Extended to May 15, 2019

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

A	For the	2017 calendar year, or tax year beginning $$ JUL $1,2017$	nding J	UN 30, 2018			
В	Check if applicable	C Name of organization		D Employer identi	fication number		
	Addres	Ohio Legal Assistance Foundation, Inc.					
	Name			46-4	1044686		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb			
	Final return/		50	614-	-715-8560		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	12,107,527.		
	Amend	COLUMBUS, OH 43213		H(a) Is this a group	return		
	Application pending			for subordinate	es? Yes X No		
_		same as c above		H(b) Are all subordinates	included? Yes No		
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	r 527		a list. (see instructions)		
_		e: ▶ WWW.OLAF.ORG	1	H(c) Group exempt			
	art I	organization: X Corporation Trust Association Other ▶			M State of legal domicile; OH		
d	1	Briefly describe the organization's mission or most significant activities: See S	chedu	le 0			
Activities & Governance							
2	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net a			
NO.	3			3			
9	4	Number of independent voting members of the governing body (Part VI, line 1b)					
es S	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)					
ivit	6	Total number of volunteers (estimate if necessary)		6			
Aci	7 a	Total unrelated business revenue from Part VIII, column (C), line 12					
-	b	Net unrelated business taxable income from Form 990-T, line 34	······				
	8	Contributions and grants (Part VIII, line 1h)		Prior Year 1,668,444	Current Year 921,636.		
9	9			3,548,001			
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		487,983			
Re	11	Other revenue (Part VIII, column (A), lines 5, 4, 8c, 9c, 10c, and 11e)		27,710			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,732,138			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,878,624			
		Benefits paid to or for members (Part IX, column (A), line 4)		0			
er.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,125,227	1,079,886.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.		
ē	b	Total fundraising expenses (Part IX, column (D), line 25) 87,16	1.				
ű	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		521,706			
	18	Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)		7,525,557			
	19	Revenue less expenses. Subtract line 18 from line 12		-1,793,419	1,337,361.		
ō	Ces		Be	ginning of Current Year			
t Assets	20	Total assets (Part X, line 16)		20,538,483			
AS	21	Total liabilities (Part X, line 26)		653,310			
	-	Net assets or fund balances. Subtract line 21 from line 20		19,885,173	. 18,660,168.		
-	art II						
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			ny knowledge and belief, it is		
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	nas any knowledge,	0/2019		
Policy of the state of the stat							
Sign							
пе	re	Type or print name and title					
7		Print/Type preparer's name Preparer's signatuse		Date , Check	PTIN		
Pai	d	Melissa Rager, CPA		2 20 2019 self-em	P01380769		
Preparer Firm's name Rea & Associates, Inc. Firm's EIN 34-131012							
	Only	Firm's address 5775 Perimeter Drive - Suite 200		, and call			
-	.,	Dublin, OH 43017		Phone no. 6	14-889-8725		
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		
	001 11-2		ns.		Form 990 (2017)		

orm	990 (2017) Ohio Legal Assistance Foundation, Inc. 46-4044686 Page 2
ar	t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: See Schedule O
	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.
	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.
	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
а	(Code) (Expenses \$4,986,401. including grants of \$4,775,582.) (Revenue \$2,486,314.
	See Schedule O
lb	(Code:) (Expenses \$1,416,285. including grants of \$579,929.) (Revenue \$1,282,644.
	See Schedule 0
ŀc	(Code) (Expenses \$282,788 • including grants of \$) (Revenue \$286,924 •
	See Schedule O
4d	Other program services (Describe in Schedule O.) (Expenses \$ 241,311. including grants of \$ 60,000.) (Revenue \$ 99,400.)
4e	6 026 795

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Form 990 (2017) Ohio Legal Assistance Foundation, Inc.

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	<u>X</u>	
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			
	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		77	
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			T.
	similar amounts as defined in Revenue Procedure 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	١		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8		
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?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		-
10		10		x
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		
"	as applicable.			
a	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	1		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		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	х	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes, " complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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	1		
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	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		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		37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	١.		37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	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	1		x
10	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,"	18		
19		19		x
_	complete Schedule G. Part III		990	(2017)
		. 0111		(-01/

Form 990 (2017) Ohio Legal Assistance Foundation, Inc.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
ь	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			
	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		
25a				
	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		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			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			
	complete Schedule L, Part II	26		Х
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):	400		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
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	
		Forn	990	(2017

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

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Par	tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 thro	ough 7	b below, and for a	'No" re	spons	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	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	1a	31			
	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	31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other		<u>L</u> EL	
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was	filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		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 app	ooint o	ne or		1	
	more members of the governing body?	********	*******	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockholo	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	following:			
а	The governing body?			8a	X	
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 reach	hed at	the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue (Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters,	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	to confl	icts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," de	scribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?		*********	14	X	
15	Did the process for determining compensation of the following persons include a review and approval		ependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official		**********	15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent wi	th a			
	taxable entity during the year?		(*****************	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	ization	s			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶OH					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	on 501(c)(3)s only) a	vailabl	е	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	in Sch	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con			financ	ial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records: -			
	Myrna M. Burga - 614-715-8560					
	10 W Broad St. Suite 950, Columbus, OH 43215		I -			
73200	3 11-28-17			Forr	n 99 0	(2017)

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

Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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	box	not c	ss per	ition more son is	than o	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer		Highest compensated 4		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MARY AMOS AUGSBURGER	1.00	·						0.	0.	0
BOARD MEMBER (2) MARY ASBURY	0.50	X	_		\vdash		\vdash	0.	0.	0 .
BOARD MEMBER	0.50	x						0.	0.	0 .
(3) ANN BERGEN	0.50	^				-		0.	0.	0.
BOARD MEMBER	0.50	X						0.	0.	0.
(4) SALLY BLOOMFIELD	2.00	<u> </u>					\vdash			
BOARD MEMBER		x						0.	0.	0 .
(5) PAULA BOGGS MUETHING	1.50									
SECRETARY		X	L.,	X				0.	0.	0 .
(6) STEPHEN BUCHENROTH	0.50								_ 111	
BOARD MEMBER		X						0.	0.	0
(7) THOMAS CHEMA	0.50						l			
BOARD MEMBER		X			ㄴ	_		0.	0.	0
(8) STUART CUBBON	0.50									
BOARD MEMBER	4 00	X			<u> </u>	-		0.	0.	0
(9) CHRISTOPHER DAVEY	1.00					1				
BOARD MEMBER	0.50	X	-		⊢	-	⊢	0.	0.	0
(10) JULIE DAVIS BOARD MEMBER	0.50	x						0.	0.	0
(11) JENNIFER DAY	1.50	^	\vdash		\vdash	\vdash	\vdash	0.	0.	0
TREASURER	1.50	x		x				0.	0.	0
(12) MATTHEW DOLAN	0.50			-						
BOARD MEMBER		\mathbf{x}						0.	0.	0
(13) WILLIAM DOWLING	1.50									
BOARD MEMBER		X	L					0.	0.	0
(14) BEN ESPY	0.50									2
BOARD MEMBER		X			\perp			0.	0.	0
(15) JANET GREEN MARBLEY	0.50									
BOARD MEMBER		X			\perp		\perp	0.	0.	0
(16) SCOTT GREENWOOD	0.50									
BOARD MEMBER		X			\vdash		_	0.	0.	0
(17) MICHAEL GRODHAUS	0.50									_
BOARD MEMBER		X			上	<u> </u>		0.	0.	Form 990 (201

