Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

G **Open to Public**

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and t	the
Go to www.iis.uov/i 0////330 for ilistructions and i	1110

Inspection

<u>A</u>	or th	e 2022 cale	endar year, or tax year beginning	an	d ending								
в.			C Name of organization					D Emp	oloye	r identification nu	umber		
	леск іга	applicable:	LEGAL AID SOCIETY OF	THE DISTRICT OF COLU	MBIA								
	Addres	ss change	Doing business as					53-	01	96600			
	Name	change	Number and street (or P.O. box if ma	ail is not delivered to street address)		Room/su	ite	E Telephone number					
	Initial	return	1331 H STREET, N.W.,	SUITE 350				(202)628-1161					
	Final r	eturn/terminated	City or town, state or province, coun	try, and ZIP or foreign postal code				G Gro	ss re	receipts \$			
	Ameno	led return	WASHINGTON, DC 20005							14,635,5	35.		
	Applic	ation pending	F Name and address of principal office	" VIKRAM SWARUUP			H(a) Is this	a group i linates?	return f	or Yes	X No		
			1331 H STREET, N.W.,	SUITE 350, WASHINGTO	N, DC 2	0005	H(b) Are all		nates i	ncluded? Yes	No		
I	Tax-ex	empt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	lf "	No," atta	ach a	list. See instructions.			
J	Webs	ite: WW	W.LEGALAIDDC.ORG WWW	.MAKINGJUSTICEREAL.O	RG		H(c) Group	exemp	tion n	umber			
κ	Form	of organizatio	on: X Corporation Trust	Association Other	L Yea	r of format	ion: 1934	4 M S	State	of legal domicile:	DC		
Ρ	art I	Summ	ary										
	1	Briefly des	scribe the organization's mission or	most significant activities: TO	PROVIDE	CIVIL	LEGAL	AID) T	0			
e		INDIVI	DUALS, FAMILIES, AND	COMMUNITIES IN THE DI	ISTRICT	OF CO	LUMBIA						
Governance			ULD NOT OTHERWISE AFF										
/eri	2	Check this	s box if the organization of	liscontinued its operations or o	disposed of	more t	han 25%	of i	ts r	net assets.			
ĝ	3	Number of	f voting members of the governing	body (Part VI, line 1a)					3		50		
∞ ∽	4		f independent voting members of t						4		50		
itie	5		ber of individuals employed in cale						5		114		
Activities &	6		ber of volunteers (estimate if necess					F	6		300		
Ă	7a		lated business revenue from Part V						7a				
	b	Net unrela	ated business taxable income from I	Form 990-T, Part I, line 11				[7b				
							Prior Ye			Current Y	ear		
¢	8	Contributio	ons and grants (Part VIII, line 1h)				10,304	1,55	9.	12,396	,017.		
nue	9		service revenue (Part VIII, line 2g)				141	1,83	9.	32	,307.		
Revenue	10		t income (Part VIII, column (A), line				58	8,09	2.	94	,900.		
2	11		enue (Part VIII, column (A), lines 5,				-18	3,93	7.		,704.		
	12		nue - add lines 8 through 11 (must				10,485	5,55	3.	12,396			
	13	Grants an	d similar amounts paid (Part IX, colu	ımn (A), lines 1-3)					NE		NONE		
	14	Benefits p	aid to or for members (Part IX, colu	mn (A), line 4)				NC	NE		NONE		
ŝ	15		other compensation, employee bene				8,339	9,90	3.	9,257	,531.		
Expenses	16 a	Professior	rofessional fundraising fees (Part IX, column (A), line 11e)								NONE		
xpe	b		raising expenses (Part IX, column (I										
ш	17	Other exp	enses (Part IX, column (A), lines 11	1,530),37	5.	1,671	,875.					
	18		nses. Add lines 13-17 (must equal				9,870,278.			10,929			
	19		ess expenses. Subtract line 18 from				615	5,27	5.	1,467	,114.		
ces							ning of Cur	rrent Y	ear	End of Yea			
Net Assets or Fund Balances	20	Total asse	ts (Part X, line 16)				11,128	3,95	0.	14,917	,002.		
As	21		ities (Part X, line 26)				1,487	7,97	6.	4,536	,928.		
Pun	22	Net assets	s or fund balances. Subtract line 21	from line 20			9,640),97	4.	10,380	,074.		
Pa	art II	Signat	ure Block										
Un	der pe	nalties of per	rjury, I declare that I have examined thi plete. Declaration of preparer (other than	s return, including accompanying sche	dules and sta	itements, a	and to the b	pest of	my l	knowledge and be	elief, it is		
tru	e, corre	ect, and com	plete. Declaration of preparer (other than	oncer) is based on an information of w	nich preparer	nas any kr	iowiedge.						
<u>.</u>							(09/1	9/	2023			
Sig		Signature o	of officer				Date	9					
Не	re	VIKRAM	SWARUUP	EXECU	JTIVE DI	RECTO	R						
		Type or prir	nt name and title										
De!	J	Print/Type	preparer's name	Preparer's signature	Date		Check	<	if ^I	PTIN			
Paie		BRIAN W DOW, CPA							d	P00367740			
	parer Only	Firm's nam	e SARFINO AND RHOAD	DES, LLP			Firm's EIN		5	2-0961657			
036	Gilly	Firm's add	ress 11921 ROCKVILLE PIKE	, SUITE 501 NORTH BETHESDA, MI	20852-279	4	Phone no.		3	01-770-550)0		
Ma	y the	IRS discu	ss this return with the preparer	shown above? See instructions	3	<u></u> .	<u></u>	<u>.</u>		77 14	No		
For	Pape	rwork Red	uction Act Notice, see the separat	e instructions.						Form 990	(2022)		
			-										

LEGAL	AID	SOCIETY	OF	THE	DISTRICT	OF	COLUMBIA	53-0196600

For	rm 990 (2022)	CIETY OF THE DISTRICT OF C	OLUMBIA 53-0196600	Page 2
	art III Statement of Program Service Accomp			
-	Check if Schedule O contains a response	e or note to any line in this Part III	<u></u>	. X
1	Briefly describe the organization's mission: SEE SCHEDULE O			
	SEE SCHEDULE O			
2	Did the organization undertake any significant pro			X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule			
3	Did the organization cease conducting, or ma		conducts, any program	
-	services?			X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service acc			
	expenses. Section 501(c)(3) and 501(c)(4) organ the total expenses, and revenue, if any, for each pr		amount of grants and allocations t	o others
4a	a (Code:) (Expenses \$8,648,013.	including grants of \$) (Revenue \$)
	SEE SCHEDULE O			
<u>4h</u>	o (Code:) (Expenses \$	including grants of \$) (Revenue \$)
70)
4c	: (Code:) (Expenses \$	including grants of \$	_) (Revenue \$)
4d	d Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	e Total program service expenses 8,64	8,013.		

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
-	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
••	VII, VII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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Form 990 (2022)

Form **990** (2022)

