PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Open to Public

2024 A For the 2023 calendar year, or tax year beginning AUG 1, 2023 and ending JUL C Name of organization D Employer identification number Check if applicable: THE OHIO CENTER FOR LAW RELATED Address change **EDUCATION** Name 31-1124428 Doing business as change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 614-485-3510 1700 LAKE SHORE DRIVE 020 606,931. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended COLUMBUS, OH 43204 H(a) Is this a group return return
Application
pending F Name and address of principal officer: KATE STRICKLAND for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: HTTPS://WWW.OCLRE.ORG H(c) Group exemption number K Form of organization: X Corporation L Year of formation: 1984 M State of legal domicile: OH Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: OCLRE IS A NOT-FOR-PROFIT **Activities & Governance** ORGANIZATION WHOSE EXEMPT PURPOSE IS TO EDUCATE STUDENTS AND 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 13 3 Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 700 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 588,183. 479,296. Contributions and grants (Part VIII, line 1h) 8 88,367. 94,408. Program service revenue (Part VIII, line 2g) 31,792. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 19,166. 10 119,064. 1,435. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 606,931. 814,780. 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), lines 1-3) 0. 0. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 351,152. 385,629. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 173,783. 168,073. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 524,935. 553,702. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 289,845. 53,229. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 1,451,876. 1,540,115 Total assets (Part X, line 16) 37,976. 50,363 21 Total liabilities (Part X, line 26) 三年 413,900. 489,75222 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 Date PTIN Check Print/Type preparer's name Preparer's signature 02/03/25 self-employed P01225377 Paid NATOSHA CARR NATOSHA CARR SCHAEFER, Firm's EIN 31-0800053 Firm's name CLARK, HACKETT & CO. Preparer 4449 EASTON WAY, SUITE 400 Use Only Firm's address

COLUMBUS, OH 43219

No

Phone no. 614-885-2208

X Yes

	THE OHIO CENTER FOR DAW REDATED	_
	1990 (2023) EDUCATION 31-1124428 Page	<u>e</u> 2
Pa	rt III Statement of Program Service Accomplishments	
	, , , , , , , , , , , , , , , , , , , ,	X
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?	40
	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?	40
_	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. (Code:) (Expenses \$ 77,583 • including grants of \$) (Revenue \$ 84,443 •	
4a	/ (<u>•</u>)
	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 FIRSTHAND 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.	
	(Code:) (Expenses \$ 56,291 · including grants of \$) (Revenue \$ 1,395	
4b	(Code:) (Expenses \$56,291. including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$	<u>•</u>)
	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.	
	THE INTERPOL OF THE COMPTENTION IN THE PROPERTY.	
4c	(Code:) (Expenses \$ 206,955. including grants of \$) (Revenue \$) (Revenue \$)	•)
	(Code:)(Expenses \$206,955. including grants of \$) (Revenue \$10,005 of the programs including civics summer, Moot court, Ohio Government in	_ ′
	ACTION AND CIVICS THAT EMPOWERS ALL STUDENTS.	
		_
		_
1		_
		_
		_
4d	Other program services (Describe on Schedule O.)	

including grants of \$ 340,829.

Total program service expenses

Form **990** (2023)

1	.1	2	4	4	2	8	Page	:
_		_	-	-	~	u	Page	•

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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
	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			37
	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		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	4.41-		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		15		Х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10		16		Х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines	17		
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		Х
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	10		
19		19		Х
20a	complete Schedule G, Part III	20a		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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THE OHIO CENTER FOR LAW RELATED EDUCATION

Form 990 (2023)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			- T
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		4	v
04-	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	24a		х
b	Schedule K. If "No," go to line 25a	24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		Х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		Х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 51		
-	Schedule N, Part II	32		Х
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		Х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
•	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	T V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 1b 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	(gambling) winnings to prize winners?	1c	Х	
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EDUCATION 31-1124428 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	(
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5а	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	ction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e 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 contribution	ons or gifts			
	were not tax deductible?		6b		
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 ser	vices 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	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
_			8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:	40-			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100	-		
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	114	-		
b		11b			
19a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 13 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 13 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X 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? 6 Did the organization have members or stockholders? 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Х 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х on Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply | X | Upon request Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records WILMA D'SOUZA - 614-485-3510 1700 LAKE SHORE DRIVE, 020, COLUMBUS OH