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								tion, Inc.	46-404	4686	5 Pr	age 8
Part VII Section A. Officers, Directors, Trust		loy	ees,			hes	t C		s (continued)			
(A)	(B))) Doo				(D)	(E)		(F)	
Name and title	Average	(do	not c	Posi heck i	more	than o	one	Reportable	Reportable		Estimate	
	hours per week			ss per				compensation	compensation	1	amount	of
	(list any						/-	from	from related		other	A!
	hours for	lirecti	1			_		the organization	organizations (W-2/1099-MISC)	- 1	mpensa from the	
	related	6 07 0	tee			sated		(W-2/1099-MISC)	(44-2/1099-141130)		rganizat	
	organizations	ruste	al trus		99	m per		(11 2 1000 111100)			ind relat	
	below	Individual trustee or director	ution	_	ojdu	sst co	 -			- 1	ganizati	
	line)	Indiv	Institutional t	Officer	Key e	Highest compensated employee	Form					
(18) CHERYL GROSSMAN	0.50											
BOARD MEMBER	0.50	X	\vdash		_			0.	0	-		0.
(19) HOWARD HARCHA BOARD MEMBER	0.50	x						0.	0			0.
(20) H RITCHEY HOLLENBAUGH	0.50	Δ			-	\vdash		0.	0	+-		0.
BOARD MEMBER	0.30	x						0.	0			0.
(21) JOHN HOLSCHUH JR	0.50	1				\vdash				-		
BOARD MEMBER		x						0.	0			0.
(22) WILLIAM KLATT	1.00											
BOARD MEMBER		x						0.	0	. -		0.
(23) DAVID KUTIK	2.50											
IMMEDIATE PAST PRESIDENT		X		X			_	0.	0	•		0.
(24) GARY LEPPLA	0.50											
BOARD MEMBER	1 50	X	\vdash	\vdash			⊢	0.	0	-	_	0.
(25) JOSEPH MAS BOARD MEMBER	1.50	x						0.	0			0.
(26) G. SCOTT MCCOMB	0.50	1					\vdash	0.	0	+		0.
BOARD MEMBER		x						0.	0			0.
1b Sub-total							>	0.	0			0.
c Total from continuation sheets to Part VI								273,395.	0		62,7	
d Total (add lines 1b and 1c)	*********							273,395.	0		62,7	25.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wh	o re	eceived more than \$100	,000 of reportable			
compensation from the organization					_							2
											Yes	No
3 Did the organization list any former officer,				•		•						х
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su								or componentian from		3	-	Α.
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	•							· ·		4	х	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	·							_		5		х
Section B. Independent Contractors	Diete Ocheon		UI 3	JCII.	Der.	1011		••••••••••••				
1 Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	rs ti	hat received more than	\$100,000 of compen	sation	from	
the organization. Report compensation for	the calendar y	ear (endi	ng w	/ith (or w	ithin	the organization's tax	year.			
(A)								(B)			(C)	
Name and business	address	N	ON	E				Description of	services	Comp	pensatio	on
2 Total number of independent contractors (i	-	ot li	mite	d to		se li: O	sted	l above) who received n	nore than			
\$100,000 of compensation from the organi		jr	1115	ı+i		_	he	ets		For	m 990	(2017)

Ohio Legal Assistance Foundation, Inc. 46-4044686 Form 990 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (F) (A) Position Reportable Reportable Name and title Average Estimated (check all that apply) compensation compensation amount of hours from from related other per week the organizations compensation Highest compensated employee (W-2/1099-MISC) organization (list any from the (W-2/1099-MISC) organization hours for Individual trustee or Institutional trustee related and related organizations organizations Key employee below line) 0.50 (27) MICHAEL MEARAN 0. BOARD MEMBER X 0. 0. (28) MARY MERTZ 2.00 X 0. PRESIDENT 0. 0. 0.50 (29) ALAN MICHAELS BOARD MEMBER X 0. 0. 0. (30) DOROTHY PELANDA 0.50 BOARD MEMBER X 0 0. 0. (31) JAMES PETRO 0.50 0. BOARD MEMBER X 0 0. 2.00 (32) JOHN PINNEY 0. BOARD MEMBER X 0. 0. (33) RICHARD POGUE 1.00 0. 0 0. BOARD MEMBER (34) KIMBERLY SHUMATE 1.50 VICE PRESIDENT 0. 0. 0. (35) SHARON SOBOL JORDAN 0.50 0. BOARD MEMBER X 0 0. (36) STEVEN STEINGLASS 0.50 BOARD MEMBER X 0. 0. 0. (37) KATHLEEN TRAFFORD 1.50 0. 0. BOARD MEMBER X 0. 0.50 (38) JOHN VANNORMAN 0 0. 0. BOARD MEMBER (39) MARK WAGONER 0.50 BOARD MEMBER 0. 0. 0. (40) DARYL WARD 0.50 0. BOARD MEMBER X 0. 0. (41) THOMAS W WEEKS 0.50 X 0. BOARD MEMBER 0. 0. 0.50 (42) DAVID WEINER 0. BOARD MEMBER X 0. 0. (43) WILLIAM WEISENBERG 1.00 X 0 0 0. BOARD MEMBER 0.50 (44) JUDGE RICHARD WRIGHT 0. BOARD MEMBER 0. 0. 0.50 (45) TIMOTHY YOUNG BOARD MEMBER X 0. 0. 0. (46) ANGELA LLOYD 40.00 24,754. X 144,016. 0. EXECUTIVE DIRECTOR Total to Part VII, Section A, line 1c

Ohio Legal Assistance Foundation, Inc. 46-4044686 Form 990 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (F) Name and title Average Position Reportable Reportable Estimated (check all that apply) compensation hours compensation amount of from from related other per week the organizations compensation Highest compensated employee (W-2/1099-MISC) (list any organization from the Individual trustee or director (W-2/1099-MISC) organization hours for Institutional trustee related and related Key employee organizations organizations below Officer line) (47) SUSAN CHOE 40.00 DEPUTY DIRECTOR/GENERAL COUNSEL X 129,379. 0. 37,971. 273,395. 62,725. Total to Part VII, Section A, line 1c

732009 11-28-17

Form **990** (2017)

818,659.