Part V Checklist of Required Schedules (continued) Yee No 22 Did the organization report more than 55,000 of grants or other assistance to or for domestic individuals on Part IK, column A, Jine 27 if Yes, "complete Schedule A, and the organization answer Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the through 24 drade complete Schedule A. 22 X 24 Did the organization area tax-exempt bond issue with an outstanding principal amount of more than 5100,000 as of the last day of the year, that was issued after December 31, 2022? If Yes," answer fixes 24 X 24 Did the organization invest any proceeds of tax-exempt bond issue with an outstanding principal amount of more than 5100,000 as of the last day of the year, and relunding sectors and year. 244 24 Did the organization and an on obehal of lissue with an outstanding at my line during the year? 246 25 Section 501(c)(3), 501(c)(43), and 501(c)(23) organizations. Did the organization regote in an excess benefit transaction with a disqualified person during the year? 246 25 Did the organization regote any anount on Part X, line 5 of 22. for receivables from or payables to any current or former officer, director, trustee, key employee, creator of founder, substantial contributor or 300 of these persons? If Yes," complete Schedule L, Part I, the Section L, Part II. 25 X 27 Did the organiz	Form 9	90 (2022)		F	-age 4
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 21 // Yies, "complete Schedule I, Parts I and III. 22 x 23 Did the organization report man of forcer. directors, trustoes, key employees, and highest compensation of the organization have as tax-exempt bond issue with an outstanding principal amount of more than \$100,000 so of the last day of the year, that we sissued after Deember 31, 2002 // Yies, "camplete Schedule I, Haw," Complete Schedule I, Haw, "Go to ine 26a. 24a X 24 Did the organization maintain an escrew account other than a refunding principal amount of more than the today of the year, that we sissued after Deember 31, 2002 // Yies," camplete Schedule I, Part I. 24a x 24 Did the organization maintain an escrew account other than a refunding principal mount of more than a principal amount of a transaction with a disqualified person and uning the year // Yies," complete Schedule I, Part I. 24d 24d 25 Section SO((2)), SO((2)), do((2)), do((2)), and SO((2)) organizations. 27d 26d 26d 2 <d td=""> 2</d>	Part	V Checklist of Required Schedules (continued)			
Part IX, column (A), line 27 if Yes, complete Schedule I, Pars I and III. 22 x 21 Did the organization nerver Yes' to Part VIII. Section A, line 3.4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees 71 Yes, complete Schedule A, and the sectors at 2022 // Yes, answer lines 240 24 21 Did the organization nerve a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the lead day of the year. Intravastication dare December 31, 2022 // Yes, answer lines 240 244 x 2 Did the organization inverse thord? 244 x 246 246 2 Did the organization inverse thord? 246 246 246 246 2 Did the organization inverse thord? 246 246 246 246 2 Did the organization may benchod? 246 246 246 246 246 2 So Section Schedule L, Part I. 240 246 2				Yes	No
23 Did the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5, about compensation of the organization scurrent and former officer. directors, trustees, key employees, and highest compensation of the through 24 and complete Schedule J. 24 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? // "Yes," answer lines 240 if the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24 b Did the organization area an 'on behalf of issue for bonds outstanding at any time during the year? 24d c Did the organization act as an 'on behalf of issue for bonds outstanding at any time during the year? 24d 25a Section 501(c)(a), 501(c)(a), and 501(c)(c)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year // "Yes," complete Schedule I, Part II. 25a 25 Did the organization avea that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction avea that substantial contributor, or a 'sys', complete Schedule I, Part II. 25b 25 Did the organization avea that is engaged in the So 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or any of the seperson? If 'Yes,' complete Schedule I, Part II. 26 Did the organization prove that a substantial contributor or employee theredo I, and substantial contributo	22				
arguization's current and former officers, directors, trustees, key employees, and highest componented a x 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b x 24b Did the organization maintain an encore account other than a relunding sectore at any time during the year 24a x 24b Did the organization maintain an encore account other than a relunding sectore at any time during the year 24d zdd 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spore 500 or 930 certain to the sector of tormer officer, fursetor, trustee, key employee, creator or founder, substantial contributor, a 55%, controlled entity of ramily member of any of these persons 21" ("Yes," complete Schedule L, Part I. 25 x 27 Did the organization reported an any solution to Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, a ubstantial contributor a 55%, controlled entity of family member of any of these persons 21" ("Yes," complete Schedule L, Part I. 26 x 27 Ui the organization reported an any current or former officer, director, trustee, key employee, creator or founder, a grant stolection committee member, or to a 55%, controlled entity of anity member of any orid thesese persons 21" ("Yes," complete Schedule L, Pa			22		Х
employees? If 'Yes' complete Schedule J. 23 X 240 Did the organization have a tax-exempt bond issue with an outstanding principal anount of more than \$100.000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'' go to line 25a 24a X b Did the organization invest any proceeds of lax-exempt bonds beyond a temporary period exception'	23	-			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100.000 as of the list day of the year in twais issued after December 31. 2002? If "Yes," answer lines 24a 24a 24a 2 Did the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception? 24a 24a 2 Did the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception? 24a 24a 2 Did the organization mixed as an "on behall of" issuer for bonds beyond a temporary period exception? 24a 24a 25a Section S01(c)(3). S01(c)(4), and S01(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person (in a prior year, and that the transaction has not been perorted on any of the organization provide any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, 7 if Yes," complete Schedule L, Part II. 26 27 Did the organization reportes dan any organization reported. 27 X 27 28 was the organization reportes dan any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, 7 if Yes," complete Schedule L, Part II. 26 2 29 Did the organization reportes dan any current or former officer, director, trustee, Key employee, creator or founder, substantial contributor? If 'Yes," complete Schedule L, Part II. 27 X 28 Was the organization releve contribut					
\$10.000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer line 24b 24a 2 bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception". 24b 2 bid the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 2 bid the organization act as an 'on behalf of 'issuer tor bonds outstanding at any time during the year'. 24c 2 big the organization act as an 'on behalf of 'issuer tor bonds outstanding at any time during the year'. 24c 2 big the organization act as an 'on behalf of 'issuer' tor bonds outstanding at any time during the year'. 24c 2 big the organization act as an 'on behalf of 'issuer' tor bonds outstanding at any time during the year'. 24c 2 big the organization expent that I engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction A part of any of the organization expent any amount on Part X, line 5 or 22, for receivables from or payables to any other or tormer officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity of them solstander to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If 'Yes,' complete Schedule L, Part II. 2 Was the organization axpert to a business transaction with ore of the following parties (see the Schedule L) 27 x 2 Was the organization axpert to a business transaction with ore of the following parties (see the Schedule L)			23	X	
through 244 and complete Schedule K /f 'Wo, 'go to line 25a 24a x b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d c Did the organization as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24d 24d 25 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? // 'Sc, 'complete Schedule L, Part I. 25a x b Is the organization at are that it engaged in an excess benefit transaction with a disqualified person any organizations prior Forms 990 or 930-E27 25b x 25 Did the organization prior than y amount on Part X, line 5 or 22, for receivables from or payables to any current or former officerd, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part I. 25 x 27 Did the organization provide a grant or other assistance to any current or former officerd, furstee, key employee, creator or founder, substantial contributor, or 35%, controlled entity (including an employee thereof, a grant selection committee member, or to a 33% controlled entity (including an employee thereof). 26 x 28 Was the organization applicable filing thresholds, conditions, and exceptions): 27 x 29 Not the organization receive contributions of ant, historical tresaures, or outstantial contributor?	24 a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?					
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24c d Did the organization act as an 'on behalf of' issue for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in uning the year? If 'Yes,' complete Schedule L, Part I. 25a z b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in any of the organization's prior Forms 990 or 930-E27 25b z Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II. 26 27 Did the organization approaches transaction with one of the following parties (see the Schedule L, Part II. 26 28 Was the organization applicable filing thresholds, conditions, and exceptions): 27 x 29 Was the organization applicable filing thresholds conditions, and exceptions): 28b x 29 A current of former officer, director, trustes, key employee, creator or founder, substantial contributor or employee thereof 0 are substantial contributor or substantial contributors or substantial contributors or substantial contributors or substantial contributors or substantial					Х
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d Did the organization acts as an "on behalf of "issuer for bonds outstanding at any time during the year?	С				
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction and the respective of the organization sport any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 26 X 27 Did the organization aport any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 27 X 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part II. 27 X 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part II. 28 X 29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part II. 28 X 29 Did the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part II. 28 X 20 Did the organization color. Did the organization color. X 28 X					
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38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 x Part V Statements Regarding Other IRS Filings and Tax Compliance Yes Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	-		37		х
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Image: Check if Schedule O contains a response or note to any line in this Part V b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Image: Check if Schedule O contains a reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Image: Check if Schedule O contains a response or note to any line in this Part V	38				
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 9 9 b Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X			38	Х	
Yes No 1a 9 9 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	Part				
1a 9 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 9 b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					
reportable gaming (gambling) winnings to prize winners?					
	С		4 -	37	
	JSA				(2022)

LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA

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Form	990 (2022)		F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 114			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		L
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0.0		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders.			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069.			

Form 9	90 (202	2) LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA 53-0196	600	F	Page 6
Part	: VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,			
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S			
		Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A.	Governing Body and Management		Maa	N
				Yes	No
1a		the number of voting members of the governing body at the end of the tax year 1a 50			
	if the	e are material differences in voting rights among members of the governing body, or governing body delegated broad authority to an executive committee or similar			
	comm	ittee, explain on Schedule O.			
b		the number of voting members included on line 1a, above, who are independent 1b 50			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with	•		37
	•	her officer, director, trustee, or key employee?	2		X
3		e organization delegate control over management duties customarily performed by or under the direct	•		37
		vision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4		organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5		e organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		e organization have members or stockholders?	6		X
7a		e organization have members, stockholders, or other persons who had the power to elect or appoint	7-		37
		more members of the governing body?	7a		X
b		ny governance decisions of the organization reserved to (or subject to approval by) members,	76		37
-		nolders, or persons other than the governing body?	7b		X
8		e organization contemporaneously document the meetings held or written actions undertaken during			
	-	ar by the following:	80	v	
a		overning body?	8a 8b	X X	
b		committee with authority to act on behalf of the governing body?	00	Λ	
9	Is the	e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at ganization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		x
Secti		Policies (This Section B requests information about policies not required by the Internal Revenue (-)	Δ
0000			5000	Yes	No
100	Did th	e organization have local chapters, branches, or affiliates?	10a		X
		s," did the organization have written policies and procedures governing the activities of such chapters,			
D		es, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		e organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b		ibe on Schedule O the process, if any, used by the organization to review this Form 990.			
		e organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		officers, directors, or trustees, and key employees required to disclose annually interests that could give			
~		conflicts?	12b	Х	
С		e organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
-		be on Schedule O how this was done	12c	Х	
13		e organization have a written whistleblower policy?	13	Х	
14		e organization have a written document retention and destruction policy?	14	Х	
15		e process for determining compensation of the following persons include a review and approval by			
		endent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	-	ganization's CEO, Executive Director, or top management official	15a	Х	
b		officers or key employees of the organization	15b	Х	
		" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did th	e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a	taxable entity during the year?	16a		X
b		s," did the organization follow a written policy or procedure requiring the organization to evaluate its			
		pation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		zation's exempt status with respect to such arrangements?	16b		
Secti		Disclosure			
17		e states with which a copy of this Form 990 is required to be filed			
18		n 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(sect	ion 5	01(c)
		hly) available for public inspection. Indicate how you made these available. Check all that apply.			
		Dwn website X Another's website X Upon request Other (explain on Schedule O)			
19		be on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	inter	est p	olicy,
		nancial statements available to the public during the tax year.			
20		the name, address, and telephone number of the person who possesses the organization's books and records	6		
		ERINE HAYS 1331 H STREET, N.W. WASHINGTON, DC 20005 386-6673	E	000	(2022)
JSA			rorm	330	(2022)
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

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

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	(C) Position Io not check more than one bx, unless person is both an ficer and a director/trustee) Individual trustee Individual trustee		(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1) ERIC ANGEL	40.00								
PAST EXECUTIVE DIRECTOR	NONE			х			359,469.	NONE	120.
(2) ROBERT PERGAMENT	40.00								
DEVELOPMENT DIRECTOR	NONE				х		161,238.	NONE	19,873.
(3) JENNIFER MEZEY	40.00								
CO-INTERIM EXECUTIVE DIRECTOR	NONE				х		153,519.	NONE	12,573.
(4) STEPHANIE N TROYER	40.00								
CO-INTERIM EXECUTIVE DIRECTOR	NONE				Х		146,814.	NONE	18,654.
(5) KATHERINE HAYS	40.00								
DIRECTOR OF OPERATIONS	NONE			Х			152,369.	NONE	12,720.
(6) RACHEL RINTELMANN	40.00								
CO-INTERIM EXECUTIVE DIRECTOR	NONE				Х		141,962.	NONE	15,649.
(7) JONATHAN LEVY	40.00	-							
DIRECTOR	NONE				X		134,880.	NONE	15,615.
(8) DEBORAH BRAND BAUM	0.50								
BOARD MEMBER	NONE	Х					NONE	NONE	NONE
(9) JOHN RELMAN	0.50	-							
BOARD MEMBER	NONE	Х					NONE	NONE	NONE
(10) JOHN T. BYRNES	0.50								
BOARD MEMBER	NONE	Х					NONE	NONE	NONE
(11) STEVE BRODY	0.50								
BOARD MEMBER	NONE	Х					NONE	NONE	NONE
(12) DAVID S. DANTZIC	2.00								
IMMEDIATE PAST PRES.	NONE	Х		Х			NONE	NONE	NONE
(13) JOAN E. MCKOWN	4.00								
PRESIDENT	NONE	Х		Х			NONE	NONE	NONE
(14) PHILIP HORTON	0.50								
BOARD MEMBER	NONE	Х					NONE	NONE	NONE

