

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: LEGAL AID SOCIETY OF COLUMBUS 403(B) RETIREMENT PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 01/01/1983
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 31-0718185
2c Plan Sponsor's telephone number: 614-824-2507
2d Business code (see instructions): 541110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN 31-4416407	
a Sponsor's name LEGAL AID SOCIETY OF COLUMBUS		4d PN 003	
c Plan Name LEGAL AID SOCIETY OF COLUMBUS 403(B) RETIREMENT PLAN			
5 Total number of participants at the beginning of the plan year	5	128	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).			
a(1) Total number of active participants at the beginning of the plan year	6a(1)	89	
a(2) Total number of active participants at the end of the plan year	6a(2)	92	
b Retired or separated participants receiving benefits	6b	5	
c Other retired or separated participants entitled to future benefits	6c	34	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	131	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0	
f Total. Add lines 6d and 6e	6f	131	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	144	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	131	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	4	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2G 2J 2L 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor
(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor		
(4) <input type="checkbox"/> General assets of the sponsor			

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules		b General Schedules	
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u>
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(4) <input checked="" type="checkbox"/> C (Service Provider Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)	(6) <input type="checkbox"/> G (Financial Transaction Schedules)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary			
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____			
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)			

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan LEGAL AID SOCIETY OF COLUMBUS 403(B) RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>003</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 LEGAL AID SOCIETY OF SOUTHEAST AND CENTRAL OHIO</p>	<p>D Employer Identification Number (EIN) 31-0718185</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE VARIABLE ANNUITY LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	51416	86	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid 4842</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SHIRLEY A. MCALLISTER

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2269			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ROBERT DICKSON

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1629			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LUKE SCOTT

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
707			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CLIENT SUPPORT TEAM

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
219			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JOSEPH RICHARD

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	1107447
5	Current value of plan's interest under this contract in separate accounts at year end.....	3662770
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 1403225
c	Additions: (1) Contributions deposited during the year	7c(1) 53846
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 23827
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 77673
d	Total of balance and additions (add lines 7b and 7c(6))	7d 1480898
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 1174
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 372215
	(4) Other (specify below)..... ▶ CONTRACT SURRENDER CHARGES	7e(4) 62
(5) Total deductions	7e(5) 373451	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 1107447

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan LEGAL AID SOCIETY OF COLUMBUS 403(B) RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>003</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 LEGAL AID SOCIETY OF SOUTHEAST AND CENTRAL OHIO</p>	<p>D Employer Identification Number (EIN) 31-0718185</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VFB047	70	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">5570</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
DALE VAN VALKENBURG

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5539			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
RANDY SHARP

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	1347741
5	Current value of plan's interest under this contract in separate accounts at year end.....	2682184
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ UNALLOCATED ANNUITY CONTRACT	
b	Balance at the end of the previous year	7b 1270271
c	Additions: (1) Contributions deposited during the year	7c(1) 59854
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 26507
	(4) Transferred from separate account	7c(4) 25358
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 111719
d	Total of balance and additions (add lines 7b and 7c(6))	7d 1381990
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 32530
	(2) Administration charge made by carrier.....	7e(2) 50
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ FORFEITURE	7e(4) 1669
(5) Total deductions	7e(5) 34249	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 1347741

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan LEGAL AID SOCIETY OF COLUMBUS 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 LEGAL AID SOCIETY OF SOUTHEAST AND CENTRAL OHIO	D Employer Identification Number (EIN) 31-0718185	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VOYA RETIREMENT INS AND ANNUITY CO

71-0294708

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LEGAL AID SOCIETY OF COLUMBUS 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 LEGAL AID SOCIETY OF SOUTHEAST AND CENTRAL OHIO	D Employer Identification Number (EIN) 31-0718185

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	90
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5072416
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2673496
(15) Other.....	1c(15)	6344954