1,788.

14,317

3,100.

47,417.

5,895,577.

900099

900099

12,529

4,155,282.

3,100.

b REIMBURSEMENT AND REBATES

Total revenue. See instructions.

All other revenue

e Total, Add lines 11a-11d

	Check if Schedule O contains a respons of include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,835,582.	4,835,582.		
_	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	579,929.	579,929.		
	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,	160 770	120 052	21 041	16 077
	trustees, and key employees	168,770.	129,952.	21,941.	16,877
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	668,386.	528,832.	103,961.	35,593
	Other salaries and wages	000,300.	540,034.	103,301.	22,223
	Pension plan accruals and contributions (include	76,090.	61,630.	10,977.	3 483
	section 401(k) and 403(b) employer contributions) Other employee benefits	106,836.	90,158.	13,943.	3,483 2,735
		59,804.	47,033.	9,115.	3,656
	Payroll taxes	33,004.	41,055	7,113.	3,030
	Fees for services (non-employees):				
	Management	1			
	Legal	14,001.	8,438.	5,000.	563
	Lobbying	9,000.	0,1501	3,000.	9,000
	Professional fundraising services. See Part IV, line 17	3,000.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Investment management fees	74,266.	74,266.		· •
	Other. (If line 11g amount exceeds 10% of line 25,	,	,		
9	column (A) amount, list line 11g expenses on Sch O.)	357,376.	343,984.	12,498.	894
2	Advertising and promotion	1,640.	732.	908.	
3	Office expenses	60,655.	41,166.	16,342.	3,147
4	Information technology	8,492.	6,721.	1,266.	505
5	Royalties				
6	Occupancy	108,493.	81,397.	20,301.	6,795
7	Travel	27,461.	27,461.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	61,393.	57,552.	638.	3,203
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	11,499.	9,534.	1,432.	533
3	Insurance	3,265.	2,418.	670.	177
4	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 0.)				
а					
b					
С					
d					
e	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	7,232,938.	6,926,785.	218,992.	87,161
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	- E			
	educational campaign and fundraising solicitation.				

Ohio Legal Assistance Foundation, Inc. 46-4044686 Page 11

Form 990 (2017)
Part X | Balance Sheet

art	X	Balance Sheet					
		Check if Schedule O contains a response or note	to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
Т	1	Cash - non-interest-bearing			85,061.	1	374,148
	2	Savings and temporary cash investments		426,468.	2	434,079	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		000000	376,370.	4	452,724
	5	Loans and other receivables from current and fo					
	•	trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif				101	
		section 4958(f)(1)), persons described in section					
Т		employers and sponsoring organizations of secti					
		employees' beneficiary organizations (see instr).				6	
١	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use				8	
ı	9	Prepaid expenses and deferred charges			41,583.	9	49,880
1	_	Land, buildings, and equipment: cost or other	I I	1,000		12	
1		basis. Complete Part VI of Schedule D	10a	143,234.			
	b	Less: accumulated depreciation	10b	127,589.	18,245.	10c	15,645
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1		CONTRACTOR		12	
ı	13	Investments - program-related. See Part IV, line			19,590,572.	13	18,553,408
- 1	14	Intangible assets	September Schiller Strategy and Schiller Schiller		14		
	15	Other assets. See Part IV, line 11	184.	15	228		
	16	Total assets. Add lines 1 through 15 (must equi	20,538,483.	16	19,880,112		
\neg	17	Accounts payable and accrued expenses		333,481.	17	491,946	
	18	Grants payable	273,302.	18	721,499		
- 1	19	Deferred revenue			46,527.	19	6,499
	20	Tax-exempt bond liabilities				20	
- 1	21	Escrow or custodial account liability. Complete		Calcadula D		21	
	22	Loans and other payables to current and former					
	22	key employees, highest compensated employee		101			
		Complete Part II of Schedule L				22	
Į	23	Secured mortgages and notes payable to unrela				23	
- 1	24	Unsecured notes and loans payable to unrelated		V-9000-0-		24	
- 1	25	Other liabilities (including federal income tax, pa					
-	23	parties, and other liabilities not included on lines	•				
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			653,310.	26	1,219,94
†	20	Organizations that follow SFAS 117 (ASC 958					
		complete lines 27 through 29, and lines 33 an					
	27	Unrestricted net assets			9,194,602.	27	10,181,07
	28	Temporarily restricted net assets		10,690,571.		8,479,09	
	29			29			
	20	Organizations that do not follow SFAS 117 (A		check here			
		and complete lines 30 through 34.					
}	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or ea				31	
	32	Retained earnings, endowment, accumulated in				32	
	33	Total net assets or fund balances			19,885,173.	-	18,660,16
		Total liabilities and net assets/fund balances			20,538,483.		19,880,11
_	34	Total liabilities and het assets/fully baidfices			20,000,1000	, 07	Form 990 (20

	990 (2017) Ohio Legal Assistance Foundation, Inc.	46-4	044686	Pag	_{le} 12				
Pai	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
			E 005		7 '7				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,895 7,232						
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,337						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,885						
5	Net unrealized gains (losses) on investments	5		4,5	56.				
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 18								
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				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 in Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	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	Х					
	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?								
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.	S-SANCHE TO THE SANCH THE						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin								
	Act and OMB Circular A-133?	-	3a		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit							
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						
-			Form	990	(2017)				

SCHEDULE A

(Form 990 or 990-EZ)

