Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

2017

Open to Public

Inte	rnal Rever	nue Service ► Go to www.irs.gov/Form990 for instru	ctions and the latest	information.		Inspection
A	For the	e 2017 calendar year, or tax year beginning JANUARY 1	, 2017, and endi	ng DECEM	BER 31	, 20 17
В	Check if	f applicable: C Name of organization OUR OHIO RENEWAL			D Employe	r identification number
$\overline{\Box}$		s change Doing business as				81-4476744
Ħ	Name c		t address) Room/s	uite	E Telephon	
H	Initial re			•	614-226-8841	
H		um/terminated City or town, state or province, country, and ZIP or foreign pos	<u>-</u>		014-220-0041	
믐			l.	C Cross	acenta ¢	
H		DUBLIN, OHIO 43016			G Gross rec	
لــا	Applicat	tion pending F Name and address of principal officer: JAI CHABRIA		11 1 1	•	ubordinates? Yes No
		150 E. BROAD ST., SUITE 120, COLUMBUS, OHIO 43				included? Yes No
<u></u>		empt status:	4947(a)(1) or 527	-`-		list. (see instructions)
7	Website		<u>}</u>	H(c) Group e	exemption r	number >
		organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of forma	tion 2016	M State of	of legal domicile: OH
Į.P	art l	Summary	·			
	1	Briefly describe the organization's mission or most significa	nt activities:			
8	ì	SEE ATTACHED SCHEDULE O.				
Ę	l					
Ē	2	Check this box ▶☐ if the organization discontinued its ope	rations or disposed	of more than	25% of it	s net assets.
ő	3	Number of voting members of the governing body (Part VI, I	ine 1a)		3	5
ઍ	4	Number of independent voting members of the governing b	ody (Part VI, line 1b)	4	5
ies	5	Total number of individuals employed in calendar year 2017	(Part V. line 2a)		5	2
Activities & Governance	6	Total number of volunteers (estimate if necessary)	•		6	10
ुरु	7a	Total unrelated business revenue from Part VIII, column (C),			7a	0
•	Ь	Net unrelated business taxable income from Form 990-T, lir			7b	<u>`</u>
_	 ~~ -	THE UNIVERSE DUBLISHED RECEIVED WELL TO THE CO. T. I.I.		Prior Yes		Current Year
	8	Contributions and grants (Part VIII, line 1h)	+	221,135		
Revenue	9					721,133
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	, i	· · · · · · · · · · · · · · · · · · ·		<u>-</u>
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,	, , , , , , , , , , , , , , , , , , ,	 		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, c	'			204.440
						221,140
	13	Grants and similar amounts paid (Part IX, column (A), lines 1	· .			<u>_</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>			0
ě	15	Salaries, other compensation, employee benefits (Part IX, colur				77,430.96
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	5	Carrenter to war	*E **********	0
Š	b	Total fundraising expenses (Part IX, column (D) line 25)	11,031.00	成者於理學		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 21-44e	といたり・・・・			135,684.93
	18	Total expenses. Add lines 13-17 (must equal Part IX, column	n (A), line 25)			213,115.89
	19	Revenue less expenses. Subtract line 18 from the 12				8,024.11
58	l	MAY 9	2018	Beginning of Curr	ent Year	End of Year
Net Assets Fund Balanc	20	Total assets (Part X, line 16)	5		47,833	55,857
₽₽	21	Total liabilities (Part X, line 26)	A IFF.			0
홍근	22	Net assets or fund balances. Subtract line 2 linemiliae 200	- Vo		47,833	55,857
Pá	art II	Signature Block				
Un	der pena	alties of perjury, I declare that I have examined this return, including accompar	lying schedules and state	ements, and to the	best of my	knowledge and belief, it is
tru	e, correct	t, and complete. Declaration of preparer (other than officer) is based on all info	rmation of which prepare	er has any knowled	dge.	
		In Clarking		1	4-11	1-18
Sig	jn	Signature of officer		Date		
He	re	Ton Chosia / Exempre 1); redo-			
		Type or print name and title	 			
<u> </u>	: 4	Print/Type preparer's name Preparer's signature	D	ate,	Ohardi [PTIN
Pa		MEREDITH KNUEVE SUGAR Medith K	. Sugar	5/14/18	Check _ self-emplo	
	epare				EIN ►	· · · · · · · · · · · · · · · · · · · ·
US	e Oni	Firm's address > 65 E. STATE ST., STE. 1000, COLUMBUS, OF	NO 43215	Phone		614-334-6147
Ma	v the IF	RS discuss this return with the preparer shown above? (see in			- 110.	V Yes No
		work Reduction Act Notice, see the separate instructions.		lo, 11282Y		Form 990 (2017)
COL	Cabera	ront industrial not iteres, see the schalate management.	Cat. N	10, 112021		1 Olili 200 (2017)

