Forne, 990-		-vembr oraă				un ile	, tui i	'' h			
(C&E)		(ar	nd proxy tax unde	er se	ction 6033(e))	181	2	- 1	20	140	•
(666)	For cal	lendar year 2018 or other tax yea			, and ending	10		— [21	018	5
Department of the Treasury		•	•		ons and the latest informa		04/~\(2)	.	Open to Pul		
Internal Revenue Service		Do not enter SSN number				uon is a 5	01(0)(3		501(c)(3) Or loyer identific		
A Check box if address changed		Name of organization (and see instructions.)			Emp	loyees' trust uctions)				
B Exempt under section	Print	THE LEGAL A	3	1-44	1640	7					
X 501(c)(3)	or	Number, street, and room				·		E Unre	lated busine	ss activity	
408(e) 220(e)	Туре	1108 CITY PA						(586	instructions	,	
408A 530(a)		City or town, state or prov				-					
529(a)		COLUMBUS, OF	H 43206		-			812	930		
C Book value of all assets at end of year		F Group exemption numb									
4,354,1	<u>95.</u>	G Check organization type	e 🕨 💢 501(c) corp	oration	1 501(c) trust		401(a) trust		Other 1	trust
	•	ition's unrelated trades or b		1	Describe t	the only (o	r fırst) L	ınrelated			
		KABLE FRINGE			If only one,	•				,	
	•	ice at the end of the previou	is sentence, complete Pa	rts I an	d II, complete a Schedule	M for each	additio	nal trade) Or		
business, then complete									च्च	1	
-		oration a subsidiary in an a		it-subsi	diary controlled group?			Y	es <u>X</u>] No	
		tifying number of the paren JAMIE MCKENNA			Talanha	no numbo		611	824-2	2507	
••		de or Business Inc			(A) Income		Expense			(C) Net	
1a Gross receipts or sale					(7.7.11001110		-		 '		
b Less returns and allow			c Balance	1c		•					
2 Cost of goods sold (S		A line 7)	C Dalance	2		:					
3 Gross profit. Subtract			\sim	3					· · ·		
4a Capital gain net incon				4a							
	· · · · · · · · · · · · · · · · · · ·								<u> </u>		
c Capital loss deduction for trusts											
5 Income (loss) from a partnership or an S corporation (attach statement)				4c 5		,	1_	RF	CEI		
6 Rent income (Schedu		····•	·· ,	6			1			EU	
•	Unrelated debt-financed income (Schedule E)						181	. 8.4.6.5			78
		nd rents from a controlled o	organization (Schedule F)	8			131	MAi	032	<u> </u>	Tõ
9 Investment income of	f a sectio	on 501(c)(7), (9), or (17) or	ganization (Schedule G)	9							P.S.
10 Exploited exempt acti	vity inco	me (Schedule I)		10		· ·		OGI	DENL	117	7.
11 Advertising income (S	Schedule	e J)		11					-14,	<u> </u>	
12 Other income (See in:	struction	ns; attach schedule)		12		<u> </u>					
13 Total. Combine lines	3 throu	gh 12		13	0.						
		ot Taken Elsewher									
(Except for	contribi	utions, deductions must	be directly connected	l with t	ne unrelated business	income)					
•	icers, di	rectors, and trustees (Sche	dule K)					14	 		
15 Salaries and wages								15			
16 Repairs and mainter	nance							16	├──		
Bad debts								17	 		
18 Interest (attach sche	dule) (s	ee instructions)						18	 		
5	Taxes and licenses Charitable contributions (See instructions for limitation rules)							19	 		
	•		Tules)		21			20			
21 Depreciation (attach 22 Less depreciation cli		562) n Schedule A and elsewhere	on return		22a			22b			
	anneu oi	i Scheunie A allu elsewhere	; On return		[228]			23			
23 Depletion 24 Contributions to defi	erred oo	mnensation plans						24			
25 Employee benefit pro		mponsation plans						25			
26 Excess exempt expe	_	chedule I)						26			
27 Excess readership of		•						27			
28 Other deductions (at	•	•						28			
29 Total deductions. A		' - '						29			0.
		ncome before net operating	loss deduction. Subtract	t line 29	9 from line 13			30			Ō.
		Ince arieina in tay yeare had						31	-		

0._

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Unrelated business taxable income. Subtract line 31 from line 30

Florm 990-1	(2018) THE LEGAL AID SOCIETY OF COLUMBUS 31-442	16 4 07	
Part I	II Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	"	
36	·	36	
	lines 33 and 34		1,000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	111	0
<u> </u>	enter the smaller of zero or line 36	38	0.
Part I		. 	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	_	
	Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	4)	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	48	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part \			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	\Box	
	The latest terms of the la	1	
	General business credit. Attach Form 3800 45c	1	
C		1	
đ	<u></u>		
е	Total credits. Add lines 45a through 45d	45e	0.
46	Subtract line 45e from line 44	46	
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50 a	Payments: A 2017 overpayment credited to 2018	」' Ⅰ	
b	2018 estimated tax payments	」 Ⅰ	
C	Tax deposited with Form 8868 5 5 50c 1,200	<u>.</u>	
ď	Foreign organizations. Tax paid or withheld at source (see instructions) 50d		
	Backup withholding (see instructions) 50e	7	
	Credit for small employer health insurance premiums (attach Form 8941)	7	
	Other credits, adjustments, and payments. Form 2439	1	
9	☐ Form 4136 ☐ Other ☐ Total ► 50g		
51	Total payments. Add lines 50a through 50g	5/	1,200.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
52 52	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
53	· A		1,200.
1054	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want: Credited to 2019 estimated tax 390. Refunded	54	810.
Dort V		<u> </u>	010.
Part \			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here >		_ X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
0:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	adge and belief it is	; true,
Sign	1/1/11/11/11/11/11/11/11/11/11	May the IRS discuss	this return with
Here	EXECUTIVE DIRECTOR	he preparer shown l	
	Signature of officer Date / Title	nstructions)? X	Yes No
	Print/Type preparer's name	ıf PTIN	
Paid	self- employed		
Prepa	PHORNE I LOCAN PHORNE I LOCAN DIVINO	P0022	27231
-	COUNTEDED DOWNE CO THE		408703
Use C	65 EAST STATE STREET, SUITE 2000		
		614-621-	-4060
823711 01			990-T (2018)
			,_0.0)