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation.....	1e	
f	Total assets (add all amounts in lines 1a through 1e).....	1f	7746002 8800209
Liabilities			
g	Benefit claims payable.....	1g	
h	Operating payables.....	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j).....	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	7746002 8800209

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers.....	2a(1)(A)	350421
	(B) Participants.....	2a(1)(B)	317202
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)	667623
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	24009
	(B) U.S. Government securities.....	2b(1)(B)	
	(C) Corporate debt instruments.....	2b(1)(C)	
	(D) Loans (other than to participants).....	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other.....	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	24009
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock.....	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)	0
(3)	Rents.....	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	
	(B) Other.....	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		786200
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1477832

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	423269	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		423269
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	306	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	50	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		356
j Total expenses. Add all expense amounts in column (b) and enter total	2j		423625

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1054207
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MALONEY + NOVOTNY, LLC

(2) EIN: 34-0677006

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>LEGAL AID SOCIETY OF COLUMBUS 403(B) RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LEGAL AID SOCIETY OF SOUTHEAST AND CENTRAL OHIO</u>	D Employer Identification Number (EIN) <u>31-0718185</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 1 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 71-0294708 74-1625348

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500493A.

**LEGAL AID SOCIETY OF COLUMBUS
403(b) RETIREMENT PLAN**

FINANCIAL REPORT

December 31, 2024 and 2023



**LEGAL AID SOCIETY OF COLUMBUS
403(b) RETIREMENT PLAN**

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Management
Legal Aid Society of Columbus
403(b) Retirement Plan
Columbus, Ohio

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We were engaged to perform audits of the financial statements of Legal Aid Society of Columbus 403(b) Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.



Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note B to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions is not reasonably determinable. Accounting principles generally accepted in the United States of America ("GAAP") require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audits of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.



Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to, and we do not, express an opinion on this supplemental schedule.

Meloney + Novotny LLC

Clearwater, Florida
October 8, 2025

**LEGAL AID SOCIETY OF COLUMBUS
403(b) RETIREMENT PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value		
Mutual funds	\$ 3,657,723	\$ 2,963,162
Pooled separate accounts	<u>2,682,184</u>	<u>2,104,391</u>
Total Investments, at fair value	6,339,907	5,067,553
Investments, at contract value		
Fully benefit responsive investment contracts	<u>2,460,234</u>	<u>2,678,359</u>
Total Investments	<u>8,800,141</u>	<u>7,745,912</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 8,800,141</u>	 <u>\$ 7,745,912</u>

The accompanying notes are an integral part of these financial statements.

**LEGAL AID SOCIETY OF COLUMBUS
403(b) RETIREMENT PLAN**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2024

ADDITIONS

Investment income:

Net appreciation in fair value of investments	\$ 786,200
Interest and dividend income	24,009
Total investment income	<u>810,209</u>

Contributions:

Participant deferrals	317,202
Employer contributions	350,421
Total contributions	<u>667,623</u>
Total additions	1,477,832

DEDUCTIONS

Benefits paid to participants	423,269
Administrative expenses	334
Total deductions	<u>423,603</u>

NET INCREASE 1,054,229

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>7,745,912</u>
End of year	<u><u>\$ 8,800,141</u></u>

The accompanying notes are an integral part of these financial statements.

**LEGAL AID SOCIETY OF COLUMBUS
403(b) RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE A - DESCRIPTION OF PLAN

The following description of the Legal Aid Society of Columbus 403(b) Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. *General*

The Plan was adopted by the Legal Aid of Southeast and Central Ohio f/k/a Legal Aid Society of Columbus (the “Organization”) effective January 1, 1983, and was amended and restated on January 1, 2020. The purpose of the Plan is to provide an opportunity for full-time employees to increase their savings and provide additional income upon retirement. The Plan is a defined contribution plan covering substantially all full-time employees of the Organization. Employees are eligible to participate in the Plan and make contributions immediately upon commencement of employment.