Form 990 (2023) 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average			(C Pos	C) itior			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	, unle	ss per	son i	is both or/trus	n an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KATE STRICKLAND EXECUTIVE DIRECTOR	40.00			x				83,384.	0.	12,683.
(2) STEVE DAUTERMAN	3.00							00,002		
PRESIDENT		Х		Х				0.	0.	0.
(3) JONATHAN HOLLINGSWORTH	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) PATRICK DUKES	2.00					1				_
TREASURER	0.00	X		Х				0.	0.	0.
(5) CANDICE SUFFREN	2.00	77								0
SECRETARY	1.00	X		Х		┢		0.	0.	0.
(6) BERYL PICCOLANTONIO TRUSTEE	1.00	Х						0.	0.	0.
(7) CINDY GRAHAM	1.00	Λ						0.	0.	0.
TRUSTEE	1.00	Х						0.	0.	0.
(8) COLLIN MAROZZI	1.00							•	•	
TRUSTEE		Х						0.	0.	0.
(9) DONNA SWEET	1.00									
TRUSTEE		Х						0.	0.	0.
(10) DOUG STEIN	1.00									
TRUSTEE		Х						0.	0.	0.
(11) JEANNA JACOBUS	1.00							_		_
TRUSTEE	1 00	Х				_		0.	0.	0.
(12) JEREMY YOUNG	1.00	.,								0
TRUSTEE (13) KEVIN SHIMP	1 00	Х				\vdash		0.	0.	0.
TRUSTEE	1.00	Х						0.	0.	0.
(14) LYN TOLAN	1.00	Λ				<u> </u>		0.	0.	<u></u>
TRUSTEE	1.00	Х						0.	0.	0.
								•	•	
		-								

Form 990 (2023)

	(A) Name and title	(B) Average hours per	box	not cl	ss per	ition more rson i	than o	n an	(D) Reportable compensation	(E) Reportable compensation		(F) Stimat mount	of
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	or a	other npensa from th ganizat nd relat ganizat	ation ne tion ted
									~				
									-0				
									9				
1b c	Subtotal Total from continuation sheets to Part VI	I, Section A							83,384.	0	•	.2,6	0.
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but r								83,384. ceived more than \$100,	000 of reportable	.	.2,6	
	compensation from the organization											Yes	0 No
3	Did the organization list any former officer										3		Х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si	um of reportabl	е со	mpe	ensa	tion	and	oth		he organization			
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? <i>If</i> "Yes, accrue comper	" co sati	<i>mple</i> on fr	ete S om	Sche any	edule unre	J fo	or such individualed organization or individ	dual for services	4		X
Sec	rendered to the organization? If "Yes," con										5		Х
1	Complete this table for your five highest co	•	•							•	sation f	rom	
	the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin 	the organization's tax y (B)	ear.		(C)	
	Name and business	address	NC	ONE	3				Description of s	services		ensatio	n
_													
2	Total number of independent contractors (i \$100,000 of compensation from the organi	· ·	ot lin	nited	d to	thos	_	ted	above) who received mo	ore than			
	4.00,000 of compensation from the organi	Lation					-				Forn	990	(2023)