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

2017

Open to Public Inspection

Employer identification number Name of the organization 46-4044686 Ohio Legal Assistance Foundation, Inc. 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). 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 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 7 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.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2017 Ohio Legal Assistance Foundation, Inc. 46-4044686 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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		1447861.	1961191.	1668444.	1074462.	6151958.
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		1447861.	1961191.	1668444.	1074462.	6151958.
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)						1115128.
	Public support. Subtract line 5 from line 4.						5036830.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨 📙	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4		1447861.	1961191.	1668444.	1074462.	6151958.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		1,314.	184,134.	437,278.	639,787.	1262513.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		7				
10	Other income. Do not include gain						
	or loss from the sale of capital			-71			
	assets (Explain in Part VI.)		26,284.	13,343.	11,475.	45,632.	
11	Total support. Add lines 7 through 10						7511205.
	Gross receipts from related activities,						,928,694.
13	First five years. If the Form 990 is for	the organization	's first, second, thir	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3)	
0	organization, check this box and stop	here		******************			<u>▶</u> X
_	ction C. Computation of Public						
	Public support percentage for 2017 (lin					14	%
	Public support percentage from 2016					15	%
16a	33 1/3% support test - 2017. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies a						
b	33 1/3% support test - 2016. If the o	rganization did n	ot check a box on l	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quality						
17a	10% -facts-and-circumstances test	- 2017. If the or	ganization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fact					_	
	meets the "facts-and-circumstances" t						
t	10% -facts-and-circumstances test		_				
	more, and if the organization meets the				•		е
	organization meets the "facts-and-circ		•			***************************************	> <u></u>
<u> 18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instruction	s
<u>18</u>			•		b, check this box a	***************************************	

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Schedule A (Form 990 or 990-EZ) 2017 Ohio Legal Assistance Foundation, Inc. 46-4044686 Page 3

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.) Section A. Public Support (f) Total Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, 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 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a 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 c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) (a) 2013 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 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 or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2016 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) % 18 Investment income percentage from 2016 Schedule A, Part III, line 17 % 18 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

732023 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 Ohio Legal Assistance Foundation, Inc. 46-4044686 Page 4

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 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 (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.)

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11	Supporting Organizations (continued)			
11			Yes	No
	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		
b	A family member of a person described in (a) above?	11b	1	
С	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		TIE
Sect	ion B. Type I Supporting Organizations			
			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,			
	describe how the powers to appoint and/or remove 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		
Sect	tion 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	15 157		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1000		
	or management of the supporting organization was vested in the same persons that controlled or managed		1.500	
	the supported organization(s).	1		
Sec	tion 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			100
	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	-		
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ionsj.		
a	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.		-1	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instruction:	Yes	No
2	Activities Test. Answer (a) and (b) below.	134	Tes	INO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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	2a		
	that these activities constituted substantially all of its activities.	Za		
D	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	2h		-
-	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 trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a	-	-
				+
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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Sche	dule A (Form 990 or 990-EZ) 2017 Ohio Legal Assistance F			46-4044686 Page 6
	Type in item i allocationally integrated ecotal, (e) capper and			5
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	-		Part VI.) See instructions. All
Sect	other Type III non-functionally integrated supporting organizations must co	omplete Se	(A) Prior Year	(B) Current Year (optional)
	No. 4 by the second sec			(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		
	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 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		
Sect	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			
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ted Type III supporting ord	anization (see
	instructions).	,	,,	

Schedule A (Form 990 or 990-EZ) 2017

Par	t V Type III Non-Functionally Integrated 509(0-4044000 Page 7
	on D - Distributions	a)(o) oupporting orga	nizations _(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mnt nurnosas		Current Year
	Amounts paid to supported organizations to accomplish exemp			
2	organizations, in excess of income from activity	t purposes or supported		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
T		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
-	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h		SERVED TO THE SERVED	
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014 Excess from 2015			
	Excess from 2016 Excess from 2017			
e	LAGGSS HUIII ZU I /			Earm 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-E	Z) 2017	Ohio	Legal	Assis	tance	Founda	ation .	, Inc.	46-4044686	Page 8
Part VI	Supplemental	Infor	mation.	Provide the	explanation	ns required	by Part II, li	ne 10; Pai	t II, line 17a o	r 17b; Part III, line 12;	
	Part IV, Section A	, lines 1,	. 2, 3b, 3c,	4b, 4c, 5a,	6, 9a, 9b, 9	c, 11a, 11t	o, and 11c; F	art IV, Se	ction B, lines 1	l and 2; Part IV, Section (C,
	line 1; Part IV, Sec	tion D,	lines 2 and	13; Part IV,	Section E, I	ines 1c, 2a	, 2b, 3a, and	i 3b; Part \	√, line 1; Part '	V, Section B, line 1e; Par	t V,
	Section D, lines 5, (See instructions.)	b, and	8; and Par	t v, Section	E, lines 2, t	o, and 6. Al	so complete	tnis part	for any addition	nal information.	
	(See mstructions.)					-					
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. 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

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax)	(see separate instructions), then					
	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.				
Nam	ne of organization				oyer identification nu	mber
	Ohio Le	gal Assistance F ganization is exempt und	<u>oundation, I</u>	nc.	46-4044686	
Pa	rt I-A Complete if the org	ganization is exempt und	er section 501(c) o	or is a section 527 org	ganization.	
	Provide a description of the organization					
	Political campaign activity expendi					
3	Volunteer hours for political campa	aign activities				
Pa	rt I-B Complete if the org	ganization is exempt und	er section 501(c)(3	3).		
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶\$		
	Enter the amount of any excise tax					
	If the organization incurred a section					No
4a	Was a correction made?		***************************************		Yes	No
b	If "Yes " describe in Part IV.					
Pa	rt I-C Complete if the or	ganization is exempt und	er section 501(c),	except section 501(c)(3).	
	Enter the amount directly expende		•			
2	Enter the amount of the filing organ					
	exempt function activities					
3	Total exempt function expenditure		•			
	line 17b					_
	Did the filing organization file Form					_ No
5	Enter the names, addresses and e			-		
	made payments. For each organiza					
	contributions received that were political action committee (PAC). If				e segregated fund or a	
_		· · · · · · · · · · · · · · · · · · ·			() 4	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of polit contributions receive	
				funds. If none, enter -0	promptly and direc	ctly
					delivered to a sepa	
					political organizati	
_						
_						-