Form 990 (2022)

Form	990	(2022)	
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Form 990 (2022)										Page 8
Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	plo	yee	es,	and I	Higl	hest Compensat	ed Employees (c	ontinued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	neck ss pe	rson	e than of is both or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
15) DANIEL JARCHO	0.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(16) MARY LOU SOLLER	0.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
17) KURT RICHTER	0.50									
BOARD MEMBER	NONE	x						NONE	NONE	NONE

18) PETER SPIVACK	0.50								
BOARD MEMBER	NONE	Х					NONE	NONE	NONE
19) JENNIFER LEVY	2.00								
BOARD MEMBER	NONE	Х					NONE	NONE	NONE
20) BRADLEY S. LUI	0.50								
BOARD MEMBER	NONE	Х					NONE	NONE	NONE
21) PHILIP BARTZ	2.00								
SECRETARY	NONE	Х		x			NONE	NONE	NONE
22) DEAN BUNCH	2.30								
TREASURER	NONE	Х		x			NONE	NONE	NONE
23) ANNEMARGARET CONNOLLY	0.50								
BOARD MEMBER	NONE	Х					NONE	NONE	NONE
24) JONICE GRAY TUCKER	2.00								
VICE PRESIDENT	NONE	Х		x			NONE	NONE	NONE
25) KIMBERLY PARKER	0.50								
BOARD MEMBER	NONE	Х					NONE	NONE	NONE
1b Sub-total							1,250,251.	NONE	95,204.
c Total from continuation sheets to Part VII, S							NONE	NONE	NONE
d Total (add lines 1b and 1c)							1,250,251.	NONE	95,204.
2 Total number of individuals (including but not	limited to t	معمد	lictad	aho	a) wh	o ro	ceived more than	\$100 000 of	

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 🕨 14

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

Yes No

3

4

5

	(A)	(B)			(0	C)			(D)	(E)	(F)
	Name and title	Average hours per week (list any hours for	box, office	not ch unles er and	Posi ieck s pe l a d	ition more rson lirect	e than o is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
) SHEILA CHESTON	0.50									
	ARD MEMBER	NONE	X						NONE	NONE	NO
27) MICHAEL CALHOON	0.50	-								
BC	ARD MEMBER	NONE	Х						NONE	NONE	NO
28) KWAKU AKOWUAH	2.00									
BC	ARD MEMBER	NONE	Х						NONE	NONE	NO
29) RANDALL BRATER	0.50									
BC	ARD MEMBER	NONE	Х						NONE	NONE	NO
30) MICHAEL ZOLANDZ	0.50									
BC	ARD MEMBER	NONE	x						NONE	NONE	NO
) NADIRA CLARKE	2.00									
		NONE	x						NONE	NONE	NO
-) CHRISTIE GRYMES THOMPSON	0.50									1.0.
	ARD MEMBER	NONE	x						NONE	NONE	NO
) KARA BROCKMEYER	0.50							10111	IVOIVE	110.
	ARD MEMBER	NONE	x						NONE	NONE	NO
) BRAD FAGG	0.50							NONE	INCINE	110.
		NONE	x						NONE	NONE	NO
	ARD MEMBER								NONE	NONE	NO
) BRANDON GAY	0.50							NONE	NONT	100
	ARD MEMBER	NONE	X						NONE	NONE	NO
) DIXIE JOHNSON	0.50									
	ARD MEMBER	NONE	Х						NONE	NONE	NO
c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization	Section A		· · ·		•••	· · ·	> re	ceived more than	\$100,000 of	
											Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3
4	For any individual listed on line 1a, is the	sum of rer	ortah	ole c	om	per	satio	n ar	nd other compens	sation from the	
	organization and related organizations gi	eater than	\$15	50,00	00?	. If	"Yes	s," (complete Schedu	le J for such	
	individual										4
5	Did any person listed on line 1a receive or										
	for services rendered to the organization? If "	es," comple	te Scł	nedu	le J	for	such	per	son		5

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation
_			
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

	rt VII Section A. Officers, Directors, Tr (A)	(B)	ľ			C)			(D)	(E)	(F)
	Name and title	Average hours per week (list any hours for	box, office	unles er and	Pos heck ss pe d a d	ition more rson lirect	e than c is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
)_JOHN_MCCARTHY	0.50									
	ARD MEMBER	NONE	X						NONE	NONE	NOI
) LEAH QUADRINO		x						NONE	NONE	NO
	ARD MEMBER	NONE							NONE	NONE	NOI
)_ALEXANDRA_WALSH ARD_MEMBER	0.50_ NONE	x						NONE	NONE	NOI
) MARY BORJA	0.50							NONE	NONE	1101
	ARD MEMBER	NONE	x						NONE	NONE	NOI
) JESSICA HOUGH	0.50								NONE	1001
	ARD MEMBER	NONE	x						NONE	NONE	NOI
) SARAH KIRKPATRICK	0.50								110112	
	ARD MEMBER	NONE	x						NONE	NONE	NOI
) SARA RAZI	0.50									
	ARD MEMBER	NONE	x						NONE	NONE	NOI
44) SHAWN WRIGHT	0.50									
BC	ARD MEMBER	NONE	Х						NONE	NONE	NOI
45)_MEL_BOSTWICK	0.50									
BC	ARD MEMBER	NONE	Х						NONE	NONE	NOI
46) BETH BRINKMANN	0.50									
BC	ARD MEMBER	NONE	Х						NONE	NONE	NOI
47) RAJESH DE	0.50									
BC	ARD MEMBER	NONE	Х						NONE	NONE	NOI
1b	Sub-total										
	Total from continuation sheets to Part VII, S	Section A					• • •				
	Total (add lines 1b and 1c)						••••		· · · ·	.	
2	Total number of individuals (including but not reportable compensation from the organization		nose	liste	d ai	bove	e) who	o re	ceived more than	\$100,000 of	
											Yes No
•	Did the exception list any former offi	oor dirooto		4		•			lovoo or highood	t componented	
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3
4	For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	50,0	00?	If	"Yes	s," (complete Schedu	le J for such	
	individual										4
5	Did any person listed on line 1a receive or										
	for services rendered to the organization? If "Y										5

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

(A) Name and title	(B) Average hours per week (list any hours for	box, office	not ch unless er and	s per a di	ition more rson irecte	e than or is both a or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	ar com	(F) stimated nount of other pensatio	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the anizatio d related anizatior	ł
) ALLISON FOLEY	0.50											-
DARD MEMBER	NONE	X						NONE	NONE]	NOI
)_CHIOMA_ACHEBE	0.50	-										
DARD MEMBER	NONE	X						NONE	NONE]	NO
)VINCENT_COHEN	0.50											
DARD MEMBER	NONE	X						NONE	NONE]	NO
.) STEVEN HERMAN	0.50											
DARD MEMBER	NONE	Х						NONE	NONE]	NO
) VALERIE KELLY	0.50											
ARD MEMBER	NONE	Х						NONE	NONE		j	NO
) RAKESH KILARU	0.50											
DARD MEMBER	NONE	Х						NONE	NONE]	NO
) JANE O'BRIEN	0.50											
DARD MEMBER	NONE	X						NONE	NONE]	NO
) SCOTT NEMEROFF	0.50											
DARD MEMBER	NONE	x						NONE	NONE]	NO
) RENA REISS	0.50											
ARD MEMBER	NONE	x						NONE	NONE			NO
) ANTHONY PIERCE	0.50											
	NONE	x						NONE	NONE]	NO
		_										
Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	Section A		· · ·									
Total number of individuals (including but not reportable compensation from the organization		hose	listeo	d ab	ove	e) who	re	ceived more than	\$100,000 of			
											Yes	Ν
Did the organization list any former offi												
employee on line 1a? If "Yes," complete Schee	dule J for su	ch ina	lividu	al .						3		_
For any individual listed on line 1a, is the	sum of rep	oortab	ole co	omp	pen	sation	ar	nd other compens	sation from the			
organization and related organizations g												
individual										4	Х	
Did any person listed on line 1a receive of												
for services rendered to the organization? If " ection B. Independent Contractors	les," comple	te Scl	hedul	le J	for	such	pers	son		5		
Complete this table for your five highest cor compensation from the organization. Report year.												
(A) Name and business ac	ldress							(B) Description of se	rvices ((C) Compen		
										•		
							1					_

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \blacktriangleright NONE

Form 990 (2022)