Form 990 (2023) EDUCATI
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		•		(A)	(B)	(C)	_ (D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
(2)	4 -	Fortunated committees [45]					300010113 0 12 0 14
nts		Federated campaigns 1a					
ara ou		Membership dues 1b					
s, (Am		Fundraising events 1c					
ij i	d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e	298,672.				
ës	f	All other contributions, gifts, grants, and					
the the		similar amounts not included above 1f	180,624.				
ÖĒ	g	Noncash contributions included in lines 1a-1f					
Sign	_	Total. Add lines 1a-1f		479,296.			
			Business Code	, -			
	2 2	PROGRAM FEES	611710	52,580.	52,580.		
Program Service Revenue		PROGRAM MATERIALS	611710	35,468.	35,468.		
er ne		MEMBERSHIP DUES	611710	6,360.	6,360.		
n S			011/10	0,300.	0,300.		
e E	d						
5	е						
₫	f	All other program service revenue					
	g	Total. Add lines 2a-2f		94,408.			
	3	Investment income (including dividends, interest	st, and				
		other similar amounts)		31,792.			31,792.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	ı a		(ii) Guiloi				
		assets other than inventory 7a					
	D	Less: cost or other basis					
her Revenue		and sales expenses					
š		Gain or (loss) 7c					
æ		Net gain or (loss)					
<u>a</u>	8 a	Gross income from fundraising events (not					
8		including \$of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses8b					
	С	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	•				
		Gross sales of inventory, less returns					
		and allowances 10a					
	L .						
			1				
-	C	Net income or (loss) from sales of inventory	Business Code				
Su	44 -	MISCELLANEOUS	900099	1,435.	1,435.		
Miscellaneous Revenue			700099	1,433.	1,433.		
lar	b						
Se Be	c						
Ξ		All other revenue		1 425			
		Total. Add lines 11a-11d		1,435.	05 042	^	21 700
	12	Total revenue. See instructions		606,931.	95,843.	0.	31,792.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 62,547. 34,024 99,945. 3,374. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 228,870. 143,229. 77,914. 7,727. Other salaries and wages 7 Pension plan accruals and contributions (include 2,971 1,860. 1,011 100. section 401(k) and 403(b) employer contributions) 30,297. 18,960. 10,314. 1,023. Other employee benefits 9 23,546. 14,735. 8,016. 10 Payroll taxes Fees for services (nonemployees): Management Legal 9,362. 53,554. 62,916. Accounting Lobbying Professional fundraising services. See Part IV, line 17 2,183. 2,183. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 12,848 9,322. 3,526. column (A), amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 14,302. 12,529. 1,773. Office expenses 13 12,312. 12,312. Information technology 14 15 Royalties 16 Occupancy 24,354. 24,354. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 6,126. 6,126. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 791. 21,111. 20,320. FOOD/FACILITIES RECOGNITION/MEMENTOS 9,567. 9,395. 172. 2,264. 1,904. 360. MEMBERSHIPS/SUBSCRIPTIO 90. d FELLOWSHIPS 90. e All other expenses 553,702. 340,829. 199,854. 13,019. Total functional expenses. Add lines 1 through 24e 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)

Form **990** (2023)

Form 990 (2023)
Part X Balance Sheet

art X	`	Balance Sneet						
		Check if Schedule O contains a response or not	e to an	y line in this Part X				
					(A) Beginning of year		(B) End of year	
1		Cash - non-interest-bearing			32,256.	1	70,959	
2		Savings and temporary cash investments			500,866.	2	509,846	
3		Pledges and grants receivable, net				3	128,500	
4		Accounts receivable, net			156,732.	4	23,747	
5		Loans and other receivables from any current or						
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%				
		controlled entity or family member of any of the	se perso	ons		5		
6		Loans and other receivables from other disquali	fied per	sons (as defined				
		under section 4958(f)(1)), and persons described		6				
2 7		Notes and loans receivable, net				7		
8		Inventories for sale or use				8		
[‡] 9		B			391.	9	74	
10	а	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	30,708.				
	b	Less: accumulated depreciation	10b	30,708.	0.	10c		
11		Investments - publicly traded securities			761,631.	11	806,31	
12		Investments - other securities. See Part IV, line	I1			12		
13		Investments - program-related. See Part IV, line	11			13		
14		Intangible assets		14				
15		Other assets. See Part IV, line 11				15		
16		Total assets. Add lines 1 through 15 (must equ	al line 3	3)	1,451,876.	16	1,540,11	
17		Accounts payable and accrued expenses			37,946.	17	50,27	
18		Grants payable				18		
19		Deferred revenue	30.	19	9			
20		Tax-exempt bond liabilities	x-exempt bond liabilities					
21		Escrow or custodial account liability. Complete	Part IV	of Schedule D		21		
22		Loans and other payables to any current or form	ner offic	er, director,				
		trustee, key employee, creator or founder, subst	tantial c	ontributor, or 35%				
22		controlled entity or family member of any of the	se perso	ons		22		
23		Secured mortgages and notes payable to unrela				23		
24		Unsecured notes and loans payable to unrelated	d third p	parties		24		
25		Other liabilities (including federal income tax, pa	yables	to related third				
		parties, and other liabilities not included on lines	3 17-24)	. Complete Part X				
		of Schedule D			25.056	25	50.06	
26		Total liabilities. Add lines 17 through 25			37,976.	26	50,36	
		Organizations that follow FASB ASC 958, che	ck her	e X				
		and complete lines 27, 28, 32, and 33.			1 005 005		1 200 55	
27					1,227,835.	27	1,300,77	
28		Net assets with donor restrictions			186,065.	28	188,97	
		Organizations that do not follow FASB ASC 9	58, che	eck here				
		and complete lines 29 through 33.						
29		Capital stock or trust principal, or current funds				29		
30	_	Paid-in or capital surplus, or land, building, or ed				30		
27 28 29 30 31 32		Retained earnings, endowment, accumulated in			1 412 000	31	1 400 55	
	- 1	Total net assets or fund balances			1,413,900.	32	1,489,75	
33		Total liabilities and net assets/fund balances .			1,451,876.	33	1,540,115	

Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>31.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				02.
3	Revenue less expenses. Subtract line 2 from line 1	3				29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,41		
5	Net unrealized gains (losses) on investments	5		2	2,6	23.
6	Donated services and use of facilities	6				
7	Investment expenses	7			X	
8	Prior period adjustments	8				<u> </u>
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1	,48	9,7	52.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		X
		>			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis	,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho		- 1			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

THE OHIO CENTER FOR LAW RELATED **Employer identification number** Name of the organization **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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? organization (described on lines 1-10 support (see instructions) support (see instructions) above (see instructions))

31-1124428 Page 2

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						4			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	770,591.	328,846.	243,541.	588,183.	479,296.	2410457.			
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									
4	Total. Add lines 1 through 3	770,591.	328,846.	243,541.	588,183.	479,296.	2410457.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						171,930.			
6	Public support. Subtract line 5 from line 4.						2238527.			
Sec	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
7	Amounts from line 4	770,591.	328,846.	243,541.	588,183.	479,296.	2410457.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	7,329.	358.	4,836.	19,166.	31,792.	63,481.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)	58,286.	491.	275.	119,064.	1,435.	179,551.			
11	Total support. Add lines 7 through 10						2653489.			
	Gross receipts from related activities,					12	429,446.			
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	fourth, or fifth tax y	ear as a section 50	01(c)(3)				
	organization, check this box and stop									
	tion C. Computation of Publi						04.26			
	Public support percentage for 2023 (li	, ,,,	•	.,,		14	84.36 %			
	Public support percentage from 2022					15	84.55 %			
16a	33 1/3% support test - 2023. If the c									
	stop here. The organization qualifies									
D	33 1/3% support test - 2022. If the constitution was									
47-	and stop here . The organization qual									
1/a	10% -facts-and-circumstances test	-								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
۵		-					10% Of			
	more, and if the organization meets the				-					
10	organization meets the facts-and-circu									
√18	Private foundation. If the organization	n dia not check a l	oox on line 13, 16a	a, 100, 17a, 0r 17b	, cneck this box at	iu see instructions	i			

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	etion A. Public Support	ciow, picase comp	note i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 are not an unrelated trade or business under section 513						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to				2		
	the organization without charge			4			
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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			5			
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	
		(a) 2019	(b) 2020	(C) 2021	(a) 2022	(e) 2023	(I) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	C					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				L		
14	First 5 years. If the Form 990 is for the	•			•		. —
<u> </u>	check this box and stop here	- O + D				<u></u>	
	ction C. Computation of Publi					T T	
	Public support percentage for 2023 (I					15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Investigation					16	<u>%</u>
_	•			10 1 (0)		1.5	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18 0.1/00/ and line 17	<u>%</u>
₹ 19a	33 1/3% support tests - 2023. If the	•		•		•	
b	more than 33 1/3%, check this box as 33 1/3% support tests - 2022. If the	organization did n	not check a box on	line 14 or line 19a	a, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in did not check a	nox on line 14 19:	a or 19h checkth	nie hav and see ins	tructions	1 1