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation N/A				
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6	
2 Purchases	2		7	Cost of goods sold. Su	ubtract I	ine 6	-	
3 Cost of labor	3			from line 5. Enter here	and in f	Part I,		
4a Additional section 263A costs			1	line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income (From Real	Property and	Per	sonal Property L	ease	d With Real Prope	erty)	
(see instructions)						<u>.</u>		· "
1. Description of property								
(1)								
_(2)								
(3)								
(4)								
		ed or accrued				2/a) Dadustians dusathi		. d
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	of rent for p	ersonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) an	d 2(b) (at	tach schedule)
(1)	_							
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column	(A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)				
•			2	. Gross income from		3. Deductions directly conn to debt-finance		
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)			1					
(2)			1					
(3)		•	1					
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions olumn 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%			1	
(4)				%				
				//		nter here and on page 1, Part I, line 7, column (A)		nter here and on page 1, Part I, line 7, column (B)
Totals		.		0.	.	0.		
Total dividends-received deductions in	cluded in column	n 8				•	1	0.
						·····		Form 990-T (2018)

Schedule F - Interest, A	Annuities,	Royaltie		From Co Controlled O			itions (see	instruction	ns)	
Name of controlled organization .		2. Employer 3. Net un		related income 4.		al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)						<u> </u>	 			
(2)										
(3)									-	
(4)									_	
Nonexempt Controlled Organi	zations									
7. Taxable Income	8. Net unrel (see i	ated income (nstructions)	(loss) 9 . Total	of specified payi made	nents	in the controlli	mn 9 that is include ing organization's s income		eductions directly connected h income in column 10	
(1)							 	1	·	
(2)					Ì					
(3)				·-						
(4)										
			•			Enter here and	nns 5 and 10 I on page 1, Part I, column (A)		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals					▶		0		0	
Schedule G - Investme		of a Se	ection 501(c)(7	7), (9), or (17) Org	anization		····•		
	ructions)			2. Amount of	Income	3. Deductio		Set-asides	5. Total deductions and set-asides	
1. 0630	anplion of income			Z. Autount of		(attach sched		ch schedule)	(col 3 plus col 4)	
(1)										
(2)				<u> </u>						
(3)										
(4)				-					<u> </u>	
				Enter here and Part I, line 9, co		•			Enter here and on page Part I, line 9, column (B)	
Totals				,	0.	<u></u>			_ 0	
Schedule I - Exploited	-	ctivity l	ncome, Other	Than Adv	/ertisin	g Income				
Description of exploited activity	2. Gros unrelated bus income fr	siness om	3 Expenses directly connected with production of unrelated business income	4. Net inconfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrelat business inco	that attri	Expenses butable to olumn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	1		••							
(2)							1			
(3)					Ì					
(4)	Enter here a page 1, Pa line 10, col	ırt I,	Enter here and on page 1, Part I, line 10, col (B)	-				-	Enter here and on page 1, Part II, line 26	
Totals >	· <u> </u>	0.	0.	1				<u> </u>	0	
Schedule J - Advertising Part I Income From				solidated	Basis					
			_						T .	
1. Name of periodical	ac	. Gross dvertising income	3. Direct advertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, compute rrough 7	5. Circula income		eadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)										
(2)		_		_		·			1	
(3)				_ .					1	
(4)			1			4				
Totale (corrects Dort II lies (5))		0							0	
Totals (carry to Part II, line (5))	<u> </u>		•1	•					Form 990-T (201	

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col ,2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			<u> </u>			
(2)						
(3)						
(4)				·	-	
Totals from Part I	0.	0.				0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			,	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	l o.		, ————————————————————————————————————	. <u></u>	<u>.</u>
Schedule K - Compensati	on of Officers, I	Directors, and	Trustees (see in	structions)		•
1. Name			2. Title	3. Percentime devote busines	od to	pensation attributable inrelated business
(1)					%	
(2)					%	
(3)					%	

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0.

(4)

Total. Enter here and on page 1, Part II, line 14

FOOTNOTES

STATEMENT 1

4. . . .

AS ORIGINALLY FILED ON THE 2018 FORM 990-T, THE ORGANIZATION REPORTED \$4,699 ON LINE 34, AMOUNTS PAID FOR DISALLOWED FRINGES, FOR QUALIFIED TRANSPORTATION FRINGE BENEFITS PROVIDED TO EMPLOYEES FROM JANUARY 1, 2018 THROUGH DECEMBER 31, 2018. DUE TO THE REPEAL OF INTERNAL REVENUE CODE SECTION 512(A)(7), EXEMPT ORGANIZATIONS ARE NO LONGER SUBJECT TO UNRELATED BUSINESS INCOME TAX ON QUALIFIED TRANSPORTATION FRINGE BENEFITS PROVIDED TO EMPLOYEES. AS A RESULT, THE ORGANIZATION IS FILING THIS AMENDED RETURN TO REMOVE THE AMOUNT REPORTED ON LINE 34. THE ORGANIZATION IS REQUESTING A REFUND ON LINE 55 IN THE AMOUNT OF \$810.