orm 99			Page 2
Part l	Ш	Statement of Program Service Accomplishments	
	0 : (Check if Schedule O contains a response or note to any line in this Part III	· · <u>Ľ</u>
		ily describe the organization's mission:	
	<u> </u>	ATTACHED SCHEDULE O RESPONSE TO PART I, QUESTION 1.	
		//////////////////////////////////////	
2	Did t	the organization undertake any significant program services during the year which were not listed on the	
		Form 990 or 990-EZ?	☑ No
		es," describe these new services on Schedule O.	
		the organization cease conducting, or make significant changes in how it conducts, any program ices?	EZINA
		es," describe these changes on Schedule O.	☑ No
		oribe the organization's program service accomplishments for each of its three largest program services, as mea	sured by
	expe	onses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to otal expenses, and revenue, if any, for each program service reported.	
4a	(Cod	le:) (Expenses \$including grants of \$) (Revenue \$)
		VEY - EXPENSES OF \$45,000 - NO GRANTS - SURVEY TAKEN ON SOCIAL, CULTURAL AND GENERAL WELFARE NEED	
		OHIO CITIZENS. PORTION OF REVENUE INDETERMINABLE.	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
4b	(Cod	le:) (Expenses \$including grants of \$) (Revenue \$	)
	TDAN	/EL - EXPENSES OF \$4,749 - NO GRANTS - TRAVEL OF OFFICERS/DIRECTORS/VOLUNTEERS AROUND STATE OF OHI	
	TO P	ROMOTE ORGANIZATION AND DETERMINE NEEDS OF OHIO CITIZENS RELATED TO MISSION.	<u> </u>
	.1.55-1-0		
4c	(Cod	e:) (Expenses \$including grants of \$) (Revenue \$	)
	MEET	TINGS - EXPENSES OF \$330.06 - NO GRANTS - RELATED TO MEETINGS HELD TO PROMOTE ORGANIZATION.	
4-1	O# -	www.waranaanilaaa (Dagailha in Cahadula C.)	
		r program services (Describe in Schedule O.) enses \$ including grants of \$ ) (Revenue \$ )	
-	(LAPE	γ · γ · γ · γ · γ · γ · γ · γ · γ · γ · γ · γ · γ · γ · γ · γ	



Part	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			ر ا
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	V	~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u>-</u>	<del>-</del>	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		,	
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		~
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			
7	"Yes," complete Schedule D, Part I	6		~
•	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 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? If "Yes," complete Schedule D, Part IV			V
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		
11	endowments, permanent 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,	10		<b>✓</b>
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		٧
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	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		/
đ	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		~
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		V
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
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		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V
14 a		14a		V
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		1	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		•
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		· ·
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u> </u>
		.,		<u> </u>

Part	Checklist of Required Schedules (continued)		_	
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
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		,
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		i	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	<del> </del> -	1
20	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		,
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		v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		V
	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		~
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		V
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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		V
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? If "Yes," complete Schedule L, Part II			v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		Ľ.
21	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		~
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		V
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	V	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		<u>,                                     </u>
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		<u>,                                     </u>
	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		<u>,                                     </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	~	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		·
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	1	•
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	~	
			990	(2017)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check it Schedule O contains a response of note to any fine in this Part V	<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	<b>/</b>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return  [2a]  [3]			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Career.	8.5-7-7-1
За	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	<del>"</del>		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	] ]	1	
	account)?	4a	ļ	~
b	If "Yes," enter the name of the foreign country:   N/A			
	See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		7
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	36		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		<u>/</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
·	required to file Form 8282?	7c	ļ	V
d			STELL S	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	S-28-2	1000 T 1000
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	8	200A	<b>V</b>
e a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	$\dashv$	<u>·</u>
10	Section 501(c)(7) organizations. Enter:	C. Ser	4.0	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b N/A			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	against amounts due or received from them.)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		<u> </u>
b	ii res, nas it nieu a Fonti 120 to report diese payments (ii No, provide an explanation in Schedule O .		990	(2017)