332023 12-21-23

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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		
0-		
3a		
3b		
3с		
30		
4a		
4b		
1.0		
4c		
5a		
5b		
5c		
30		
6		
3		
7		
8		
9a		
9b		
9с		
30		
10a		
10b		
	n 990)	2022

	rt IV Supporting Organizations (continued)			igo c
	Continued)		Yes	No
11	Has the organization accorded a gift or contribution from any of the following persons?		162	NO
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а		110		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44.		
800	<u>detail in</u> Part VI. ction B. Type I Supporting Organizations	11c		—
360	Cuon B. Type i Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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			
	the supported organization(s).	1		
Sec	etion D. All Type III Supporting Organizations			
			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 on line 2, above, 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		
Sec	ction 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 instructions)			
а				
b				
С		struction	c)	
2	Activities Test. Answer lines 2a and 2b below.	ou douor.	Yes	No
a				
_	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 on line 2a, above, 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			
7		2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		Ja		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023

Pa	rt 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 to	rust or	n Nov. 20, 1970 (explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.	
Sect	ion 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		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other 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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally in	ntegra	ted Type III supporting orga	anization (see

Par	t V Type	III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distrib	outions			Current Year
1	Amounts pai	d to supported organizations to accomplish exe	mpt purposes	1	
		d to perform activity that directly furthers exemp			
	organizations	i, in excess of income from activity		2	
3	-	e expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid	d to acquire exempt-use assets	., .	4	
5		aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6		utions (describe in Part VI). See instructions.	, , , , , , , , , , , , , , , , , , ,	6	
7		distributions. Add lines 1 through 6.		7	
8		to attentive supported organizations to which the	ne organization is responsive		
		ils in Part VI). See instructions.	J	8	
9	-	amount for 2023 from Section C, line 6		9/	
		nt divided by line 9 amount		10	
		a a a a a a a a a a a a a a a a a a a	(i)	(ii)	(iii)
Secti	on E - Distrib	ution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
1	Distributable	amount for 2023 from Section C, line 6			
2	Underdistribu	itions, if any, for years prior to 2023 (reason-			
	able cause re	quired - explain in Part VI). See instructions.			
3	Excess distril	outions carryover, if any, to 2023			
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines	3a through 3e			
g	Applied to ur	derdistributions of prior years			
		23 distributable amount			
		m 2018 not applied (see instructions)			
		Subtract lines 3g, 3h, and 3i from line 3f.			
4		for 2023 from Section D,			
	line 7:	\$			
a		derdistributions of prior years			
		23 distributable amount			
		Subtract lines 4a and 4b from line 4.			
		nderdistributions for years prior to 2023, if			
-		: lines 3g and 4a from line 2. For result greater			
	-	plain in Part VI. See instructions.			
6		nderdistributions for 2023. Subtract lines 3h			
-	-	ine 1. For result greater than zero, explain in			
	Part VI. See				
7		ibutions carryover to 2024. Add lines 3j			
•	and 4c.	is attacks out for to 2024. Add lines of			
8	Breakdown c	fline 7:			
	Excess from				
	Excess from				
	Excess from				
	Excess from				
√ G	L AUCSS HUIL	LULU			

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

THE OHIO CENTER FOR LAW RELATED

EDUCATION

Creation type (check one):

Employer identification number

31-1124428

Filers of:	Section:
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organizatio	n is covered by the General Rule or a Special Rule.
Note: Only a section 501	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
For an organiza	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or
property) from a	any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
X For an organiza	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
	1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
	ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; EZ, line 1. Complete Parts I and II.
For an organiza	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one
	ing the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,
literary, or educ	ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering
"N/A" in columr	n (b) instead of the contributor name and address), II, and III.
year, contribution	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box er here the total contributions that were received during the year for an exclusively religious, charitable, etc.,
purpose. Don't	complete any of the parts unless the General Rule applies to this organization because it received nonexclusively
religious, charita	able, etc., contributions totaling \$5,000 or more during the year \$\$
Caution: An organization	that isn't covered by the General Rule and/or the Special Rules descrit file Schodule P /Form 900\ but it
	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify
	iling requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

31-1124428

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$68,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X
		\$ <u>128,500.</u>	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZP + 4	\$ <u>225,000</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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	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 additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	<u></u>
(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
		\$	
(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 (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 (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 (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. (b) Purpose of gift from (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)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