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

Schedule C (Form 990 or 990-EZ) 2017

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Schedule C (Form 990 or 990-EZ) 2017 Ohio Part II-A Complete if the organizat section 501(h)).	Legal ion is exer	Assistance F npt under section	oundation, 501(c)(3) and file	Inc. 46-4 d Form 5768 (ele	044686 Page 2 ction under
A Check if the filing organization belo	ongs to an affi	liated group (and list in F	Part IV each affiliated	group member's name	, address, EIN,
expenses, and share of exc	ess lobbying	expenditures).			
B Check ▶ ☐ if the filing organization che	cked box A ar	nd "limited control" prov	isions apply.		
Limits on Lo (The term "expenditures"	bbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence po	ublic opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a				9,000.	
c Total lobbying expenditures (add lines 1a a	-			9,000.	
				6,926,788.	
e Total exempt purpose expenditures (add li				6,935,788.	
f Lobbying nontaxable amount. Enter the an				496,789.	
		bying nontaxable amo		19077091	
If the amount on line 1e, column (a) or (b) is:			unt is:		
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exces			
Over \$1,000,000 but not over \$1,500,000		00 plus 10% of the exces			
Over \$1,500,000 but not over \$17,000,000		00 plus 5% of the excess	s over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
 g Grassroots nontaxable amount (enter 25% h Subtract line 1g from line 1a. If zero or less i Subtract line 1f from line 1c. If zero or less j If there is an amount other than zero on eitreporting section 4911 tax for this year? 	s, enter -0- , enter -0- ther line 1h or	line 1i, did the organizat		124,197. 0. 0.	Yes No
(Some organizations that made	le a section 5	eraging Period Under s 01(h) election do not ha ate instructions for line	ave to complete all c	of the five columns be	elow.
Le	obbying Expe	nditures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount		398,898.	511,855.	496,789.	1,407,542.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,111,313.
c Total lobbying expenditures		9,000.	9,000.	9,000.	27,000.
d Grassroots nontaxable amount		99,725.	127,964.	124,197.	351,886.
e Grassroots ceiling amount (150% of line 2d, column (e))					527,829.
f Grassroots lobbying expenditures		E C			

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 Ohio Legal Assistance Foundation, Inc. 46-4044686 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? 2art III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the pr Part III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Notanswered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	orior year? 501(c)(5) o," OR (1 2 3), or sec (b) Part	Yes	No
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the propart III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Notanswered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	orior year? 501(c)(5) o," OR (1 2 3), or sec (b) Part	Yes	
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the propart III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Notanswered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	orior year? 501(c)(5) o," OR (1 2 3), or sec (b) Part	Yes	
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the proparation is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	orior year? 501(c)(5) o," OR (1 2 3), or sec (b) Part	Yes	
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		. 1		
a Current year		2a		
b Carryover from last year		2.0		
c Total				
				·
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic				
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list)	t); Part II-A	, lines 1 a	nd 2 (see	
estructions); and Part II-B, line 1. Also, complete this part for any additional information. Part II-A, Lines 2A, 2B, and 2C:				
The amounts on line 2a and 2d of Schedule C are calculat	ted p	er IR	S Form	nula
and Instructions and do not represent the actual lobbying	ng ex	pendi	tures	of
the Foundation. The actual lobbying expenditures for the	e Fou	ndati	on are	9
presented on line 2c.				

Schedule C (Form 990 or 990-EZ) 2017

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Ohio Legal Aggistance Foundation

Employer identification number 46-4044686

Par	t I Organizations Maintaining Donor Advised F		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		Complete ii ate
_	organization answered Tes Off Office of the Tity, into o	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year		(4)
1 2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)	-	
4	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in writ	ing that the assets held in donor advi	sed funds
5	are the organization's property, subject to the organization's exc		
	Did the organization inform all grantees, donors, and donor advis	_	
6	for charitable purposes and not for the benefit of the donor or do		
Pai			
	Purpose(s) of conservation easements held by the organization (·	raitiv, mie 7.
1	Preservation of land for public use (e.g., recreation or educ		storically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space	Fleseivation of a ce	fulled Historic structure
	Complete lines 2a through 2d if the organization held a qualified	concentration contribution in the form	of a concentation encoment on the last
2		conservation contribution in the form	Held at the End of the Tax Year
_	day of the tax year.		
a	Total number of conservation easements		A CONTRACTOR OF THE CONTRACTOR
D		use included in (a)	
C	Number of conservation easements on a certified historic structure. Number of conservation easements included in (c) acquired after		112 CCC CCC
a			
3	listed in the National Register Number of conservation easements modified, transferred, release		*********
3	year	sed, extiliguished, or terminated by the	e organization during the tax
4	Number of states where property subject to conservation easem	ant is located	
5	Does the organization have a written policy regarding the period	·	
3	violations, and enforcement of the conservation easements it ho		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
o	Ctan and volunteer hours devoted to morntoning, inspecting, has	naming of violations, and emoroting oot	isolvation casements defining the year
7	Amount of expenses incurred in monitoring, inspecting, handling	n of violations, and enforcing conserv	ation easements during the year
•	\$	g of violations, and officing contours	and rough the dailing the year
8	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section 17	O(h)(4)(B)(i)
·	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
Ŭ	include, if applicable, the text of the footnote to the organization		
	conservation easements.		9
Pa	rt III Organizations Maintaining Collections of A	rt, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibi		
	the text of the footnote to its financial statements that describes		
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ	· · ·	
	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 treasu		
_	the following amounts required to be reported under SFAS 116		- · · ·
а		•	▶ \$
	Assets included in Form 990, Part X		