2. *Contributions*

The Plan provides for employee salary deferrals on a pre-tax or Roth basis, subject to maximum tax-deferred limitations established by the Internal Revenue Code (“IRC”). Participants age 50 or over may be eligible to make an additional catch-up contribution. Participants may also rollover distributions from other qualified retirement plans.

The Plan allows for nonelective employer contributions, which are fixed and based upon each participant's years of service and compensation. The following table outlines the percentage of each participant's compensation that is contributed to the Plan based on the corresponding years of service:

<u>Years of Service</u>	<u>Contribution Percentage</u>
0	3%
1	4%
2	5%
3+	6%

3. *Vesting*

Participants are immediately vested in elective deferrals, rollover contributions, and the earnings thereon. Participants become 100% vested in the Organization's nonelective employer contributions and earnings thereon after completing 3 years of service with the Organization, or upon death or disability of the participant.

**LEGAL AID SOCIETY OF COLUMBUS
403(b) RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

4. *Forfeitures*

When participants leave the Plan, the nonvested portion of a participant's account represents a forfeiture, as defined by the Plan. Forfeitures can be used to offset Plan expenses or nonelective employer contributions. For the year ended December 31, 2024, \$1,669 of forfeitures was used to offset employer contributions. There were no balances in the forfeiture account at December 31, 2024 or 2023.

5. *Participant accounts*

Each participant's account is increased by the participant's voluntary deferral, the Organization's nonelective contribution, rollovers, and investment earnings. Each participant's account is reduced by investment losses, participant withdrawals, and an allocation of administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which each participant is entitled is the benefit that can be provided from that participant's vested account.

Plan participants are permitted to determine the investments within their account based on a combination of permitted investment options. The Organization has the sole discretion to determine or change the number and nature of investment options in the Plan.

6. *Notes receivable from participants*

The Plan does not allow for participant notes receivable.

7. *Benefits paid to participants*

Distributions are payable upon normal retirement age, death, disability, or termination of employment in the form of a lump-sum amount equal to the vested balance of a participant's account or scheduled distribution payments authorized by the participant or beneficiary. Minimum annual distributions occur to comply with the IRC.

On termination of service, a participant with a balance less than \$5,000 must elect to take a lump-sum distribution or roll the balance into another retirement account. A participant with a balance in excess of \$5,000 may elect to receive a single lump-sum distribution or roll the account balance into a qualifying account.

The Plan also provides for hardship in-service withdrawals if certain restrictions are met.

**LEGAL AID SOCIETY OF COLUMBUS
403(b) RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE B - BASIS OF ACCOUNTING

The financial statements are prepared on an accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

The financial statements of the Plan do not include amounts related to certain investment contracts which became inactive prior to January 1, 2009. As contemplated in the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*, the Organization has made a good faith effort to determine the population of plan participants and has included amounts related to all known contracts in these financial statements. Accordingly, these financial statements are acceptable to the Department of Labor as part of the Plan's Form 5500 filing. However, because of the uncertainty involved in ascertaining all previous arrangements, it is possible that contracts may exist related to this Plan which have not been included in these financial statements and those amounts may be material. U.S. GAAP requires these amounts to be included in the financial statements.

NOTE C - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The significant accounting policies consistently applied in preparation of the accompanying financial statements follows:

1. *Investment valuation and income recognition*

Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

The Plan's investments are stated at fair value except for the fully benefit-responsive investment contracts. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The Plan's management determines the Plan's valuation policies utilizing information provided by the investment adviser. See Note E for discussion of fair value measurements.

The fully benefit-responsive investment contracts are valued at contract value. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees. See Note F for discussion of the guaranteed investment contracts.

**LEGAL AID SOCIETY OF COLUMBUS
403(b) RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE C - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

1. *Investment valuation and income recognition (Continued)*

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

2. *Benefits paid to participants*

Benefits paid to participants are recorded when paid.

3. *Administrative expenses*

Administrative expenses are paid by the Plan to the extent they are not paid by the Organization. Participant fees for plan distributions are charged directly to the specific participants.