_

Part VIII	Statement of Revenue
-----------	----------------------

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					Turrenon revenue	busilless levellue	sections 512-514
ώ Ω	4.0	Federated compaigns 4.					
Inte	1a	Federated campaigns 1a					
9ra	b	Membership dues 1b					
Contributions, Gifts, Grants, and Other Similar Amounts	С	Fundraising events	1,564,534.				
arts	d	Related organizations					
Ωi	е	Government grants (contributions) 1e	715,274.				
Sir	f	All other contributions, gifts, grants,					
er .		and similar amounts not included above 1	10,116,209.				
ţp	~	Noncash contributions included in					
<u>i</u>	g						
Lon Du		lines 1a-1f					
0	h	Total. Add lines 1a-1f		12,396,017.			
		_	Business Code				
ice	2a	LEGAL FEES	541100	32,307.	32,307.		
e Z	b						
Program Service Revenue	c						
Me an							
gr.	d						
2 2	е						
e	f	All other program service revenue					
	g	Total. Add lines 2a-2f		32,307.			
	3	Investment income (including dividends, in	nterest, and				
		other similar amounts).		133,990.			133,990.
	4	Income from investment of tax-exempt bond p		NONE			
	5	Royalties	ſ	NONE			
	-	(i) Real	(ii) Personal				
			()				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 2,007,260.					
	b	Less: cost or other basis					
Revenue	U						
Vel							
Re	С	Gain or (loss) 7c -39,090.					
er	d	Net gain or (loss)		-39,090.			
Oth	8a	Gross income from fundraising					
0		events (not including \$1,564,534.					
		of contributions reported on line					
		1c). See Part IV, line 18	66,011.				
			192,715.				
	b			-126,704.			
	С	Net income or (loss) from fundraising events		120,704.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE				
	С	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	h	Less: cost of goods sold	NONE				
	D C	Net income or (loss) from sales of inventory		NONE			
			Business Code	INOTAE			
sne			Dualless Code				
oe o	11a						
en	b						
Miscellaneous Revenue	с						ļ
лis В	d	All other revenue					
2	е	Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions		12,396,520.	32,307.		133,990.
							•

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 NONE 2 Grants and other assistance to domestic NONE individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and NONE foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE 5 Compensation of current officers, directors, trustees, and key employees 524,677. 416,545. 71,178. 36,954. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 7,215,177. 985,796. 512,559. 5,716,822. 160,243. 137,274. 15,564. 7,405. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 746,259 639,288 72,482 34,489. 611,175. 523,567. 59,362. 28,246. Payroll taxes 10 11 Fees for services (nonemployees): NONE a Management NONE **b** Legal 53,125 53,125. c Accounting NONE d Lobbying NONE e Professional fundraising services. See Part IV, line 17. 4,710. 4,710. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 252,563 144,980 107,583 (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion NONE 217,230. 118,473. 19,728. 79,029. 13 Office expenses 14 Information technology 109,920. 74,717. 22,966. 12,237 NONE 15 Royalties Occupancy 727,343. 674,026 36,127. 17,190. 16 NONE 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials Conferences, conventions, and meetings NONE 19 Interest NONE 20 NONE 21 Payments to affiliates Depreciation, depletion, and amortization 127,224 108,987 12,357. 5,880. 22 34,787. 43,160. 8,373. Insurance 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a DUES AND SUBSCTIPTION 32,458 27,119. 3,924 1,415. 24,528 24,528 SPECIAL EVENTS b c BAD DEBT 33,449 33,449. d MISCELLANEOUS 46,165 31,428. 14,737. e All other expenses Total functional expenses. Add lines 1 through 24e 10,929,406. 8,648,013. 1,488,012. 793,381. 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Page	1	1

art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	art X		X
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	806,393.	1	755,025
2	Savings and temporary cash investments	107,468.	2	128,573
3	Pledges and grants receivable, net	3,182,402.	3	5,236,932
4	Accounts receivable, net	NONE	4	NOI
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NOI
6	Loans and other receivables from other disqualified persons (as defined		-	
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NOI
7	Notes and loans receivable, net	NONE		NOI
7 8	Inventories for sale or use	NONE		NOI
9	Prepaid expenses and deferred charges	104,400.	9	99,23
-	Land, buildings, and equipment: cost or other	101,100.	<u> </u>	55,25.
liva	basis. Complete Part VI of Schedule D 10a 1,018,589.			
Ь	Less: accumulated depreciation	390,696.	100	350,030
11		6,490,386.		5,041,338
12	Investments - publicly traded securities	0,490,388. NONE		
13				NO
	Investments - program-related. See Part IV, line 11	NONE		NO
14	Intangible assets	NONE		
15	Other assets. See Part IV, line 11	47,205.		3,305,872
16	Total assets. Add lines 1 through 15 (must equal line 33)	11,128,950.		14,917,002
17	Accounts payable and accrued expenses	387,022.	17	296,651
18	Grants payable	NONE		NO
19		NONE		NO
20	Tax-exempt bond liabilities	NONE		NO
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NO
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE		NO
23	Secured mortgages and notes payable to unrelated third parties	NONE		NO
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NO
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	1,100,954.	25	4,240,27
26	Total liabilities. Add lines 17 through 25	1,487,976.	26	4,536,928
	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	5,481,153.	27	4,445,541
28	Net assets with donor restrictions.	4,159,821.	28	5,934,533
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
22	Total net assets or fund balances	9,640,974.	32	10,380,074
32				

Form 990 (2022)

	LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA 53-01	966	00			
Form 99	90 (2022)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		12,3	96,	<u>520</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		10,9	29,	<u>406</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		1,4	67,	<u>114</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		9,6	40,	<u>974</u> .
5	Net unrealized gains (losses) on investments	5		-7	28,	<u>014</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		<u>10,3</u>	80,	<u>074</u> .
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xplain	on		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were co reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis			2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, e Schedule O.	ant?.		2c	X	
	As a result of a federal award, was the organization required to undergo an audit or audits as set for Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	X	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

Form **990** (2022)

SCHEDULE	A
(Form 990)	

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

		nt of the Treasury evenue Service		Go to www.irs.gov	//Form990 for instructio	ons and t	he latest i	nformation.	Inspection
Nam	e of t	he organization						Employer identif	ication number
LE	GAL			DISTRICT OF					196600
	rt I				organizations must			,	IS.
The	orga		-		is: (For lines 1 throug	-	-		
1					tion of churches desci			70(b)(1)(A)(i).	
2					. (Attach Schedule E	-			
3		-	-		rganization described i				
4			-	-	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)(iii). Enter the
		hospital's nam							
5		-	-		a college or universit	y owned	d or ope	erated by a governme	ental unit described in
				Complete Part II.)					
6					rnmental unit describe				
7	X	-		=	-	pport fro	om a go	vernmental unit or fr	om the general public
•				(1)(A)(vi). (Compl					
8		-			b)(1)(A)(vi). (Complete	-		lin contunction with c	land grant callege
9		-		-	ed in section 170(b)(1		-		
			a non-lanu-	grant college of ag	griculture (see instruct	10115). EI		name, city, and state c	i the college of
10		university:	n that norma	Ily receives (1) mo	ore than 331/3% of its	sunnort	from cor	atributions members	nin fees and gross
		receipts from	activities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more tha	n 331/3 % of its
					nrelated business taxa 975. See section 509				1 businesses
11					usively to test for publi				
12		0	0	•	, ,			()()	rry out the purposes of
		-	-		-	-			ction 509(a)(3). Check
				-	es the type of suppor		-		
а			-		, supervised, or control			-	-
					regularly appoint or e	-			
			-		e Part IV, Sections A				
b			-	-	ed or controlled in co		with its	supported organizat	on(s), by having
		control or m	anagement c	of the supporting o	rganization vested in	the sam	e persor	ns that control or mar	hage the supported
	_	organization	(s). You must	complete Part IV	, Sections A and C.				
С		Type III fund	ctionally integ	grated. A supporti	ng organization opera	ted in co	onnectio	n with, and functiona	lly integrated with,
	_	_ its supported	d organizatior	n(s) (see instruction	s). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d		••		-	porting organization o				• • • •
		that is not fu	inctionally inte	egrated. The orgar	nization generally mus	st satisfy	a distrib	oution requirement an	d an attentiveness
	_		-		omplete Part IV, Sect				
е			-		a written determinatio				II, Type III
	۲ ~			Iype III non-funct	ionally integrated sup	porting c	organizat	ion.	
t g				•	orted organization(s).				•••••
9		lame of supported of	-	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(7)		- g	(,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
					above (see instructions))	Yes	ment? No	instructions)	instructions)
<i>(</i> a)									
(A)									
(B)									
(-)									
(C)									
-									
(D)									
(E)									
Tot	a l								
100	ui –								1

Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

loss from the sale of capital assets (Explain in Part VI.) . SEE.SUPP. PAGE	Sec	tion A. Public Support						
membership fees received. (Do not include any "unsual grants"), 6.903,227, 7.081,026, 9.180,729, 10.304.559, 12.396,017, 46,665,548. 2 Tax revenues leviad for the or appended on its benaft and either paid to or expended on its benaft and either paid to or appended on its benaft and either paid to or expended on its benaft and either paid to each person (there it any expendence). 6.903,227, 7.081,026, 9.180,729, 10.304,559, 12,396,017, 46,665,548. 5 The portion of total contributions by each person (there it 1, column (f),	Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
or expended on its behalt	1	membership fees received. (Do not	6,903,217.	7,881,026.	9,180,729.	10,304,559.	12,396,017.	46,665,548.
 	2	organization's benefit and either paid to						NONE
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1th acceeded 2% of the amount strown on line 11, column (1). 14,532. 6 Public support. Subtract line 6 from line 4 46,631,026. 5 Fublic support. Subtract line 6 from line 4 46,631,026. 7 Amounts from line 4. 46,631,026. 7 Amounts from line 4. 6,903,217. 7 Amounts from line 4. 9,180,729. 10 Other income from unrelated business activities, whether on othe business activities, whether on othe business is regularly carried on	3	furnished by a governmental unit to the						NONE
each person (after than a governmental unit or publicly supported organization) included on line 11 tackeeds 2% of the amount shown on line 11, column (f)	4	Total. Add lines 1 through 3	6,903,217.	7,881,026.	9,180,729.	10,304,559.	12,396,017.	46,665,548.
6 Public support. Subtract line 5 from line 4 46,653,036. Section B. Total Support (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Calendar year (or fiscal year beginning in) payments from line 4. 6,903,217. 7,881,026. 9,180,729. 10,304,559. 12,396,017. 46,665,548. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalites, and income from similar sources. 125,083. 140,610. 82,139. 121,553. 133,990. 663,375. 9 Net income from unrelated business activities, whether or not the business is regularly carried on . 124,605. 342,488. 50,798. 122,902. -94,397. 446,396. 11 Total support. Add lines 7 through 10. 12 12 . 47,715,319. 12 Gross receipts from related activities, etc. (see instructions). 12 . 140,610. 12,990. . 97,20. . 13 First 5, years. If the Form 990 is for the organization idi not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. 14 . 97,20. % 14 Public support percentage from 2021 Schedule A, Part II, line 14. .	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						34,512.
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4	6							
Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 6.903,217. 7,881,026. 9,180,729. 10,304,559. 12,396,017. 46,665,548. 8 Gross income from interest, dividends, rens. royalites, and income from similar sources 125,083. 140,610. 82,139. 121,553. 133,990. 603,375. 9 Net income from unrelated business activities, whether on the business is regularly carried on 125,083. 140,610. 82,139. 121,553. 133,990. 603,375. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). sets.SUPP.PaGE. 24,605. 342,488. 50,798. 122,902. -94,397. 446,396. 11 Total support. Add lines 7 through 10. 12 12 50,798. 122,902. -94,397. 446,396. 12 Gross receipts from related activities, etc. (see instructions). 12 12 50,798. 122,902. -94,397. 446,396. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax years as section 501(C)(3) organization. 12								
7 Amounts from line 4 6,903,217 7,881,026 9,180,729 10,304,559 12,396,017 46,665,548. 8 Gross income from interest, dividends, payments received on socurities loans, renis, royalties, and income from similar sources 125,083 140,610 82,139 121,553 133,990 603,375. 9 Net income from unrelated business activities, whether or not the business is regularly carried on			(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
8 Gross income from interest, dividends, payments received on securities lands, rest, royalties, and income from similar sources 125,083. 140,610. 82,139. 121,553. 133,990. 603,375. 9 Net income from unrelated business activities, whether or not the business is regularly carried on			. ,	. ,	()	.,	. ,	
activities, whether or not the business is regularly carried on		Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
loss from the sale of capital assets (Explain in Part VI.) . SEE. SEPP. PAGE	9	activities, whether or not the business						NONE
11 11 12 12 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 97.73 % 15 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 97.73 % 16a 331/3 % support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 1 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 1 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumst	10	loss from the sale of capital assets	24,605.	342,488.	50,798.	122,902.	-94,397.	446,396.
12 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) corganization, check this box and stop here. 14 97.73 % 14 97.73 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 97.20 % 16a 331/3 % support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 1 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 1 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, ch	11	Total support. Add lines 7 through 10						47,715,319.
organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 97.73 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 97.20 % 16a 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. Image: Column (f) b 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: Column (f) b 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: Column (f) 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization . b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances t	12		ee instructions)				12	
Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 97.73 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 97.20 % 16a 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: Colored Science Sc	13	First 5 years. If the Form 990 is for	the organizatio	on's first, second	l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
 15 Public support percentage from 2021 Schedule A, Part II, line 14	Sec	tion C. Computation of Public Supp	oort Percenta	ge				
 16a 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 	14	Public support percentage for 2022 (lir	ne 6, column (f)	, divided by line	11, column (f))		14	97.73 %
 box and stop here. The organization qualifies as a publicly supported organization	15	Public support percentage from 2021 \$	Schedule A, Pa	rt II, line 14			15	97.20 %
 b 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 	16a	331/3% support test - 2022. If the org	anization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, c	heck this
 b 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 		box and stop here. The organization qu	alifies as a pub	licly supported	organization.			х
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 organization. b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 		10% or more, and if the organization	meets the fac	cts-and-circumst	ances test, che	eck this box ar	nd stop here. E	xplain in
 b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 		Part VI how the organization meets t	he facts-and-c	ircumstances te	st. The organiz	ation qualifies	as a publicly s	upported
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organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		15 is 10% or more, and if the organiz	ation meets the	e facts-and-circ	umstances test,	check this box	k and stop here	. Explain
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		-					-	-
		organization						📖
	18	Private foundation. If the organization	n did not chec	k a box on line	13, 16a, 16b,	, 17a, or 17b,	check this box	and see
		instructions	<u></u>	<u></u>	<u> </u>	<u></u> .	<u></u>	<u> </u>

Schedule A (Form 990) 2022

Schor		AID SOCIE	TY OF THE D	ISTRICT OF	COLUMBIA	53-01960	500 Page 3
Par	t III Support Schedule for Organ	nizations De	scribed in Sec	tion 509(a)(2)			Page J
1 a	(Complete only if you check If the organization fails to qua	ed the box or	n line 10 of Pai	rt I or if the org			der Part II.
Sec	tion A. Public Support					,	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2010	(4) _0.0	(0) 2020	(4) = 0 = 1	(0) = 0 = =	(1) 1 0101
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
_	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(-) 2018	(1) 2010	(-) 2020	(4) 2024	(-) 2022	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6 Gross income from interest, dividends,						
IVa	payments received on securities loans,						
	rents, royalties, and income from similar						
L							
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
15	and 12.)						
14	First 5 years. If the Form 990 is for	the organizat	ion's first secon	d third fourth	or fifth tax ve	ar as a section	501(c)(3)
••	organization, check this box and stop here .	-			•		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2022 (line 8,			mn (f))		15	%
16	Public support percentage from 2021 Sche					16	%
	tion D. Computation of Investment					1 - L	,0
17	Investment income percentage for 2022 (lir			13, column (f))		17	%
18	Investment income percentage from 2021					18	%
	331/3% support tests - 2022. If the or						
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2021. If the orga	-	-				
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of	did not check	a box on line 1	14, 19a, or 19b	, check this bo	ox and see instru	uctions
JSA							A (Form 990) 2022

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA

chedule A (Form 990) 2022	(Form 990) 2022
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Supporting Organizations (continued) Part IV

- 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a
 - **b** A family member of a person described on line 11a above?
 - c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization</i> 's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	tions).					
а	The organization satisfied the Activities Test. Complete line 2 below.						
b	b The organization is the parent of each of its supported organizations. Complete line 3 below.						
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).						
		Yes	No				
2	2 Activities Test. Answer lines 2a and 2b below.						

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations, Answer lines 3a and 3b below.		

- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

V22-6.7F 45115

3a

3b

Yes No

Yes No

11b

11c

1

2

Schedule	Α (Form	990)	2022	

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Part		Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	zations	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.				
7					
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
a b	Excess from 2019				
 C	Excess from 2020				
 d	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Schedule A (Form 990 or 990-EZ) 2022

Page **8**

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
SPECIAL EVENT INCOME REIMBURSED LEGAL FEES	-62,319. 86,924.	76,719. 265,769.	1,496. 49,302.	-18,937. 141,839.		-129,745. 576,141.
TOTALS	24,605.	342,488.	50,798.	122,902.	-94,397.	446,396.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

italie ei lie eiganzalen		
LEGAL AID SOCIETY OF T	HE DISTRICT OF COLUMBIA	53-0196600
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundat	lion

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

501(c)(3) taxable private foundation

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Employer identification number 53-0196600

Part I	Contributors (see instructions). Use duplicate copies of	·	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	DC GOVERNMENT 1350 PENNSYLVANIA AVENUE, NW SUITE 327 WASHINGTON, DC 20004	\$715,274	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DC BAR FOUNDATION 1420 NEW YORK AVENUE, NW, SUITE 650 WASHINGTON, DC 20005	\$5,609,369	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	VARIOUS CONTRIBUTORS FROM SERVANT OF JUSTICE EVENT UNDER 2% WASHINGTON DC, DC 20005	\$1,498,523 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	VARIOUS CONTRIBUTORS UNDER 2% WASHINGTON DC, DC 20005	\$4,572,851	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA

Schedule B (Form 990) (2022)

	anization LEGAL AID SOCIETY OF THE DISTRICT OF		entification number 0196600
art II	Noncash Property (see instructions). Use duplicate copies		eded.
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	PUBLICLY TRADED STOCK		
		\$219,333	12/31/2022
a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
i) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
ı) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
i) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2022)

Page 3

Schedule	В	(Form	990)	(2022

Name of or	ganization			Employer identification number
	LEGAL AID SOCIETY OF			53-0196600
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any c ons completing Part e year. (Enter this inf	one contributor. Co III, enter the total of ormation once. See	omplete columns (a) through (e) and f <i>exclusively</i> religious, charitable, etc
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfe and ZIP + 4	_	ip of transferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfe and ZIP + 4	_	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfe and ZIP + 4	_	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
		(e) Transfe	r of gift	
	Transferee's name, address, a		-	ip of transferor to transferee
ISA				Schedule B (Form 990) (2022

Schedule B (Form 990) (2022)

Page **4**

Name of organiz	zation			Employer ide	ntification number
		HE DISTRICT OF COLUMBIA			196600
	-	organization is exempt under			
	•	ne organization's direct and indi	rect political campaigr	n activities in Part	IV. See instructions for
	of "political campa	8		•	
		xpenditures. See instructions			
		campaign activities. See instruction or ganization is exempt under s			
		cise tax incurred by the organization	() ()	¢	
		cise tax incurred by organization matching and the organization ma			
		a section 4955 tax, did it file Form			
-			-		
	describe in Part IV.				
		organization is exempt under	section 501(c), exce	pt section 501(c)(3	²).
	•	xpended by the filing organization			
2 Enter the	amount of the filin	g organization's funds contributed es	to other organizations	for section	
3 Total exe	empt function expe	enditures. Add lines 1 and 2. Ent	er here and on Form	1120-POL,	
4 Did the fi	ling organization file	e Form 1120-POL for this year?			Yes No
5 Enter the	names, addresses	and employer identification numb	er (EIN) of all section 5	27 political organiza	ations to which the filing
		s. For each organization listed, en			
		ributions received that were prom nd or a political action committee (F			
		(b) Address		d) Amount paid from	
(a) Name	(b) Address		filing organization's	(e) Amount of political contributions received and
				nds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
1)					
1)					
2)					
,					
3)					
-					
4)					
5)					
6)					
	Deduction Act Natio	the Instructions for Form 000 or	000 57		0 - h - dud - 0 (E - m - 000) 000(
For Paperwork	Reduction Act Notice	e, see the Instructions for Form 990 or	330-EZ.		Schedule C (Form 990) 2022