	90 (2017)			Page (
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	ions.
<del></del>	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	•	<u>. L</u>
Sect	ion A. Governing Body and Management			T
4.	Enter the number of victing manches of the appropriate hade at the and of the territory	123-2602	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	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	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Pilitan .	1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3	1	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		1
, ,	stockholders, or persons other than the governing body?	7b		J
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	٧	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	}		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	_	
100	Did the expenization have local chapters, branches, or offiliates?	400	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		~
~	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	V	-
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	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	~	
13	Did the organization have a written whistleblower policy?	13		~
14	Did the organization have a written document retention and destruction policy?	14	11 100 13	V 1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
	Other officers or key employees of the organization	15b	-	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a				
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
0 1	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	5016	1/3/0	OnkA
	available for public inspection. Indicate how you made these available. Check all that apply.	. 551(0	,,( <b>0</b> )3	Jiny)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest p	olicy	, and
	financial 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 books and re-	cords:	<b>&gt;</b>	
	JAI CHABRIA, 2168 SUTTER PARKWAY, DUBLIN, OHIO 43016; 614-226-8841			

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Form	200	1004	~
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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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with or within th

- 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 no	r any relate	d org	aniz	atio	n c	ompe	ensa	ated any currer	t officer, director	r, or trustee.
				(	C) ation					
(A) Name and Title	(B) Average hours per week (list any	box,	(do not check more box, unless person officer and a direct			re than one n is both an tor/trustee)		(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Jal Chabria										
Executive Director								0.00	0.00	0.00
(2) Ethan Fallang Director	<del> </del>							0.00	0.00	0.00
(3) Nate Ellis	<del> </del>		-	-	├	-	├-	0.00	0.00	0.00
Director	·	•		]		]		0.00	0.00	0.00
(4) Blake Thompson										
Director					<u> </u>			0.00	0.00	0.00
(5) Jennifer Best										
Treasurer				<u> </u>	<u> </u>		<u> </u>	0.00	0.00	0.00
(6)	 									
(7)										
(8)										<del></del>
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										· · · · · · · · · · · · · · · · · · ·