THE OHIO CENTER FOR LAW RELATED **EDUCATION**

Employer identification number 31-1124428

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	e 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 v	writing that the assets held in donor advis	sed funds		
	are the organization's property, subject to the organization's	-			
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?		Yes No		
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recrea	tion or education) Preservation or	f a historically important land area		
	Protection of natural habitat	Preservation of	f a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last		
	day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
			-		
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c		
d	Number of conservation easements included on line 2c acqui	ired after July 25, 2006, and not			
	on a historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, rele				
	year				
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it	holds?	Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year		
8	Does each conservation easement reported on line 2d above				
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statement	ents that describes the		
Da	organization's accounting for conservation easements.	Art Historical Transcures or Ot	shar Cimilar Acasta		
Pal	t III Organizations Maintaining Collections of		ther Similar Assets.		
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 95	•			
	of art, historical treasures, or other similar assets held for pub	· · · · · · · · · · · · · · · · · · ·	•		
	service, provide in Part XIII the text of the footnote to its finar				
p	If the organization elected, as permitted under FASB ASC 95				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,		
	provide 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 treating the control of the contro		ıl gaın, provide		
	the following amounts required to be reported under FASB A		•		
a	Revenue included on Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X		\$		

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

Schedule D (Form 990) 2023

Other

30,708.

c Leasehold improvements

Equipment

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

30,708

Schedule I	D (Form 990) 2023 EDUCATION		31	1-1124428 Page 3
Part VII	Investments - Other Securities			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descr	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financ	cial derivatives			
	y held equity interests			
(3) Other	y field equity interests			
(A)				
(B)				
(C)				
<u>(D)</u>				
<u>(E)</u>				
<u>(F)</u>				
(G)				
<u>(H)</u>				
Total. (Col.	(b) must equal Form 990, Part X, line 12, col. (B)) II Investments - Program Related.			
I dit Vii	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 er	nd-of-vear market value
(4)	(a) Description of investment	(b) Dook value	(5) Welliod of Valuation. Cost of el	ia or your market value
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	(b) must equal Form 990, Part X, line 13, col. (B)) Other Assets			
Partix	_	Town 200 Park IV Fine	11 d. Oca Farm 000 Bart V. Bar 15	
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(L) Dealers les
	(a _j	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	· · · · · · · · · · · · · · · · · · ·			
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, line 15, co	ol. (B))		
Part X	Other Liabilities	E 000 D 1 N 1 I	14 146 E 000 B 177 B	-
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 29	
<u>1. </u>	(a) Description of liability			(b) Book value
(1) Fe	deral income taxes			
(2)				
(3)	Y Y			
(4)				
(5)	_			
(6)	1			
(7)	7			
(8)				
(9)				
Total (On	luma (b) must a gual Farm 000. Dort V lina 05. as	-/ (D))		

Schedule D (Form 990) 2023

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

SCHEDULE O (Form 990)

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.

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

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 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

INTEREST STATEMENT AND AFFIRM THAT THEY HAVE RECEIVED A COPY OF THE

CONFLICT OF INTERST POLICY, HAVE READ AND UNDERSTAND THE POLICY, AND AGREE

TO COMPLY WITH THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:

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

Schedule O (Form 990) 2023	Page 2
Name of the organization THE OHIO CENTER FOR LAW RELATED EDUCATION	Employer identification number 31-1124428
THE COMPENSATION PACKAGE OF THE EXECUTIVE DIRECTOR IS DETE	RMINED BY THE
BOARD OF TRUSTEES. THE BOARD OF TRUSTEES COMPLETES A PERFO	RMANCE REVIEW OF
THE EXECUTIVE DIRECTOR AND LOOK TO THE SUPPORTING ORGANIZA	TIONS'
COMPENSATION STRUCTURES. THE BOARD THEN VOTES ON ANY CHANG	ES TO THE
COMPENSATION PACKAGE. THE VOTE IS THEN RECORDED IN THE BOA	RD MINUTES.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES AVAILABLE ALL DOCUMENTS REQUIRED BY	LAW.
FORM 990, PART XII, LINE 2C:	
THE OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
7	