4. *Use of estimates*

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

NOTE D - UNAUDITED INFORMATION

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Plan Administrator received certifications from Corebridge Financial, Inc and Voya Retirement Insurance and Annuity Company acknowledging the completeness and accuracy of all investments reflected in the statements of net assets available for benefits at December 31, 2024 and 2023, the supplemental schedule at December 31, 2024, the related investment activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2024, and investment related information in the accompanying notes to the financial statements. This information is unaudited by independent accountants.

**LEGAL AID SOCIETY OF COLUMBUS
403(b) RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE E - FAIR VALUE MEASUREMENTS

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. The inputs used to measure fair value are classified into three levels:

- | | |
|---------|---|
| Level 1 | Quoted market prices in active markets for identical assets and liabilities. |
| Level 2 | Observable market-based inputs or unobservable inputs that are corroborated by market data. |
| Level 3 | Unobservable inputs in which little or no market data exists. |

Investments – The following is a description of the valuation methodology used for assets measured at fair value:

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily price and to transact at that price. These funds are deemed to be actively traded and are classified as Level 1.

Pooled Separate Accounts: The investments in pooled separate accounts are held and managed by Voya. The fair value of investments held in these accounts is based on their reported net asset value (“NAV”). The NAV is based primarily on observable inputs, the market value of the underlying investments, and is classified as Level 2.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in the methodologies used from 2023 to 2024. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**LEGAL AID SOCIETY OF COLUMBUS
403(b) RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 3,657,723	\$ -	\$ -	\$ 3,657,723
Pooled separate accounts	-	2,682,184	-	2,682,184
Total investments at fair value	\$ 3,657,723	\$ 2,682,184	\$ -	\$ 6,339,907
	2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 2,963,162	\$ -	\$ -	\$ 2,963,162
Pooled separate accounts	-	2,104,391	-	2,104,391
Total investments at fair value	\$ 2,963,162	\$ 2,104,391	\$ -	\$ 5,067,553

NOTE F - GUARANTEED INVESTMENT CONTRACTS

The Plan has benefit-responsive investment contracts with Corebridge and Voya. The issuers maintain the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuers are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Interest is credited on contract balances using a single portfolio rate approach. Under this methodology, a single interest rate is applied to all contributions made to the product, regardless of the timing of those contributions. Interest crediting rates are reviewed on a semiannual basis for resetting but may not be less than 2 percent.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan document (including complete or partial plan termination or merger with another plan), (2) bankruptcy of the plan sponsor, or (3) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

As described in Note C(1), because the contracts are fully benefit responsive, contract value is the relevant measurement for that portion of net assets attributable to the investment contract. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

**LEGAL AID SOCIETY OF COLUMBUS
403(b) RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE G – PARTY-IN-INTEREST TRANSACTIONS

Certain plan assets are in investment funds managed by Corebridge Financial (“Corebridge”) and Voya Retirement Insurance and Annuity Company (“Voya”) or their affiliates, including The Variable Annuity Life Insurance Company (“VALIC”). Corebridge and Voya are the custodians of the Plan and are also paid certain administrative expenses. These transactions qualify as party-in-interest transactions, as defined under ERISA guidelines. In addition, the Organization provides certain accounting, recordkeeping and administrative services to the Plan for which it is not compensated.

NOTE H - INCOME TAX STATUS

The Organization adopted the Retirement Plan Professionals 403(b) Volume Submitter Plan. The prototype document has obtained an opinion letter from the Internal Revenue Service (“IRS”) dated March 31, 2017. The IRS determined that the prototype plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since adopting the prototype document. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Company believes the Plan is qualified and the related trust is tax-exempt.

Management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

NOTE I - RISK AND UNCERTAINTIES

The Plan invests in various investment securities. The Plan’s investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits and participants’ individual account balances.

NOTE J - PLAN TERMINATION

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their account and receive distributions of their accounts in accordance with the terms of the Plan.