Par	Section A. Officers, Directors, Trus	tees, Key E	mpio:	yees	_	<u>nd F</u> C)	lighe	st C	ompensated E	mployees (con	inued)
	(A)	(B)			Pos	ition			(D)	(E)	(F)
	Average					than e		Reportable	Reportable	Estimated	
		hours per week (list any			dad	lirect	or/trus	tee)	compensation from	compensation from	m amount of other
		hours for	악교	inst	Officer	ě	BH	Former	the	organizations	compensation
		related organizations	Individual trustee or director	Institutional trustee	8	Key employee	hest	me	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted	호프	mal	l	망	# 6		1000 111100)		and related
		line)	uste	trus		8	pen		1		organizations
		1	•	199		1	Highest compensated employee				
(15)		<del> </del>		<del>  -</del>	<del> </del>	-	-	╁	<del> </del>		
7.27		<del> </del>				{	}	l	}		
(16)											
			L					<u> </u>			
(17)		ļ				İ			1		
(40)						<b> </b>	ļ	▙			<del></del>
(18)		·						1			
(19)		<u> </u>			<u> </u>	-		<u> </u>			+
(19/								]		l	
(20)	······································	1				-		-			
<u> </u>						ĺ					
(21)											
								Ĺ.,			
(22)						<u>'</u>					
(23)				$\vdash$					<u> </u>		<del> </del>
(23)		<del> </del>								•	1
(24)		<del> </del>	_								<del>                                     </del>
<u> </u>						,		1			
(25)											
		<u> </u>						L			
1b	Sub-total			•	•		•	•	0.00		
C	Total from continuation sheets to Part			•	•		•		0.00		
<u>d</u> 2	Total (add lines 1b and 1c)						<u>.</u>		0.00		
~	reportable compensation from the organi	i not minted ization ►	וט נוו	use	IISt	eua	above	<i>*)</i> WI	no received mi <b>NONE</b>		00 01
	3								NONE	<del></del>	Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete 3										ted 💮 💮
4	For any individual listed on line 1a, is the	sum of rep	ortab	ole c	om	per	satio	n ar	nd other comp	ensation from t	the
	organization and related organizations										
	individual			•			• •			· · · · · ·	4 /
5	Did any person listed on line 1a receive o									ation or individ	Same of the same o
Cootie	for services rendered to the organization	rn res, c	ompi	716 3	SUN	eau	ו ני טו	OI S	uch person	· · · · · · · ·	5 /
1	on B. Independent Contractors  Complete this table for your five highest of	compensate	ed ind	ene	nde	ant a	contra	acto	re that receive	d more than \$1	00 000 of
•	compensation from the organization. Rep										
	year.	•						•	3		. <b> </b>
	(A)								(B)		(C)
	Name and business add	ress							Description of se	ervices	Compensation
NONE									- <del></del> <u>-</u> -		
							-+				
2	Total number of independent contracto	rs (includin	g but	t no	ot li	mite	ed to	the	ose listed abo	ve) who	
	received more than \$100,000 of compensation								0		
											Form <b>990</b> (2017)

Par	t VIII	Statement of Rev	enue						
		Check if Schedule C	ontains contains	a res	ponse or note t	o any line in this	s Part VIII	<u> </u>	
						(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
<b>建大</b> 多						Total revenue	exempt function	business revenue	excluded from tax under sections
							revenue	10001105	512-514
뚌돧	1a	Federated campaign	s	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	•		1b			D-2-4		
Ę, Ā	C	Fundraising events .		1c					
Gifts, ilar An	d	Related organizations		1d					
Contributions, and Other Sim	8	Government grants (cor		1e					
色点	f	All other contributions, g		l		100			
<b>등</b> 된	ļ	and similar amounts not inc		1f	221,135				
E E	g	Noncash contributions inclu							
	<u> </u>	Total. Add lines 1a-1	<u> </u>	<u></u>	Business Code	221,135			
5					Business Code				
9,6	2a				<u> </u>	ļ	<del> </del>	<del></del>	<del> </del>
免	b				<del></del>	<del> </del>	<del> </del> -	<del> </del>	<del> </del>
ξ	C				} <del></del>	<del>[</del>	<del> </del>	<del> </del>	<del> </del>
Š	d				<b></b>	<del> </del>	<del> </del>		<del> </del>
듄	f	All other program ser	vioo rovoni		<b></b>	<del> </del>	<b></b>		
Program Service Revenue	g	Total. Add lines 2a-2				0.00			
	3	Investment income	(including	divid	ends, interest.	0.00	THE CHARLES		
		and other similar amo				}			
	4	Income from investmen	nt of tax-exer	not be	and proceeds ▶	0.00	<del></del>	<del> </del>	<del> </del>
	5				•	0.00	<del> </del>		<del> </del>
			(i) Real		(ii) Personal			F-18 (18 18 18 18 18 18 18 18 18 18 18 18 18 1	
	6a	Gross rents		0	0				
	ь	Less: rental expenses		0	C	100			
	c	Rental income or (loss)		0	0				
:	d	Net rental income or	(loss) .		>	0.00		1	
1	7a	Gross amount from sales of	(i) Securiti	es	(ii) Other	NAME OF TAXABLE PARTY.			
		assets other than inventory		0	0			2 P. C.	
	b	Less: cost or other basis							
		and sales expenses .		0					
	С	Gain or (loss)		0	0				
	d	Net gain or (loss) .			🕨	0.00			
•					}				
ž	8a	Gross income from fu	ındraising						
evenue		events (not including \$	0.0		ĺ				
æ		of contributions reporte							
Other R					0				
ਰ	b	Less: direct expenses			0				
	C	Net income or (loss) f			events . ▶	0.00		and the second second second second second	And College and Specific College Colle
	9a	Gross income from ga					A		
	_	See Part IV, line 19 .			0				
	b	Less: direct expenses			0				
	C 10-	Net income or (loss) for			villes P	0.00			· 1000年2006年10日 1000年10日
	IUa	Gross sales of in returns and allowance		ess				in all the said	
j	L			-	<u>0</u>				
Ì	p p	Less: cost of goods s Net income or (loss) for			entory -	0.00			
	<u>c</u>	Miscellaneous R		. ,,,,,	Business Code	0.00			
l	11a	^							
(	b	U				<del> </del>	<del></del>		<del> </del>
ĺ	C	*********	,				<del></del>		<del> </del>
	d)	All other revenue .	,			-		<del> </del>	<del> </del>
	e	Total. Add lines 11a-	11d			221,140			
- 1	12	Total revenue See in		•	•	224 440	AND THE PERSON NAMED IN COLUMN TWO	A CONTRACTOR OF THE PARTY OF TH	Design of the same