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.
- If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 - Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
 - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

JSA		



Open to Public

SCHEDULE C

(Form 990)

Department of the Treasury	
Internal Revenue Service	

Sch	nedule C (Fo	rm 990) 2022 LEGAL	AID SOCIETY OF THE DISTRICT OF C	OLUMBIA 53	-0196600 Page 2
Pa	art II-A	Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	l filed Form 5768 (ele	ction under
Α	Check		longs to an affiliated group (and list in Part IV e of excess lobbying expenditures).	ach affiliated group men	nber's name, address,
В	Check	if the filing organization ch	ecked box A and "limited control" provisions app	oly.	
			ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
k c	 b Total lol c Total lol d Other est e Total ext 	bying expenditures to influence bying expenditures (add lines 1 xempt purpose expenditures . empt purpose expenditures (add g nontaxable amount. Enter th	public opinion (grassroots lobbying) a legislative body (direct lobbying) a and 1b) d lines 1c and 1d) e amount from the following table in both		
	If the am	ount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over	\$500,000	20% of the amount on line 1e.		
	Over \$50	00,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,	000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,	500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17	7,000,000	\$1,000,000.		
ç	g Grassro	ots nontaxable amount (enter 28	5% of line 1f)		
ł	h Subtrac	t line 1g from line 1a. If zero or le	ess, enter -0-		
i	i Subtrac	t line 1f from line 1c. If zero or le	ss, enter -0-		
j	i If there	is an amount other than zero	on either line 1h or line 1i, did the organiza	ation file Form 4720	
	reportin		<u></u>		Yes No
			4-Year Averaging Period Under Section 501(h)		

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expen	ditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures	6				

Schedule C (Form 990) 2022

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed		(a)		(b)		
	cription of the lobbying activity.	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:	x				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X				
С	Media advertisements?		X			
d	Mailings to members, legislators, or the public?	X				
е	Publications, or published or broadcast statements?	Х				
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			81,	147.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i	Other activities?		X			
j	Total. Add lines 1c through 1i				81,	147.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	section		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		

2	Did the orga	anization make	e only in-hous	e ioppoying e	xpenditures o	1 \$2,000 01	less?	 	 	 2

3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year.	2b	
	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions.	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

PART II - B, LINE 1A, 1B, 1D, 1G

LEGAL AID ENDEAVORS TO MAKE JUSTICE REAL IN INDIVIDUAL AND SYSTEMIC WAYS. ONE SMALL PORTION OF OUR ADVOCACY INVOLVES DIRECT AND GRASSROOTS LOBBYING ON ISSUES OF IMPORTANCE TO OUR CLIENT COMMUNITY WITH RESPECT TO BOTH LEGISLATIVE AND REGULATORY ACTIVITY. IN 2022, OUR LOBBYING EFFORTS INCLUDED ADVOCATING FOR CONTINUED ACCESS TO JUSTICE FUNDING, IMMIGRATION, FAIR AND EQUITABLE EVICTION PROCEDURES, AMENDMENTS TO WAGE GARNISHMENT LAWS THAT PROVIDE GREATER INCOME PROTECTIONS FOR LOW-INCOME WORKERS, MORE ROBUST AND EFFECTIVE ENFORCEMENT OF HOUSING CODE VIOLATIONS, AND THE PRESERVATION AND PROPER ADMINISTRATION OF MAJOR PUBLIC BENEFITS PROGRAMS IN THE DISTRICT. Page 4

SCHEE	DULE D
(Form	990)

Department of the Treasury

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

2

OMB No. 1545-0047

Inter	nal Revenue Service	Go to www.irs.gov/	Form990 for instructions and the	latest informati	ion. Ins	spection
Nam	e of the organization	•			Employer identification n	umber
LE(GAL AID SOCIET	TY OF THE DISTRICT OF (COLUMBIA		53-0196600	
Pa	art I Organiza	tions Maintaining Donor Adv	ised Funds or Other Similar	r Funds or A	ccounts.	
	Complete	e if the organization answered	"Yes" on Form 990, Part IV,	line 6.		
			(a) Donor advised funds		(b) Funds and other	accounts
1	Total number at e	nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5		ion inform all donors and donor		ssets held in	donor advised	
°.	-	anization's property, subject to th	-			Yes No
6	-	ion inform all grantees, donors,				
•		e purposes and not for the bene				
		nissible private benefit?				Yes No
P:		tion Easements.				
		e if the organization answered	"Yes" on Form 990. Part IV.	line 7.		
1		servation easements held by the				
		n of land for public use (for example			a historically importa	int land area
		of natural habitat			a certified historic st	
		n of open space				
2		a through 2d if the organization h	eld a qualified conservation cor	ntribution in t	he form of a conserva	ation
-	•	last day of the tax year.			Held at the End	
а		onservation easements			2a	
b		tricted by conservation easement			2b	
c		rvation easements on a certified			2c	
d		rvation easements included in (c			20	
u		e listed in the National Register			2d	
3		rvation easements modified, tra		· · · · · ·		tion during the
3	tax year	ivation easements mouned, tra	insterred, released, extinguistie		ateu by the organiza	tion during the
4		where property subject to conse	vivation assemant is located			
5		ation have a written policy re			n handling of	
5	-	forcement of the conservation ea			-	Yes 🗌 No
6		hours devoted to monitoring, insp				
U	Stan and Volunteer	nours devoted to monitoring, insp	ecting, narioning of violations, and	a enforcing co		during the year
7	Amount of expens	ses incurred in monitoring, inspec	ting handling of violations and	enforcing cor	servation easements	during the year
'	Amount of expense	ses meaned in monitoring, inspec	ang, nanaing of violations, and	childrening cor		adding the year
8	Does each conser	vation easement reported on line	2(d) above satisfy the requireme	ents of section	170(h)(4)(B)(i)	
Ū)(4)(B)(ii)?				Yes 🗌 No
9	In Part XIII des	cribe how the organization re	ports conservation easements	s in its reve	enue and expense of	
•		include, if applicable, the tex				
		counting for conservation easeme	-			
Pa		tions Maintaining Collections		s, or Other	Similar Assets.	
		e if the organization answered				
1a	If the organization	n elected, as permitted under F	ASB ASC 958 not to report in	its revenue	statement and balan	ce sheet works
iu	of art, historical	treasures, or other similar asse	ts held for public exhibition,	education, o	r research in further	ance of public
		Part XIII the text of the footnote				
b	If the organization	n elected, as permitted under F	ASB ASC 958, to report in its	revenue sta	tement and balance	sheet works of
		sures, or other similar assets he ing amounts relating to these ite		tion, or resea	arch in furtherance of	public service,
	•	ded on Form 990, Part VIII, line			¢	
		ed in Form 990, Part X				
n						
2	-	n received or held works of a			sets for infancial ga	in, provide the
~		s required to be reported under F			¢	
a b	Assets included in	on Form 990, Part VIII, line 1			φ φ	

JSA

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

Schedule D (Form 990) 2022

Schee	dule D (Form 990) 2022 LEG.	AL AID SOCIETY	OF THE DIS	STRICT OF	COLUMBIA	53-0	196600	Page 2
Ра	rt III Organizations Maintaini	ng Collections of	Art, Historical	Treasures, o	or Other Sim	ilar Assets (d	continued	d)
3	Using the organization's acquisitio	n, accession, and c	other records, ch	eck any of t	he following	that make sigr	nificant us	se of its
	collection items (check all that appl	y):						
а	Public exhibition			an or exchang	ge program			
b	Scholarly research		e Otl	ner				
С	Preservation for future gener							
4	Provide a description of the organ	nization's collections	and explain ho	w they furthe	er the organiz	ation's exemp	t purpose	in Part
	XIII.							
5	During the year, did the organizatio					_		
	assets to be sold to raise funds rath		ained as part of t	ne organizatio	on's collection	?	Yes	No
Pa	rt IV Escrow and Custodial A	•	a" an Earma 000		- 0			
	Complete if the organiza 990, Part X, line 21.	tion answered re	s on Form 99	J, Part IV, IIn	e 9, or repor	ted an amour	nt on For	m
4.		ta a sustadian an a						
1a	Is the organization an agent, trust					er assets not	Vee	
L	included on Form 990, Part X?	Dort VIII and some	lata tha fallowing			• • • • • • • L	Yes	No
a	If "Yes," explain the arrangement in	Part XIII and comp				A.m. o		
•	Paginning balance				_	Amount		
с с	Beginning balance							
e e	Additions during the year				-			
f	Ending balance							
' 2a	Did the organization include an am					unt liability?	Yes	No
	If "Yes," explain the arrangement in							
	rt V Endowment Funds.							·
- a	Complete if the organiza	tion answered "Ye	s" on Form 99	0, Part IV, lin	ie 10.			
		(a) Current year	(b) Prior year	(c) Two ye		Three years back	(e) Four y	ears back
1a	Beginning of year balance	1,088,050.	946,572	. 797	,973.	545,935.	51	77,545.
b	Contributions	70,363.	62,841	. 98	,367.	190,609.		33,500.
c	Net investment earnings, gains,							
Ŭ	and losses	-148,883.	108,875	. 79	,065.	88,306.	-3	39,380.
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs	33,156.	30,238	. 28	,833.	26,877.	:	25,730.
f	Administrative expenses							
g	End of year balance	976,374.	1,088,050	. 946	,572.	797,973.	54	15,935.
2	Provide the estimated percentage	of the current year e	end balance (line	1g, column (a)) held as:			
а	Board designated or quasi-endowm							
b	Permanent endowment 96.950	<u>00</u> %						
С	Term endowment <u>3.0500</u> %							
	The percentages on lines 2a, 2b, a	•						
3a	Are there endowment funds not in	the possession of th	e organization t	hat are held a	ind administer	ed for the		
	organization by:							es No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
-	If "Yes" on line 3a(ii), are the relate	•					3b	
4	Describe in Part XIII the intended un rt VI Land, Buildings, and Equ		tion's endowmen	t funds.				
Pa	rt VI Land, Buildings, and Equ Complete if the organization	ation answered "Ye	es" on Form 99	0, Part IV, lir	ne 11a. See	Form 990, Pa	rt X, line	10.
	Description of property	(a) Cost or	other basis (b) C	ost or other basis	(c) Accumul	ated (d) Book valu	
10	Land	(invest	ment)	(other)	depreciatio			
1a հ	Land							
b c	Buildings Leasehold improvements			443,857	. 258,	406	105	,451.
d	Equipment			483,503				,451. ,636.
	Other			91,229		286.		,943.
	I. Add lines 1a through 1e. (Column		n 990. Part X col					,030.
		(4) 11401 09041 1 011					550	,030.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)DEPOSITS	42,348.
(2)INTEREST RECEIVABLE	4,793.
(3) OPERATING LEASE RIGHT OF USE	3,258,731.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	3,305,872.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		
(2)DEFERRED LEASE OBLIGATION		NONE
(3)OPERATING LEASE LIABILITY		4,240,277.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, co	I. (B) line 25.)	4,240,277.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedu	ILEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA	53-	-0196600 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	29,583,130.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d 2d		
е	Add lines 2a through 2d	2e	16,998,605.
3	Subtract line 2e from line 1	3	12,584,525.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 4, 710.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	-188,005.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,396,520.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	28,844,030.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		28,844,030.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		28,844,030.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		28,844,030.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 17,882,522.		28,844,030.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		28,844,030.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		28,844,030.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2d	1	
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther (Describe in Part XIII.)	1 2e	18,075,237.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	1 2e	18,075,237.
1 2 b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther losses.Other (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	18,075,237.
1 2 b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7bAdd lines 4a and 4b	1 2e 3 4c	18,075,237.
1 2 d c 3 4 a 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7bOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b4a4,710.4b155,903.	1 2e 3 4c	18,075,237. 10,768,793.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