732051 10-09-17

Schedule D (Form 990) 2017

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

Mark .		gal Assista					044680		age 2
	organization manitaling								
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that are	e a signific	ant use of its	collection	items	
	(check all that apply):								
а	Public exhibition	d		change programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further t	he organization's	exempt p	urpose in Pa	rt XIII.		
5	During the year, did the organization solicit of					_			
	to be sold to raise funds rather than to be m						Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizati	on answered "Yes	s" on Form	n 990, Part I\	/, line 9, or		
1a	Is the organization an agent, trustee, custod on Form 990, Part X?		•			_	Yes		No
b	If "Yes," explain the arrangement in Part XIII								
	Basicaina katawa				-	_	Amoun	t	
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f	_		_
	Did the organization include an amount on F				-		Yes	<u> </u>	No
200	If "Yes," explain the arrangement in Part XIII								
Pai	t V Endowment Funds. Complete	if the organization an	swered "Yes" on F	orm 990, Part IV,					
		(a) Current year	(b) Prior year	(c) Two years b	ack (d) T	hree years bac	k (e) Fou	r years	back
1a	Beginning of year balance								- 14
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships	2.71							
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur		e (line 1a. column (a)) held as:					
а	Board designated or quasi-endowment	•	%	,,					
ь	Permanent endowment	%							
	Temporarily restricted endowment	%							
·	The percentages on lines 2a, 2b, and 2c sho								
20	Are there endowment funds not in the posse		tion that are hold s	and administered	for the are	anization			
Sa		sssion of the organiza	tion that are neid a	and administered	ioi tile oig	janization		V	Ma
	by:						0-43	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
	If "Yes" on line 3a(ii), are the related organize			······			3b		<u> </u>
4	Describe in Part XIII the intended uses of the		wment funds.						
Pa	t VI Land, Buildings, and Equipn								
	Complete if the organization answere	ed "Yes" on Form 990), Part IV, line 11a.	See Form 990, Pa	art X, line	10.			
	Description of property	(a) Cost or o basis (investr		st or other s (other)	(c) Accun depreci		(d) Boo	k valu	е
1a	Land	12 - 2							
b	Buildings								
				8,681.	8	,681.			0.
C	Leasehold improvements	0.10.4							
		Children		61,176.	51	,958.		9,2	18.
c	Leasehold improvements Equipment Other	****				,958.		9,2	

Schedule D (Form 990) 2017

	Assistance Fou	ndation, Inc.	46-4044686 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	(b) Book value		n: Cost or end-of-year market value
	(b) Book value	(c) Metriod of Valuatio	n. Cost or end-or-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
<u>(E)</u>			.=
(F) (G)			
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	L		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1a San Form 000 Part V	line 12
(a) Description of investment	(b) Book value		n: Cost or end-of-year market value
(1) DENIS MURPHY FUND	2,392,172.	· ·	Market Value
(2) INVESTMENT FUND	7,016,715.		Market Value
(3) BOA SETTLEMENT FUND	9,144,521.		Market Value
	7,111,321,	HIG OF ICUT	Harket Value
(4)			
(5) (6)			
(7)			
(8)			
(9)			
(3)			
Total (Col. (h) must equal Form 990, Part X, col. (B) line 13.)	18.553.408.I		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	18,553,408.		
Part IX Other Assets.		1d. See Form 990, Part X	. line 15.
Part IX Other Assets. Complete if the organization answered "Yes"		1d. See Form 990, Part X	line 15. (b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line 1	1d. See Form 990, Part X	
Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line 1	1d. See Form 990, Part X	
Complete if the organization answered "Yes" (a) (1) (2)	on Form 990, Part IV, line 1	1d. See Form 990, Part X	
Complete if the organization answered "Yes" (a) (1) (2) (3)	on Form 990, Part IV, line 1	1d. See Form 990, Part X	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4)	on Form 990, Part IV, line 1	1d. See Form 990, Part X	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)	on Form 990, Part IV, line 1	1d. See Form 990, Part X	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)	on Form 990, Part IV, line 1	1d. See Form 990, Part X	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line 1	1d. See Form 990, Part X	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line 1	1d. See Form 990, Part X	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line 1 Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	on Form 990, Part IV, line 1 Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	on Form 990, Part IV, line 1 Description 2.15.)		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	on Form 990, Part IV, line 1 Description 2.15.)	1e or 11f. See Form 990,	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line 1 Description 2.15.)	1e or 11f. See Form 990,	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	on Form 990, Part IV, line 1 Description 2.15.)	1e or 11f. See Form 990,	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	on Form 990, Part IV, line 1 Description 2.15.)	1e or 11f. See Form 990,	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	on Form 990, Part IV, line 1 Description 2.15.)	1e or 11f. See Form 990,	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	on Form 990, Part IV, line 1 Description 2.15.)	1e or 11f. See Form 990,	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	on Form 990, Part IV, line 1 Description 2.15.)	1e or 11f. See Form 990,	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line 1 Description 2.15.)	1e or 11f. See Form 990,	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line 1 Description 2.15.)	1e or 11f. See Form 990,	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	on Form 990, Part IV, line 1 Description 2.15.) on Form 990, Part IV, line 1	1e or 11f. See Form 990,	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line 1 Description a 15.) on Form 990, Part IV, line 1	1e or 11f. See Form 990, b) Book value	(b) Book value

Schedule D (Form 990) 2017

	on of Revenue per Audited Financial S organization answered "Yes" on Form 990, Part IV		h Revenue per Re	turn.	
	nd other support per audited financial statements			1	6,086,493
	ine 1 but not on Form 990, Part VIII, line 12:	***************************************	***************************************		
	osses) on investments	2a	112,356.		
	use of facilities				
	r grants				
	XIII.)		152,826.		
e Add lines 2a through 2				2e	265,182
3 Subtract line 2e from li	ine 1			3	5,821,311
4 Amounts included on F	Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses n	not included on Form 990, Part VIII, line 7b	4a	74,266.		
b Other (Describe in Part	XIII.)	4b			
				4c	74,266
	es 3 and 4c. (This must equal Form 990, Part I. line			5	5,895,577
	on of Expenses per Audited Financial		th Expenses per F	Retur	n.
	organization answered "Yes" on Form 990, Part IV				7 211 400
	sses per audited financial statements			1	7,311,498
_	ine 1 but not on Form 990, Part IX, line 25:	1.1			
	use of facilities				
			152 026		
	XIII.)		152,826.		150 000
	2d			2e	152,826
	ine 1		************************	3	7,158,672
	Form 990, Part IX, line 25, but not on line 1:	1.1	74 266		
	not included on Form 990, Part VIII, line 7b		74,266.		
	XIII.)		·· -·		74 266
	0 1 4			4c	74,266
5 Total expenses. Add lin	nes 3 and 4c. (This must equal Form 990. Part I. lir	ne 18.)		5	1,434,936
lines 2d and 4b; and Part XII,	uired for Part II, lines 3, 5, and 9; Part III, lines 1a a , lines 2d and 4b. Also complete this part to provid 2d - Other Adjustments:			, Part	A, line 2; Part Al,
	for Donated Services				152,826.
Part XII, Line	2d - Other Adjustments:				
Contributions i	for Donated Services				152,826.
		1	-		7