	90 (2017)				Page 10
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must co	mplete all columns. I	All other organizatio	ns must complete c	olumn (A).
	Check if Schedule O contains a respon	nse or note to any l	ine in this Part IX		<u> </u>
Do no 8b, 9t	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			7 di	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0		)	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) $$ .	0	d		0
7 8	Other salaries and wages	70,928.92		10,639	
9	Other employee benefits	338.18	<del> </del>	338.18	0
10	Payroll taxes	6,163.86	<del> </del>		<del> </del>
11	Fees for services (non-employees):	3,10,100		3,,00.00	
а	Management	63,425.00	44,398	9,514	9,513
b	Legal	1,819.10	0	1,819.10	0
C	Accounting	840		840	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f g	Investment management fees	0		0	0
12	Advertising and promotion	11,031.00	11,031	0	0
13	Office expenses	2,875.06		2,875.06	0
14	Information technology	5,616.00	0	5,616.00	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	4,748.71	4,748.71	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			}	
19	Conferences, conventions, and meetings .	330.06	220.06	0	0
20	Interest	330.06		0	0
21	Payments to affiliates	0	<u>-</u>		0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	0	0	0	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	SURVEY	45,000.00	45,000.00	0	0
b		10,000	.3,000.00		<u>~</u>
C					
d					
ө	All other expenses	45000.00			
25	Total functional expenses. Add lines 1 through 24e	213,115.89	155,158.69	37,805.20	20,157
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)				•••

Ŀ	art X				
-		Check if Schedule O contains a response or note to any line in this Pa	art X		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	47,833	1	55,857
	2	Savings and temporary cash investments	0		(
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	0	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L	0	5	
ম	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0		
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	0		0
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	Ь	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0	_	
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	47,833		55,857
	17	Accounts payable and accrued expenses	47,633		35,657
	18	Grants payable			
	19	Deferred revenue			0
			0		0
	20	Tax-exempt bond liabilities	0		0
4=	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		00	
ia			0		0
_	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	
—	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	U Section 1	20	
tces		complete lines 27 through 29, and lines 33 and 34.			
ā	27	Unrestricted net assets		27	<del></del>
B	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
Ö	20			30	
ig.	30 31	Capital stock or trust principal, or current funds	0	31	0
SS		Retained earnings, endowment, accumulated income, or other funds.	0	32	0
ti l	32	Total net assets or fund balances	0		0
Ž	33 34	Total liabilities and net assets/fund balances	47,833		55,857
1	34	Total navillues and het assets/fullu balances	0	34	0 Form <b>990</b> (2017)
					romi <b>330</b> (2017)