SCHEDULE D, PART V, Q4

BARBARA MCDOWELL ENDOWMENT FUND

UNDER THE TERMS OF THE BARBARA MCDOWELL ENDOWMENT FUND FOR APPELLATE LITIGATION, FUNDS AVAILABLE ANNUALLY FOR EXPENDITURE BY THE LEGAL AID SOCIETY SHALL BE USED TO FUND ATTORNEYS AT LEGAL AID WORKING IN THE BARBARA MCDOWELL APPELLATE ADVOCACY PROGRAM OR, IF THERE IS NO SUCH PROGRAM, TO SUPPORT OTHER APPELLATE WORK UNDERTAKEN BY LEGAL AID.

SCHEDULE D, PART V, Q4

UNDER THE TERMS OF THE KLEPPER ENDOWMENT FUND, FUNDS AVAILABLE ANNUALLY FOR EXPENDITURE BY THE LEGAL AID SOCIETY SHALL BE USED TO FUND AN ANNUAL CASH PRIZE TO AN ATTORNEY WHO HAS DEMONSTRATED OUTSTANDING VOLUNTEER COMMITMENT TO LEGAL AID AND FOR OTHER PERMISSIBLE PURPOSES INCLUDING, BUT NOT LIMITED TO, PUBLICIZING THE AWARD, SUPPORTING THE COST OF A VOLUNTEER RECOGNITION EVENT AND UNDERWRITING THE COST OF TRAINING FOR LEGAL ATTORNEYS.

SCHEDULE D, PART V, Q4

MAKING JUSTICE REAL ENDOWMENT: UNDER THE TERMS OF THE MAKING JUSTICE REAL ENDOWMENT, FUNDS AVAILABLE FOR EXPENDITURE BY LEGAL AID SOCIETY SHALL BE USED TO SUPPORT THE MISSION OF THE LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA TO MAKE JUSTICE REAL - IN INDIVIDUAL AND SYSTEMIC WAYS - FOR PERSONS IN POVERTY IN DC.

V22-6.7F 45115

SCHEDULE D, PART XII, LINE 2D

DIRECT BENEFITS TO DONORS NETTED AGAINST REVENUES ON FINANCIAL STATEMENTS BUT NOT ON 990.

SCHEDULE D, PART XII, LINE 4B

EXPENSES FOR FUNDRAISING EVENTS NETTED AGAINST REVENUES.

SCHEDULE G		Information Re			-	-	OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the rganization entered more than \$15,000 on Form 990-EZ, line 6a.					2022	
Department of the Treasury	0.	Attach to Form 990 or Form 990-EZ. to www.irs.gov/Form990 for instructions and the latest information.					Open to Public	
Internal Revenue Service Name of the organization	Go	to www.irs.gov/roning	90 for Instru	ictions and t	ne latest information.	Inspection Employer identification number		
0								
LEGAL AID SOCIET	g Activities. Comp			swered "	Yes" on Form 90	53-01966		
	EZ filers are not re	•						
	the organization rais	•			activities Check a	Il that apply		
	•	e e		•	non-government g			
	email solicitations	f			government grants			
c Phone solici		g			ising events	2		
d In-person so		9			ising events			
2a Did the organiza		r oral agreement w	vith any ind	hividual (in	cluding officers d	iractore trustaas		
	s listed in Form 990						Yes No	
	10 highest paid indiv	· · ·		•		•		
	least \$5,000 by the		,	, 1	5			
(i) Name and addr or entity (fu		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No				
1								
2								
3								
4								
5								
6								
•								
7								
8								
5								
9								
10								
Total								

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater than \$5,000	0.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SOJ DINNER		NONE	(add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	(c)
Revenue	1	Gross receipts	1,630,545.			1,630,545.
Ř		Less: Contributions Gross income (line 1 minus	1,564,534.			1,564,534.
	5	line 2)	66,011.			66,011.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	192,715.			192,715.
Direc	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lir	nes 4 through 9 in colu	umn (d)		192,715.
	11	Net income summary. Subtract I	ine 10 from line 3, col	lumn (d)		-126,704.
Ра	rt II	Gaming. Complete if the orga \$15,000 on Form 990-EZ, lin	anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more than
anc			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lir	nes 2 through 5 in colu	umn (d)		
	8					
9 a b	_ I	Enter the state(s) in which the organization licensed to con- ls the organization licensed to con- lf "No," explain:		in each of these state	es?	Yes No
	-					
10a b		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, sus			Yes No
	-					

JSA 2E1282 1.000 Schedule G (Form 990) 2022

Sched	ule G (Form 990 or 990-EZ) 2022 LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA 53-0196600 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility 13a %
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
	amount of gaming revenue retained by the third party ► \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ►
16	Gaming manager information:
	Name
	Gaming manager compensation ► \$
	Description of services provided ►
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year 🕨 \$
Par	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHI	EDULE J	Comper	sation Information	0	/IB No.	1545-0	047
(Forn	n 990)	Private box(es) if the organization provided any of the following to or for a person listed on Form Yes No Apprivate box(es) if the organization provided any of the following to or for a person listed on Form Image: State Stat					
				3.	ZU		
Department of the Treasury Internal Revenue Service			Attach to Form 990.	C			
			Employer identification				
LEGA	AL AID SOC	IETY OF THE DISTRICT OF CO	LUMBIA	53-0196600)		
Part		ns Regarding Compensation			-		
						Yes	No
1a							
	990, Part VII,	Section A, line 1a. Complete Part III to	provide any relevant information regarding	these items.			
		ss or charter travel		•			
		or companions					
	Discretio	onary spending account	Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	ment or provision of all of the ex	penses described above? If "No," com	plete Part III to	46		
2	explain	nization require substantiation prior	r to reimburging or allowing expenses	incurred by all			
2	-			-			
		-		checked on the	2		
3				the	_		
3							
	Comper	sation committee	Written employment contract				
	Indepen	dent compensation consultant	Compensation survey or study				
	X Form 99	00 of other organizations	X Approval by the board or compensation	tion committee			
4			Part VII, Section A, line 1a, with respect to	o the filing			
	•	or a related organization:					
a			-				
b	-						
C	-				40		A
	ii res to an	y of lines 4a-c, list the persons and p					
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) o	rganizations must complete lines 5-9				
5	-			v or accrue anv			
-	•	contingent on the revenues of:	, , , , , , , , , , , , , , , , , , , ,	, ,			
а	The organizat	ion?			5a		х
					5b		Х
	If "Yes" on lin	e 5a or 5b, describe in Part III.					
6			ion A, line 1a, did the organization pa	y or accrue any			
		n contingent on the net earnings of:					
a					6a		X
b		rganization? e 6a or 6b, describe in Part III.	• • • • • • • • • • • • • • • • • • • •		6b		X
_				· · · · · ·			
7			on A, line 1a, did the organization prov lescribe in Part III		7		х
8			paid or accrued pursuant to a contract the		–		- 23
-	-	-	Regulations section 53.4958-4(a)(3)?	-			
		-			8		х
9			low the rebuttable presumption proced				
		-			9		
For Pa		tion Act Notice, see the Instructions for F			ile J (Fo	orm 990	0) 2022

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

Schedule J (Form 990) 2022

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KATHERINE HAYS	(i)	151,369.	1,000.		4,693.	8,027.	165,089.	
1 DIRECTOR OF OPERATIONS	(ii)							
ERIC ANGEL	(i)	359,469.				120.	359,589.	
2 PAST EXECUTIVE DIRECTOR	(ii)							
ROBERT PERGAMENT	(i)	136,238.	25,000.		4,731.	15,142.	181,111.	
3 DEVELOPMENT DIRECTOR	(ii)							
JONATHAN LEVY	(i)	134,880.			4,221.	11,394.	150,495.	
4 DIRECTOR	(ii)							
JENNIFER MEZEY	(i)	128,519.	25,000.		4,546.	8,027.	166,092.	
5 CO-INTERIM EXECUTIVE DIRECTOR	(ii)							
RACHEL RINTELMANN	(i)	116,962.	25,000.		4,255.	11,394.	157,611.	
6 CO-INTERIM EXECUTIVE DIRECTOR	(ii)							
STEPHANIE N TROYER	(i)	121,814.	25,000.		3,512.	15,142.	165,468.	
7 CO-INTERIM EXECUTIVE DIRECTOR	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022

