		al gain, provide	
	the following amounts required to be reported under SFAS 11	·	. .	
a	, , , , , , , , , , , , , , , , , , , ,			
<u> </u>	Assets included in Form 990, Part X	***************************************	> \$	

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Schedule D (Form 990) 2016

	THE OHIO	CENTER 1	FOR LA	W RELA	ATED					
Sched	dule D (Form 990) 2016 EDUCATION	1						<u> 31-11</u>	24428	Page 2
Par	t III Organizations Maintaining Col	lections of A	Art, Histo	rical Tre	asures, or	Other S	imilar	Assets	continu	ed)
3	Using the organization's acquisition, accession,	and other reco	rds, check	any of the f	ollowing that	are a signi	ficant us	se of its o	ollection it	ems
	(check all that apply):									
а	Public exhibition		d 🔲 L	oan or excl	hange progra	ms				
b	Scholarly research		e (Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ctions and expl	ain how the	ey further th	e organizatio	n's exemp	purpos	e in Part	XIII.	
5	During the year, did the organization solicit or re	eceive donation	s of art, his	torical treas	sures, or othe	r similar as	sets			
	to be sold to raise funds rather than to be main	tained as part o	f the organi	ization's col	llection?			[Yes	No
Par	t IV Escrow and Custodial Arrange	ments. Com	plete if the	organizatio	n answered "	Yes" on Fo	rm 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Part >			_						
1a	Is the organization an agent, trustee, custodian	or other interm	ediary for c	ontributions	s or other ass	ets not inc	luded			
	on Form 990, Part X?							. s	Yes	No No
b	If "Yes," explain the arrangement in Part XIII an						4450			
							100	196	Amount	
С	Beginning balance						10			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Form						?		Yes	No
b	If "Yes," explain the arrangement in Part XIII. C				27				*****	
Par	t V Endowment Funds. Complete if t	he organization	answered '	"Yes" on Fo	rm 990, Part	IV, line 10.				
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three y	ears back	(e) Four y	years back
1a	Beginning of year balance			4						
b	Contributions			%						
С	Net investment earnings, gains, and losses			A STORY	9					.,
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	- T	6 1				-			
2	Provide the estimated percentage of the currer	nt year end bala	nce (line 1g	ı, column (a)) held as:					
а	Board designated or quasi-endowment		%		.,					
b	Permanent endowment	%								
С	Temporarily restricted endowment	9	6							
	The percentages on lines 2a, 2b, and 2c should	73k. 36								
За	Are there endowment funds not in the possess	ion of the organ	nization tha	t are held a	nd administer	red for the	organiza	ation		
	by:	_					_		[·	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations									
b	A Substitution of the state of									
4	Describe in Part XIII the intended uses of the co									
Pa	rt VI Land, Buildings, and Equipme		····							
<u> </u>	Complete if the organization answered		990, Part I\	/, line 11a. S	See Form 990), Part X, lir	ne 10.			
	Description of property	(a) Cost of			t or other	T	cumulate	ed	(d) Book	value
		basis (inve		1 ''	(other)	, , ,	eciation	1	(-,	
1a	Land									
	Buildings		· ···· · · · · · · · · · · · · · · · ·				and the second s			

9,442. Schedule D (Form 990) 2016

9,442.

c Leasehold improvements

d Equipment

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

21,266.

30,708.

THE OHIO CENTER FOR LAW RELATED EDUCATION 31-1124428 Page 3 Schedule D (Form 990) 2016 Investments - Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A)(B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)(2) (3)(4) (5) (6)(7) (8) (9)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990 Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)(2) (3) (4) (5) (6)(7)(8)(9)Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2)(3)(4) (5) (6)(7) (8)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

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

*					
	THE OHIO CENTER FOR	LAW RELATED			
	dule D (Form 990) 2016 EDUCATION				124428 Page 4
Par	t XI Reconciliation of Revenue per Audited Financ		levenue per Reti	ırn.	
	Complete if the organization answered "Yes" on Form 990, F				
1	Total revenue, gains, and other support per audited financial statem	ents		1	2,256,840.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities		1,667,417.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,667,417.
3	Subtract line 2e from line 1		***************************************	3	589,423.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а		4a			
	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	<u> </u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part	I. line 12.)		5	589,423.
Pa	T XII Reconciliation of Expenses per Audited Finan		Expenses per Re	eturn	
	Complete if the organization answered "Yes" on Form 990, F				
1	Total expenses and losses per audited financial statements			1	2,193,608.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	. (
а	Donated services and use of facilities		1,667,417.		
b	Prior year adjustments	2b	<i>A</i>		
C	Other losses	20 00			
d	Other (Describe in Part XIII.)		*		
е	Add lines 2a through 2d		F	2e	1,667,417.
3	Subtract line 2e from line 1			3	526,191.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Par	rt I. Jine 18.)		5	526,191.
	rt XIII Supplemental Information.	**			***************************************
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b a	and 2b; Part V, line 4;	Part X	, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	provide any additional inform	ation.		
					** d ***

	*				
***************************************			***************************************		
					•

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

2016
Open to Public Inspection

Name of the organization

THE OHIO CENTER FOR LAW RELATED EDUCATION

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.
EXPENSES \$ 127,278. INCLUDING GRANTS OF \$ 0. REVENUE \$ 19,260.
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.
FORM 990, 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

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632211 08-25-16