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LOUIL S	an (5017)			Pe	ige IZ
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		221,1	140.00
2	Total expenses (must equal Part IX, column (A), line 25)	2		213,1	115.89
3	Revenue less expenses. Subtract line 2 from line 1	3		8,0	24.11
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	17,833
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
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	_ {			
		10		5	55,857
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u>		<u> </u>	
1	Accounting method used to prepare the Form 990:  Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," expended to the control of	lain ir	- 1	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were compireviewed on a separate basis, consolidated basis, or both:				7
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:	 d on a	<b>2b</b>		<u> </u>
С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, expected to consolidate the consolidated and separate basis.	tant?	2c		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for the Single Audit Act and OMB Circular A-133?	orth ir	3a		V
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.				
			Forr	п <b>990</b>	(2017)

## **SCHEDULE L** (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

2017

OMB No. 1545-0047

	al Revenue Service	<b>►</b> Go t	to www.irs.gov/i			uctions and		est information.			Ĭ.	nspec	tion	DIIC
Name	of the organization								yer ide	ntifical	don nu	ımber		
OUR	OHIO RENEWAL									81-	44767	144		
Pa	rt   Excess Bene	efit Transaction	ns (section 50°	1(c)(3)	, section	501(c)(4), a	and 5	01(c)(29) organiz	zations	s only	).			
	Complete if t	he organization	answered "Ye	s" on	Form 99	0, Part IV,	line 2	5a or 25b, or Fo	rm 99	0-EZ,	, Part	V, line	€ 40b.	
1	(a) Name of disqualified	person	(b) Relationship b			person and	]	(c) Description	on of tra	nsactio	'n		(d) Cor	rected?
				organi	zation		<del> </del>						Yes	No
	NONE						<del> </del>							<u> </u>
(2)							┿							L
(3)					- ·		<b>!</b>							<u> </u>
(4)							╄						<u> </u>	<u> </u>
(5)							—							<b> </b> -
(6)	Future than amount	of tour Inquire	d by the organ	aleotic		aava av die	)	fled namena di		<del></del>				<u> </u>
2	Enter the amount under section 4958					-	•	•	_	-		•		
_									• •	•	,	<u>,</u>		
3	Enter the amount of	or tax, ir any, on	i iin <del>e</del> 2, above,	reimi	bursea by	y the organ	nzatio	п	• •	• •	- 3	\$		
Day		1/ = 1.						<del></del>						
Par	Loans to and	i/or From Inter	restea Person anewered "Ve	19. 19. On	Form 99	0-E7 Part	V lin	e 38a or Form 9	an Ps	rt IV	line 9	B or	f tha	
	organization	reported an am	ount on Form	990, F	Part X. lin	e 5. 6. or 2	2.	5 300 01 1 01111 5	30,16	u L 1V,	1110 2	.0, 01	i uie	
			1	<del>г</del>	·	1			T		Γ			
1 (a)	Vame of Interested person	(b) Relationship with organization	(c) Purpose of loan		Loan to or rom the	(e) Origi principal ar		(f) Balance due (g)		default?		oproved card or	(i) Wi	ritten
		With Organization	Joan		anization?	principat ar	nount	İ				mittee?	ayıoo	HOURT
		ļ	ļ	To	From	1		į	Yes	No	Yes	No	Yes	No
(1)	NONE	<del>                                     </del>		1.0	110//	<del>                                     </del>		<b></b>	103	140	1.03	100	103	140
(2)	INCINE			$\vdash$	<del> </del>				<del>                                     </del>	_	<b></b> -	<del>                                     </del>		
(3)					<del>                                     </del>				1	<del> </del>	<del></del>	┼─		
(4)		<del></del>	<del></del>	<b>-</b>	<del>                                     </del>				<b>-</b>			†		
(5)		<del> </del>	ļ —————						<del>                                     </del>					
(6)	<del></del>									<b></b>				
(7)														
(8)														
(9)														
(10)														
Total		· · · <u>· · · · · · · · · · · · · · · · </u>		· .			.▶_	\$						<b>T</b>
Part		sistance Benef												
	Complete if the	ne organization	answered "Ye	s" on	Form 990	0, Part IV, I	ine 27	7.						
(a	Name of Interested person	n (b) Relations person a	ship between Inten and the organizatio	ested n	(c) Amount	of assistance	'	(d) Type of assistanc	э	(e)	Purpo	ose of as	ssistano	9
(1)	NONE													
(2)														
(3)														
(4)														
(5)			<del></del>				L	· <del></del>						
(6)							L							
(7)							<u> </u>							
(8)					<u> </u>		L							
(9)							<u> </u>							
(10)							l							