**LEGAL AID SOCIETY OF COLUMBUS
403(b) RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE K - SUBSEQUENT EVENTS

Effective September 14, 2025, the Organization elected to merge the OSLSA 403(b) Savings and Pension Plan for Management and the OSLSA/NOLSW 403(b) Savings and Pension Plan into the Legal Aid Society of Columbus 403(b) Retirement Plan. Effective September 15, 2025 the Organization changed the Plan name to Legal Aid of Southeast and Central Ohio Retirement Plan and has amended and restated the Plan in the form of FIS Capital Markets US LLC Non-Standardized Pre-Approved 403(b) Plan. Management believes the completion of these mergers will result in an addition of approximately 120 participants to the Plan.

SUPPLEMENTAL SCHEDULE

**LEGAL AID SOCIETY OF COLUMBUS
403(b) RETIREMENT PLAN**

EIN # 31-4416407

Plan Number 003

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b)	(c)	(e)
<u>Identity of issue, borrower, lessor, or similar party</u>	<u>Description of investment including maturity date, interest rate, collateral, par, or maturity value</u>	<u>Current value</u>	<u>value</u>
<u>Mutual Funds:</u>			
* CoreBridge	AGGRESSIVE GROWTH LIFESTYLE	\$ 221,549	
* CoreBridge	ARIEL APPRECIATION FUND	91	
* CoreBridge	BLUE CHIP GROWTH FUND	39,497	
* CoreBridge	CORE BOND FUND	75,213	
* CoreBridge	DIVIDEND VALUE	22,695	
* CoreBridge	EMERGING ECONOMIES	7,168	
* CoreBridge	GLOBAL REAL ESTATE FUND	7,412	
* CoreBridge	GLOBAL STRATEGY	35,127	
* CoreBridge	GOVERNMENT SECURITIES FUND	181	
* CoreBridge	GROWTH FUND	37,255	
* CoreBridge	GS VIT GOV MONEY MKT FD INST	98,413	
* CoreBridge	HIGH YIELD BOND FUND	1,868	
* CoreBridge	INFLATION PROTECTED FUND	9,131	
* CoreBridge	INTERNATIONAL GOVERNMENT BOND	31,247	
* CoreBridge	INTERNATIONAL GROWTH FUND	37,883	
* CoreBridge	INTERNATIONAL VALUE FUND	8,655	
* CoreBridge	INTERNATIONAL EQUITIES INDEX FUND	150,056	
* CoreBridge	INTERNATIONAL OPPORTUNITIES	1,503	
* CoreBridge	INTERNATIONAL SOCIALLY RESPONSIBLE FUND	9,217	
* CoreBridge	LARGE CAPITAL GROWTH	217	
* CoreBridge	MID CAP INDEX FUND	466,173	
* CoreBridge	MID CAP STRATEGIC GROWTH	42,219	
* CoreBridge	MID CAP VALUE FUND	1,876	
* CoreBridge	MODERATE GROWTH LIFESTYLE	215,475	
* CoreBridge	NASDAQ-100(R) INDEX FUND	17,302	
* CoreBridge	SCIENCE & TECHNOLOGY FUND	330,928	
* CoreBridge	SMALL CAP GROWTH FUND	39,594	
* CoreBridge	SMALL CAP INDEX FUND	349,310	
* CoreBridge	SMALL CAP SPECIAL VALUE FUND	108	
* CoreBridge	SMALL CAP VALUE FUND	18,583	