% ⊠ . ნ Schedule I (Form 990) (2017) Employer identification number 46-4044686 funding to support legal Funding to support legal funding to support legal Funding to support legal Open to Public OMB No. 1545-0047 2017 opulations/funding to Inspection egal aid for special (h) Purpose of grant or assistance egal aid for state support/funding to support legal aid support legal aid ☐ Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any aid. id hid aid 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Go to www.irs.gov/Form990 for the latest information. 0 ° Ö ó o Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 553,052. 544,660 540,553 508,899 1,383,607 1,005,831 Ohio Legal Assistance Foundation, Inc. cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)3 31-0718185 501(C)3 34-0866026 501(C)3 31-4476407 501(C)3 31-0536673 501(C)3 34-0753560 501(C)3 Enter total number of other organizations listed in the line 1 table 23-7376131 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? Advocates for Basic Legal Equality 1 (a) Name and address of organization 555 Cincinnati - 215 E Ninth Street Legal Aid Society of Cleveland Associations OPLC and SEOLS -Buttles Avenue - Columbus, OH Legal Aid Society of Columbus 525 Jefferson Avenue STE 300 Legal Aid Society of Greater Community Legal Aid Services Ohio State Legal Services or government 50 S Main St STE 800 OH 45202 Cleveland, OH 44113 1223 W Sixth Street Name of the organization Columbus, OH 43206 Toledo, OH 43604 Department of the Treasury Akron, OH 44308 1108 City Park Internal Revenue Service SCHEDULE Cincinnati, (Form 990) Part Part II 43215 8

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	Assistance to Governm	rernments and Organization	izations in the Uni		(Schedule I (Form 990), Part II.)		
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Pro Seniors 7162 Reading Road STE 1150 Cincinnati, OH 45237	31-0887471 501(C)3	501(C)3	114,014.	0			Funding to support legal
Legal Aid of Western Ohio 525 Jefferson Avenue STE 300 Toledo, OH 43604	34-1485732 501(C)3	501(C)3	131,466.	.0			Funding to support legal
Community Refugee and Immigration Services - 1925 E Dublin Granville Rd STE 102 - Columbus, OH 43229	31-1674893 501(c)3	501(c)3	50,000.	0.			Fellowship support
							Schedule I (Form 990)

732241 04-01-17

Page 2

(Form 990) (2017) Ohio Legal		Assistance Foundation,	stance Foundation, Inc.	OD Dart IV line 22	46-4044686 Page:
Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.		organizationi ariswe	ded res officials	JO, Faltiv, MIG ZZ.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
LOAN REPAYMENT ASSISTANCE PROGRAM	111	579,929.	0.		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	l quired in Part I, line	e 2; Part III, column	(b); and any other ac	ditional information.	
Part I, Line 2:					
The Ohio Legal Assistance Foundation requires grantees to provide	on requir	es grantee	s to provi	de	
activity and financial reporting ba	based upon the	the regui	requirements set	t forth	
in the grant agreement.					
Part III:					
In an effort to ensure that the best	- 1	and brightest at	attorneys can	n afford	
to work at Ohio's legal aids, the I	Foundation	n annually	annually provides up	up to	
\$6,000 in loan repayment assistance	e through	a forgivable	loan	for each	
~		37			Schedule I (Form 990) (2017)

Schedule I (Form 99)	₀₎ Iemental Infor	Ohio Legal A	ssistan	ice Foundation	, Inc.	46-4044686	Page 2
qualifying	attorney	participant	in the	Foundation's	loan rep	ayment	
assistance	program.						
	<u>p = - g =</u>						
		151 451					
							- 11
			ateast states				
2							
		11.00.0					
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Market Market Control							
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0-		***************************************		75101.300-			
2			11000		182-18	100	
							-
7				-			

732291 04-01-17

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Ohio Legal Assistance Foundation, Inc.

[Part I | Questions Regarding Compensation

Employer identification number 46-4044686

		T	Yes	No
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		162	140
160	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
	Proportionary Spectraling account responds services (such as, maid, original)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	tradition, and official, modeling the observer officials, regulating the forms of contract of the far			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
Ŭ	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
*	organization or a related organization:			
_		4a		х
a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b		X
-	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	_	X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		
	The street to any or lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of:			
а	The organization?	5a		х
h	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.	7,		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			
я	The organization?	6a		х
	Any related organization?	6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
9	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	-	X
a	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
9	* * * * * * * * * * * * * * * * * * * *	9		
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

Page 2

Ohio Legal Assistance Foundation, Inc.

46-4044686

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2017

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a) (n) (a)	g o
(1) ANGELA LLOYD	€	144,016.	0	0	18,820.	5,934.	168,770.	
EXECUTIVE DIRECTOR	: 🗉	0	0	0				0
(2) SUSAN CHOE	ε	129,379.	0	0	17,12	20,845.	167,35	0
DEPUTY DIRECTOR/GENERAL COUNSEL	(E)			0	0	0	0	0.
	Ξ							
	: 🗉							
	Ξ							
	E							
	Ξ							
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	(E)							1 1
	(i)							
	E							

Schedule J (Form 990) 2017

Page 3

46-4044686

Schedule J (Form 990) 2017 Ohj	Ohio Legal Assistance Foundation, Inc.	46-4044686	Page 3
Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I,	scriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	is part for any additional information.	
		26	
		Schedule J (Form 990) 201	1990) 201

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 46-4044686

Ohio Legal Assistance Foundation, Inc. Form 990, Part I, line 1, Organization's Mission: The Ohio Legal Assistance Foundation, Inc. (The "Foundation") is a nonprofit Ohio foundation committed to improving access to justice and ensuring that legal aid societies and other resources, programs, and services address the unmet civil legal needs of low income and underserved Ohioans. Form 990, Part III, Line 1, Description of Organization Mission: The Ohio Legal Assistance Foundation (the "Foundation") is a nonprofit Ohio foundation committed to improving access to justice and ensuring that legal aid societies and other resources, programs, and services address the unmet civil legal needs of low-income and underserved Ohioans. Form 990, Part III, Line 4A, Program Service Accomplishments: Grant Administration: As the principal funder of legal aid in Ohio, the Foundation ensures that qualified lawyers are available to represent low-income Ohioans in civil matters. In partnership with legal aid, the Foundation helps ensure that veterans secure the benefits they have earned; seniors preserve their independence and financial security; victims of domestic violence obtain safety and security; families dealing with the opioid crisis achieve stability; and children with disabilities obtain the support they need to succeed in school. Legal aid ensures that these vulnerable Ohioans have a voice in achieving justice for themselves and their families.