Part IV	Business Transactions Involvi Complete if the organization an	ing Interested Persons. swered "Yes" on Form 99	0, Part IV, line 28a, 2	28b, or 28c.	<del></del> -	
	(a) Name of interested person	(b) Relationship between interested person and the organization	(e) Amount of transaction	(d) Description of transaction	(e) Sha organia rever	
					Yes	No
	CHABRIA	EXECUTIVE DIRECTOR		SEE BELOW		1
	NIFER BEST	TREASURER	\$840	SEE BELOW		1
(3)			<del></del>			
(5)					<del>- </del>	<b></b>
(6)		<u> </u>	<del></del>		<del></del>	<del> </del>
(7)						
(8)						$\overline{}$
(9)					$\neg$	
(10)						
Part V	Supplemental Information Provide additional Information for	or responses to questions	on Schedule L (see	instructions).	··-	
PART IV: J	IAI CHABRIA, EXECUTIVE DIRECTO	R, IS AN EMPLOYEE OF ME	RCURY, LLC, A CON	PANY WHICH IS ENGAGED BY O	UR OHIO	<u>)</u>
RENEWAL	TO PROVIDE MANAGEMENT SERV	ICES. ALL SERVICES ARE	CHARGED AND PAIL	O AT FAIR MARKET VALUE OF W	HAT	
OUR OHIO	RENEWAL WOULD PAY A SIMILAR	MANAGEMENT COMPANY	•			
ENNIFER	BEST, TREASURER, IS THE OWNER	R OF JENNIFER BEST CPA,	LLC, WHICH PROVID	DES ACCOUNTING SERVICES TO	OUR OH	10
RENEWAL	. THE LLC'S CHARGE FOR SUCH S	ERVICES, AND PAYMENT F	OR SAME, IS AT FAI	R MARKET VALUE OF THE SERV	ICES.	<b></b> -
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## SCHEDULE O (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.

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

**OUR OHIO RENEWAL** 

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

Open to Public Inspection Employer Identification number

81-4476744

RESPONSE TO PART I, QUESTION 1 (MISSION/ACTIVITIES):
Our Ohlo Renewal is an organization that promotes the common good and general welfare of Ohio citizens by researching
and communicating ways in which social, cultural and legal resources can be used to enhance economic opportunities, human
development, and the common good of the community, and to identify and cooperate with others who share these goals.
It works with likeminded organizations to assist them in promoting this mission. Our Ohio Renewal is dedicated to promoting
the ideas and addressing the problems identified in J.D. Vance's New York Times' #1 Bestseller, Hillblily Elegy, related to divides
along racial, economic and cultural lines. Our Ohio Renewal pursues government policies and private partnerships that make it easier
for disadvantaged children to achieve their dreams. It participates in political advocacy related to these issues across the State of Ohio.
Initiatives include creating more pathways to the middle class (starting with reform to the education system), supporting families (with a view
toward decreasing domestic instability), and fighting against opiate abuse.
RESPONSE TO PART VI SECTION A LINE 3:
The organization utilized the services of Mercury, LLC, as its management company.
RESPONSE TO PART VI LINE 11b:
The organization distributed the Form 990 to its directors and officers prior to filing, for their review.
RESPONSE TO PART VI SECTION B LINE 15:
The organization's board of directors approves the compensation of the two employees, which is based on comparability data.
RESPONSE TO PART VI LINE 19:
The organization is new and has not yet made such documents available on its website but provides them upon request.

## SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Open to Public Inspection OMB No. 1545-0047 2017

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

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity Yes No Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. 81-4476744 (f) Direct controlling entity (e) End-of-year assets 8 (e)
Public charity status
(if section 501(c)(3)) 509(a)(1) (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section 501(C)3) APPLIED (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) (b) Primary activity 읦 (b) Primary activity SEE BELOW (a) Name, address, and EIN (if applicable) of disregarded entity (1) OUR OHIO RENEWAL FOUNDATION, EIN 82-1611741 (a) Name, address, and EIN of related organization 2168 SUTTER PARKWAY, DUBLIN, OH 43016 OUR OHIO RENEWAL Part Pari II (1) N/A Œ 0 9 8 ම € <u>R</u> 9 9 8 Schedule R (Form 990) 2017

Cat. No. 50135Y

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

Schedule R (Form 990) 2017

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.	(g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	Yes No Yes No		Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	(f) (g) (h) Share of total Share of Percentage income end-of-year assets ownership	Yes No			
1 "Yes" on Form 990, P	(b) (f) (f) Code V—UBI amount in box 20 of Schedule K-1 (Form 1085)	Ves No		answered "Yes" on For ar.	(g) Share of end-of-year assets				
rganization answered x vear.	Share of total Share of end-of- income year assets			te if the organization ust during the tax yes	(e) Type of entity (C corp, S corp, or trust)				
Complete if the oership during the ta	(e) Predominant income (related, income (related, excluded from tax under sections 512—514)			n or Trust. Comple a corporation or tr	(d) Direct controlling entity				
as a Partnership reated as a partn	(d) Direct controlling entity			as a Corporatio	(c) Legal domicila (state or foreign country)				
izations Taxable	fty (e) Legal domicile (state or foreign country)			zations Taxable	(b) Primary activity				
Identification of Related Organization because it had one or more related organization	(b) Primary activity			Identification of Related Organization line 34, because it had one or more rela	ited organization				
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			mbursement paid to related organization(s) for expenses			sing solicitations for related organization(s)	related organization(s)	lated organization(s)	ras. Complete if the organization answered "Yees" on Form 990, Part IV, line 34, 35b, or 36.  The answered organizations with one or more related organizations listed in Parts II—IV.  The following transactions with one or more related organizations listed in Parts II—IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	uding covered relati	more related organ	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV7 B Ciff. grant, or capital contribution to related organization(s)  Ciff. grant, or capital contribution from related organization(s)  Ciff. grant, or capital contribution from related organization(s)  Ciff. grant, or capital output or or for related organization(s)  Express or leases to related organization(s)  Explanage of assets than related organization(s)  Explanage of assets than related organization(s)  Explanage of assets than related organization(s)  Explanage of assets than related organization(s)  Explanage of assets with related organization(s)  Explanage of assets with related organization(s)  Explanage of assets with related organization(s)  Furthers or of services or membershy to related organization(s)  Furthers or of services or membershy to related organization(s)  Furthers or of services or membershy to related organization(s)  Furthers or of services or membershy to related organization(s)  Further furthers of services or property from related organization(s)  Further furthers or property from related organization(s)  Further furthers or property from related organization(s)  Citier transfer of cash or property from related organization(s)  Explanage of the asset or property from related organization(s)  Further furthers or property from related organization(s)  Further furthers or or property from related organization(s)  Further furthers or property from related organization(s)  Further furthers or property from related organization(s)  Further furthers or property from related organization(s)  Further furthers organization for a frated organization(s)  Further furthers organization for further organization for information on who must complete this line, including covered relations in the property from related organization for information or who must complete this fire, including covered relations for information or who must organization for inf
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Part VI Unrel

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (e) (f) (g)	<b>(</b> 2)	3	(p)	(9)	6		Ξ	8		8	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant Income (related).	Are all partners	Share of	Share of	Disproportionate	ta Code V—UBI		or Percentage	age
		country)	unrelated, excluded from tax under	501(c)(3) organizations?				of Schedule K-1 (Form 1085)	partner?		<u>.</u>
			sections 512514)	Yes No			Yes No		Yes No	To	
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Schedule R (F	orm 990) 2017 Page 5
Part VII	Supplemental Information.  Provide additional information for responses to questions on Schedule R. See instructions.
OUR OHIO	RENEWAL IS A SISTER ORGANIZATION TO OUR OHIO RENEWAL FOUNDATION, AN OHIO NONPROFIT CORPORATION
WHICH HAS	APPLIED FOR TAX EXEMPTION UNDER SECTION 501(C)(3) OF THE CODE AND WHICH HAS A LIKE-MINDED MISSION TO
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