**LEGAL AID SOCIETY OF COLUMBUS
403(b) RETIREMENT PLAN**

EIN # 31-4416407

Plan Number 003

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

December 31, 2024

(a)	(b)	(c)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, interest rate, collateral, par, or maturity value	Current value
*	CoreBridge	STOCK INDEX FUND	\$ 695,436
*	CoreBridge	SYSTEMATIC CORE FUND	94,908
*	CoreBridge	SYSTEMATIC VALUE	28,588
*	CoreBridge	US SOCIALLY RESPONSIBLE FUND	28,786
*	CoreBridge	VC I CONSERV GROWTH LIFESTYLE	115,882
*	CoreBridge	VC I CAPITAL APPRECIATION	526
*	CoreBridge	ASSET ALLOCATION FUND	3,763
	T. Rowe Price	T ROWE PRICE RETIREMENT 2025 ADV	18,942
	T. Rowe Price	T ROWE PRICE RETIREMENT 2030 ADV	17,789
	T. Rowe Price	T ROWE PRICE RETIREMENT 2035 ADV	1,836
	T. Rowe Price	T ROWE PRICE RETIREMENT 2040 ADV	7,649
	T. Rowe Price	T ROWE PRICE RETIREMENT 2045 ADV	5,662
	T. Rowe Price	T ROWE PRICE RETIREMENT 2050 ADV	68,588
	T. Rowe Price	T ROWE PRICE RETIREMENT 2055 ADV	67,931
	T. Rowe Price	T ROWE PRICE RETIREMENT 2060 ADV	92,826
	Vanguard	VANGUARD LIFESTRATEGY GROWTH	3,627
	Vanguard	VANGUARD LIFESTRATEGY MODERA	54,914
	Vanguard	VANGUARD LONG-TERM TREASURY	19,921
	Vanguard	VANGUARD LT INV-GRADE FUND	6,694
	Vanguard	VANGUARD WELLINGTON FUND INC	30,301
	Vanguard	VANGUARD WINDSOR II	17,208
			3,657,723
<u>Pooled Separate Accounts:</u>			
*	Voya	AMERICAN FUNDS AM BALANCED R3	481,533
*	Voya	AMERICAN FUNDS EUROPACIFIC R3	66,155
*	Voya	AMERICAN FUNDS GROWTH FND R3	58,355
*	Voya	AMERICAN FUNDS WASH MUTUAL R3	204,075
*	Voya	ARIEL FUND INV	9,890
*	Voya	FIDELITY VIP CONTRAFUND PT I	234,108
*	Voya	FIDELITY VIP EQTY-INC PRT I	123,094
*	Voya	FIDELITY VIP GROWTH PORT I	105,081
*	Voya	IMPAX SUST ALLOC FUND INV	18,324
*	Voya	PIONEER HIGH YIELD FUND A	52,733
*	Voya	TEMPLETON FOREIGN FUND A	4,843
*	Voya	VANGUARD VIF - DIVRSD VL PORT	206,209
*	Voya	VANGUARD VIF - SM COMP GRW PORT	96,008

**LEGAL AID SOCIETY OF COLUMBUS
403(b) RETIREMENT PLAN**

EIN # 31-4416407

Plan Number 003

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

December 31, 2024

(a)	(b)	(c)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, interest rate, collateral, par, or maturity value	Current value	
* Voya	VOYA INDEX PLUS LARGE CAP PRT I	\$ 3,190	
* Voya	VOYA INDEX PLUS MIDCAP PRT I	65,611	
* Voya	VOYA INDEX PLUS SMALLCAP PRT I	64,755	
* Voya	VOYA INTERMEDIATE BOND PRT I	56,937	
* Voya	VOYA SOLUTION 2025 PORT SRV2	9,906	
* Voya	VOYA SOLUTION 2035 PORT SRV2	425,971	
* Voya	VOYA SOLUTION 2045 PORT SRV2	170,908	
* Voya	VOYA SOLUTION 2050 PORT SRV2	1,385	
* Voya	VOYA SOLUTION 2055 PORT SRV2	64,997	
* Voya	VOYA SOLUTION INCOME PT SRV2	58,411	
* Voya	VY INV GLOB PORTF - INIT CL	63,932	
* Voya	VY T ROWE PRICE DIVR MDCP GR PT I	35,773	
		<u>2,682,184</u>	
<u>Guaranteed Investment Contracts:</u>			
* Corebridge	FIXED ACCOUNT PLUS	1,105,554	
* Corebridge	SHORT TERM FIXED ACCOUNT	6,939	
* Voya	VOYA FIXED PLUS ACCOUNT II A	715,621	
* Voya	VOYA FIXED PLUS ACCT II (4571)	632,120	
		<u>2,460,234</u>	
Total Investments		<u>\$ 8,800,141</u>	

* Party-in-interest.