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ}. \\$

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization **Employer identification number** 46-4044686 Ohio Legal Assistance Foundation, Inc. Critical to the mission of the Foundation is the monitoring of the flow and disbursal of the funds derived from interest on lawyer trust accounts (IOLTA), interest on trust accounts (IOTA), and a civil filing surcharge. In FY 2018 (July 1, 2017 to June 30, 2018), the Foundation successfully monitored the distribution of over \$18.1 million in funds to the legal aids. As a result of this funding, Ohio's legal aids provided legal information, advice, or representation in over 53,000 civil matters. Ohio's legal aids assisted nearly 116,000 Ohioans, including nearly 5,000 veterans and over 16,000 seniors. The Foundation also provides discretionary grants to support special projects, such as: 1) providing funding to support fellowships that focus on emergent legal needs facing low-income Ohioans; 2) supporting impactful community redevelopment legal services through Neighborhood Stabilization grants from the Bank of America Settlement funds; and 3) supporting the Ohio Elder Justice Initiative through a generous grant from the Ohio Attorney General's Office. Outstanding law graduates with a passion for public service provide a voice for Ohioans through fellowships sponsored by the Ohio Legal Assistance Foundation. The fellowships focus on urgent issues facing individuals and families throughout Ohio. In FY 2018, the Foundation supported 6 fellows in the state. These fellows delivered critically needed civil legal aid to remove barriers to employment; to help children thrive and remain in school; to serve immigrant children and families; and, to uplift communities. Further in FY 2018, the Foundation awarded over \$2.2 million in Neighborhood Stabilization 732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

of civil legal aid. In addition, the Foundation partners with Ohio's courts, bar associations, business communities, social service agencies, government, and others to increase the awareness of and build 732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page
Name of the organization Ohio Legal Assistance Foundation, Inc.	Employer identification number 46-4044686
support for civil legal aid in Ohio.	
Form 990, Part III, Line 4C, Program Service Accomplishme	ents:
Public Funds Compliance:	
The Foundation works with financial institutions, lawyers	s, and title
agents to enhance revenues received from the interest on	lawyer trust
accounts (IOLTA), interest on trust accounts (IOTA), and	a civil filing
fee surcharge which are used to fund legal aid to low-inc	come and
underserved Ohioans. Specifically, the Foundation works t	o ensure that
lawyers and title insurance agents properly establish the	statutorily
required accounts and that financial institutions properly	y report and
remit the interest on such accounts statutorily designed	to fund civil
legal aid in Ohio.	
Form 990, Part III, Line 4D, Program Service Accomplishme	ents:
Explanation: Pro Bono:	
Through a generous grant from the Supreme Court of Ohio,	the Foundation
works at the statewide level to increase pro bono partic	ipation in the
delivery of civil legal aid. The Foundation is a catalyst	for the
development of new, statewide and local pro bono initiat:	ives. In
addition, the Foundation works to increase the pro bono	capacity of
existing programs to more efficiently and effectively eng	gage
volunteers. In FY 2018, the Foundation, in collaboration	with the
Supreme Court of Ohio, administered the annual, voluntary	y reporting of
Ohio lawyers' pro bono involvement. In addition, the Four	ndation, hedule O (Form 990 or 990-EZ) (201

Name of the organization **Employer identification number** Ohio Legal Assistance Foundation, Inc. 46-4044686 through the funding from the United States District Court for the Southern District of Ohio awarded \$60,000 in pro bono grants. These grants encourage and support innovative pro bono projects that assist Ohioans navigate the justice system. In April of 2018, the Foundation awarded Judge Luann Cooperrider and Judge Dean Wilson, the Presidential Award for Pro Bono Service, recognizing their outstanding leadership and commitment to pro bono work. In 2008, working in partnership with legal aid, Judge Cooperrider and Judge Wilson founded the Perry County Free Legal Clinic. Over the past ten years, the Perry County Free Legal Clinic has served more than 800 clients, including dozens of veterans.

Form 990, Part VI, Section B, line 11b:

The Foundation's Audit Committee, through delegation by the Board, reviews and approves a final draft of the 990. The full Board received copies of the 990 prior to the 990 being signed and filed with the IRS. The Foundation's most recently filed 990 will be posted on its website.

Form 990, Part VI, Section B, Line 12c:

The Foundation's conflict of interest policy & procedures extends to all Directors and to the Foundation's Executive Director and Deputy Director and General Counsel. Each Director and Officer and each member of a committee with governing body-delegated powers must annually complete and sign "The OLAF Annual Business Relationship and Conflict of Interest Disclosure Form." Determinations of whether an actual conflict exists are made by the Board through a majority vote which excludes the vote of a potentially conflicted director(s). No Director or Officer may preside over, vote on or participate in any deliberation of any matter in which Schedule O (Form 990 or 990-EZ) (2017) 732212 09-07-17

Form **8868**

(Rev. January 2017)

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

► File a separate application for each return.

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 •

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	r's identityii	ng number	
Type or	Name of exempt organization or other filer, see instruc	ctions.		Employer	identificatio	n number (EIN) or	
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ile by the	Ohio Legal Assistance Found		· · · · · · · · · · · · · · · · · · ·		46-40		
due date for iling your eturn. See	Number, street, and room or suite no. If a P.O. box, so 10 W Broad St, No. 950	ee instruct	ions.	Social se	curity numbe	er (SSN)	
nstructions.	City, town or post office, state, and ZIP code. For a for Columbus, OH 43215						
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Applicati	on	Return	Application			Return	
s For_		Code	is For			Çode	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	-BL	02	Form 1041-A			08	
Form 472	(individual)	03	Form 4720 (other than individual)			09	
Form 990	-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11						11	
Form 990	orm 990-T (trust other than above) 06 Form 8870 12						
Teleph If the co If this box If this for	coks are in the care of and a standard	s in the Un Group Exe and atta Ma organizatio	emption Number (GEN) ach a list with the names and EINs o y 15, 2019 , to fil on's return for:	If this is for f all membe	r the whole gers the externor t	group, check this asion is for.	
2 "	Change in accounting period	HEUR TEAS	on initial return	i iilai retui	"		
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	. or 6069.	enter the tentative tax, less any				
	nrefundable credits. See instructions.	, 2. 2000,	and the same and	3a	\$	0.	
_	nis application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and				
	imated tax payments made. Include any prior year overp			3b	\$	0.	
	lance due, Subtract line 3b from line 3a. Include your pa						
	using EFTPS (Electronic Federal Tax Payment System).	•		3c	\$	0.	
	If you are going to make an electronic funds withdrawal				d Form 8879	9-EO for payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)