53-0196600

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

2

2

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

53-0196600

Department of the Treasury Internal Revenue Service Name of the organization

LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA Bowt Types of Property

Fai	I Types of Froperty				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household				
	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded		9	219,333.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic				
14	structures				
15	contribution - Other Real estate - Residential				
15 16	Real estate - Commercial				
10	Real estate - Other				
18					
19	Collectibles				
20	Food inventory Drugs and medical supplies				
20	Taxidermy				
21	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ►()				
26	Other ►()				
27	Other ►()				
	Other ►()				
29	Number of Forms 8283 received	by the ora	anization during the tax v	ear for contributions for	
_0	which the organization completed F				29
		0 0200,			Yes No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through
	28, that it must hold for at least th				
	to be used for exempt purposes for	-			
b	If "Yes," describe the arrangement i		51		
31	Does the organization have a		ance policy that require	es the review of anv	nonstandard
	contributions?				31 X
32a	Does the organization hire or use				sell noncash
	contributions?	•	0		
b	If "Yes," describe in Part II.	-			
33	If the organization didn't report an	amount in c	olumn (c) for a type of prop	perty for which column (a)) is checked,
	describe in Part II.			<u> </u>	
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M (Form 990) 2022

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

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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



Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ir	s.gov/form990. Inspection	
Name of the organization	Employer identification number		
LEGAL AID SOCIETY	OF THE DISTRICT OF COLUMBIA	53-0196600	

FORM 990, PART VI, LINE 11A

THE EXECUTIVE DIRECTOR, DIRECTOR OF OPERATIONS, ACCOUNTING MANAGER AND BOARD TREASURER REVIEW THE FORM 990, WHICH IS PREPARED BY AN INDEPENDENT CPA FIRM, BEFORE DISSEMINATING TO BOARD MEMBERS AND FILING WITH THE IRS.

FORM 990, PART VI, LINE 15

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWED COMPARABLE SALARY INFORMATION FROM THE 990'S OF SIMILAR ORGANIZATIONS. USING THIS INFORMATION, THE COMMITTEE RECOMMENDED A SALARY FOR THE EXECUTIVE DIRECTOR TO THE BOARD, WHICH VOTED TO ADOPT THE SALARY. THE BOARD ALSO APPROVES COMPENSATION AND THE SALARY SCALE FOR ALL EMPLOYEES.

FORM 990, PART VI, LINE 12C

THE CONFLICT OF INTEREST POLICY AND DISCLOSURE FORM MUST BE COMPLETED ANNUALLY BY ALL BOARD MEMBERS, STAFF MEMBERS, AND OFFICERS.

FORM 990, PART VI, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

Schedule O (Form 990 or 990-EZ) 2022						
Schedule O (Form 990 or 990-EZ) 2022 Page 2 Name of the organization Employer identification number LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA 53-0196600						
LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA	53-0196600					

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

LEGAL AID'S MISSION IS TO 'MAKE JUSTICE REAL' - IN INDIVIDUAL AND SYSTEMIC WAYS - FOR PERSONS LIVING IN POVERTY IN THE DISTRICT OF COLUMBIA. IN PARTICULAR, LEGAL AID PROVIDES CIVIL LEGAL ASSISTANCE TO INDIVIDUALS, FAMILIES, AND COMMUNITIES IN THE DISTRICT WHO COULD NOT OTHERWISE AFFORD TO HIRE A LAWYER. LEGAL AID STAFF AND VOLUNTEERS PROVIDE A CONTINUUM OF SERVICES FROM CLIENT EDUCATION TO FULL REPRESENTATION BEFORE A COURT OR AN ADMINISTRATIVE TRIBUNAL. TYPES OF CASES INCLUDE PREVENTING EVICTIONS AND HOMELESSNESS, PRESERVING AFFORDABLE HOUSING, PRESERVING HOME OWNERSHIP, ENSURING A SAFE AND DECENT PLACE TO LIVE, CURBING ABUSIVE DEBT COLLECTION PRACTICES, SECURING ACCESS TO HEALTH CARE, NUTRITION, AND PUBLIC BENEFITS, PROTECTING FAMILIES AGAINST DOMESTIC VIOLENCE, PROMOTING FAMILY STABILITY THROUGH CHILD SUPPORT AND CUSTODY ARRANGEMENTS, AND PROVIDING A RANGE OF CIVIL LEGAL SERVICES TO THE IMMIGRANT CLIENT COMMUNITY. SINCE MARCH 13, 2020, LEGAL AID SHIFTED ITS OPERATIONS TO BE LARGELY REMOTE, BUT IN ALL OTHER RESPECTS OUR MISSION OF MAKING JUSTICE REAL IN INDIVIDUAL AND SYSTEMIC WAYS FOR PERSONS LIVING IN POVERTY IN DC REMAINS UNWAVERING AND UNCHANGED.

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

THE LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA WORKS TO ENSURE THAT FAMILIES, INDIVIDUALS, AND COMMUNITIES LIVING IN POVERTY HAVE EQUAL AND MEANINGFUL ACCESS TO JUSTICE. LEGAL AID PROVIDES ADVICE, BRIEF ASSISTANCE, REPRESENTATION, AND REFERRALS TO THOUSANDS OF CLIENTS EACH YEAR. IN ADDITION TO DIRECT CLIENT SERVICES, LEGAL AID STAFF ADVOCATE FOR SYSTEMIC CHANGE ON MATTERS THAT GROW DIRECTLY OUT OF OUR INDIVIDUAL CASES. WHILE THE DEMAND FAR OUTSTRIPS OUR CAPACITY, WE ATTEMPT TO TAKE THOSE CASES IN WHICH AN ATTORNEY CAN MAKE THE MOST DIFFERENCE. OUR CORE PRIORITIES INCLUDE: KEEPING PEOPLE HOUSED: HUNDREDS OF TENANTS EACH YEAR AVOID EVICTION OR HAVE SERIOUS HOUSING CONDITIONS CORRECTED AS A RESULT OF LEGAL AID'S WORK. OUR HOUSING LAWYERS DEFEND AGAINST IMPROPER EVICTIONS IN COURT, ASSIST PUBLIC HOUSING TENANTS TO PRESERVE SUBSIDIES, FIGHT ILLEGAL RENT INCREASES, AND WORK TO ENSURE THAT TENANTS ARE NOT IMPROPERLY DISPLACED BY DEVELOPMENT. SECURING ACCESS TO HEALTH CARE AND PUBLIC BENEFITS: LEGAL AID ASSISTS CLIENTS WHO HAVE BEEN WRONGFULLY DENIED ENROLLMENT, IMPROPERLY TERMINATED, OR UNJUSTLY DENIED SERVICES. THROUGH DIRECT REPRESENTATION IN ADMINISTRATIVE LITIGATION, TRAINING OF CLIENTS TO ADVOCATE ON THEIR OWN BEHALF, AND ADVOCACY WITH AGENCY OFFICIALS TO ACHIEVE REFORM, LEGAL AID WORKS TO ENSURE THAT NECESSARY BENEFITS AND SERVICES ARE AVAILABLE TO ALL WHO QUALIFY. SECURING SAFETY FROM DOMESTIC VIOLENCE AND FINDING FAMILY STABILITY: POVERTY HAS A PROFOUND EFFECT ON FAMILIES. NOT SUPRISINGLY, MOST CASES HANDLED BY LEGAL AID TOUCH ON THE LIVES OF CHILDREN IN SOME WAY, EITHER BECAUSE THEY DIRECTLY INVOLVE ISSUES OF FAMILY VIOLENCE, CUSTODY AND CHILD SUPPORT, OR BECAUSE THEY ADDRESS CONDITIONS IN A CHILD'S HOME OR INCOME FOR A CHILD'S FAMILY. LEGAL AID GIVES PRIORITY TO THOSE ISSUES MOST SEVERELY BURDENING POOR FAMILIES. DOMESTIC VIOLENCE, CHILD CUSTODY, VISITATION RIGHTS AND CHILD SUPPORT MAKE UP THE CORE OF OUR FAMILY LAW PRACTICE. CONSUMER LAW: LEGAL AID PROVIDES MUCH-NEEDED REPRESENTATION TO HOMEOWNERS FACING FORECLOSURE AND TO PERSONS FACING ABUSIVE DEBT COLLECTION PRACTICES. IMMIGRANT LEGAL SERVICES: LEGAL AID PROVIDES A WIDE RANGE OF CIVIL LEGAL SERVICES INCLUDING IMMIGRANT LEGAL ASSISTANCE TO MEMBERS OF DC'S IMMIGRANT COMMUNITY. APPELLATE: LEGAL AID HAS A NATIONALLY-RECOGNIZED APPELLATE PROGRAM, THE BARBARA MCDOWELL APPELLATE ADVOCACY PROGRAM, WHICH LITIGATES POVERTY LAW CASES BEFORE THE DISTRICT OF COLUMBIA'S HIGHEST COURT.

Name of the organization LEGAL AID SOCIETY OF THE	DISTRICT OF COLUMBIA		r identification number 196600		
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES					
	BEGINNING	ENDING	COST		
DESCRIPTION	BOOK VALUE	BOOK VALUE	OR FMV		
XCHANGE-TRADED FUNDS	5,182,366.	3,918,619.			
IXED INCOME SECURITIES	919,548.	639,565.			
COMMON STOCK	388,472.	483,154.			
OTALS					
	6,490,386.	5,041,338.			