** Column (d) Cost is omitted for participant directed investments.

**LEGAL AID SOCIETY OF COLUMBUS
403(b) RETIREMENT PLAN**

EIN # 31-4416407

Plan Number 003

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b)	(c)	(e)
<u>Identity of issue, borrower, lessor, or similar party</u>	<u>Description of investment including maturity date, interest rate, collateral, par, or maturity value</u>	<u>Current value</u>	
<u>Mutual Funds:</u>			
* CoreBridge	AGGRESSIVE GROWTH LIFESTYLE	\$ 221,549	
* CoreBridge	ARIEL APPRECIATION FUND	91	
* CoreBridge	BLUE CHIP GROWTH FUND	39,497	
* CoreBridge	CORE BOND FUND	75,213	
* CoreBridge	DIVIDEND VALUE	22,695	
* CoreBridge	EMERGING ECONOMIES	7,168	
* CoreBridge	GLOBAL REAL ESTATE FUND	7,412	
* CoreBridge	GLOBAL STRATEGY	35,127	
* CoreBridge	GOVERNMENT SECURITIES FUND	181	
* CoreBridge	GROWTH FUND	37,255	
* CoreBridge	GS VIT GOV MONEY MKT FD INST	98,413	
* CoreBridge	HIGH YIELD BOND FUND	1,868	
* CoreBridge	INFLATION PROTECTED FUND	9,131	
* CoreBridge	INTERNATIONAL GOVERNMENT BOND	31,247	
* CoreBridge	INTERNATIONAL GROWTH FUND	37,883	
* CoreBridge	INTERNATIONAL VALUE FUND	8,655	
* CoreBridge	INTERNATIONAL EQUITIES INDEX FUND	150,056	
* CoreBridge	INTERNATIONAL OPPORTUNITIES	1,503	
* CoreBridge	INTERNATIONAL SOCIALLY RESPONSIBLE FUND	9,217	
* CoreBridge	LARGE CAPITAL GROWTH	217	
* CoreBridge	MID CAP INDEX FUND	466,173	
* CoreBridge	MID CAP STRATEGIC GROWTH	42,219	
* CoreBridge	MID CAP VALUE FUND	1,876	
* CoreBridge	MODERATE GROWTH LIFESTYLE	215,475	
* CoreBridge	NASDAQ-100(R) INDEX FUND	17,302	
* CoreBridge	SCIENCE & TECHNOLOGY FUND	330,928	
* CoreBridge	SMALL CAP GROWTH FUND	39,594	
* CoreBridge	SMALL CAP INDEX FUND	349,310	
* CoreBridge	SMALL CAP SPECIAL VALUE FUND	108	
* CoreBridge	SMALL CAP VALUE FUND	18,583	

**LEGAL AID SOCIETY OF COLUMBUS
403(b) RETIREMENT PLAN**

EIN # 31-4416407

Plan Number 003

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

December 31, 2024

(a)	(b)	(c)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, interest rate, collateral, par, or maturity value	Current value
*	CoreBridge	STOCK INDEX FUND	\$ 695,436
*	CoreBridge	SYSTEMATIC CORE FUND	94,908
*	CoreBridge	SYSTEMATIC VALUE	28,588
*	CoreBridge	US SOCIALLY RESPONSIBLE FUND	28,786
*	CoreBridge	VC I CONSERV GROWTH LIFESTYLE	115,882
*	CoreBridge	VC I CAPITAL APPRECIATION	526
*	CoreBridge	ASSET ALLOCATION FUND	3,763
	T. Rowe Price	T ROWE PRICE RETIREMENT 2025 ADV	18,942
	T. Rowe Price	T ROWE PRICE RETIREMENT 2030 ADV	17,789
	T. Rowe Price	T ROWE PRICE RETIREMENT 2035 ADV	1,836
	T. Rowe Price	T ROWE PRICE RETIREMENT 2040 ADV	7,649
	T. Rowe Price	T ROWE PRICE RETIREMENT 2045 ADV	5,662
	T. Rowe Price	T ROWE PRICE RETIREMENT 2050 ADV	68,588
	T. Rowe Price	T ROWE PRICE RETIREMENT 2055 ADV	67,931
	T. Rowe Price	T ROWE PRICE RETIREMENT 2060 ADV	92,826
	Vanguard	VANGUARD LIFESTRATEGY GROWTH	3,627
	Vanguard	VANGUARD LIFESTRATEGY MODERA	54,914
	Vanguard	VANGUARD LONG-TERM TREASURY	19,921
	Vanguard	VANGUARD LT INV-GRADE FUND	6,694
	Vanguard	VANGUARD WELLINGTON FUND INC	30,301
	Vanguard	VANGUARD WINDSOR II	17,208
			3,657,723
<u>Pooled Separate Accounts:</u>			
*	Voya	AMERICAN FUNDS AM BALANCED R3	481,533
*	Voya	AMERICAN FUNDS EUROPACIFIC R3	66,155
*	Voya	AMERICAN FUNDS GROWTH FND R3	58,355
*	Voya	AMERICAN FUNDS WASH MUTUAL R3	204,075
*	Voya	ARIEL FUND INV	9,890
*	Voya	FIDELITY VIP CONTRAFUND PT I	234,108
*	Voya	FIDELITY VIP EQTY-INC PRT I	123,094
*	Voya	FIDELITY VIP GROWTH PORT I	105,081
*	Voya	IMPAX SUST ALLOC FUND INV	18,324
*	Voya	PIONEER HIGH YIELD FUND A	52,733
*	Voya	TEMPLETON FOREIGN FUND A	4,843
*	Voya	VANGUARD VIF - DIVRSD VL PORT	206,209
*	Voya	VANGUARD VIF - SM COMP GRW PORT	96,008

**LEGAL AID SOCIETY OF COLUMBUS
403(b) RETIREMENT PLAN**

EIN # 31-4416407

Plan Number 003

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

December 31, 2024

(a)	(b)	(c)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, interest rate, collateral, par, or maturity value	Current value	
* Voya	VOYA INDEX PLUS LARGE CAP PRT I	\$ 3,190	
* Voya	VOYA INDEX PLUS MIDCAP PRT I	65,611	
* Voya	VOYA INDEX PLUS SMALLCAP PRT I	64,755	
* Voya	VOYA INTERMEDIATE BOND PRT I	56,937	
* Voya	VOYA SOLUTION 2025 PORT SRV2	9,906	
* Voya	VOYA SOLUTION 2035 PORT SRV2	425,971	
* Voya	VOYA SOLUTION 2045 PORT SRV2	170,908	
* Voya	VOYA SOLUTION 2050 PORT SRV2	1,385	
* Voya	VOYA SOLUTION 2055 PORT SRV2	64,997	
* Voya	VOYA SOLUTION INCOME PT SRV2	58,411	
* Voya	VY INV GLOB PORTF - INIT CL	63,932	
* Voya	VY T ROWE PRICE DIVR MDCP GR PT I	35,773	
		<u>2,682,184</u>	
<u>Guaranteed Investment Contracts:</u>			
* Corebridge	FIXED ACCOUNT PLUS	1,105,554	
* Corebridge	SHORT TERM FIXED ACCOUNT	6,939	
* Voya	VOYA FIXED PLUS ACCOUNT II A	715,621	
* Voya	VOYA FIXED PLUS ACCT II (4571)	632,120	
		<u>2,460,234</u>	
Total Investments		<u>\$ 8,800,141</u>	

* Party-in-interest.

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