Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

 \blacktriangleright Do not enter social security numbers on this form as it may be made public.

▶ information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014
Open to Public Inspection

Department of the Treasury Internal Revenue Sarvice

Α	For th	10 201	4 calendar year, or tax year beginning , 2014, a	nd ending		, 2	.0
_			C Name of organization		D Employer ider	ntification num	ber
D			Descriptions of content and the content of the power in the content of the organization of the power in the organization of				
	Addre	168 70	Doing businéss as				
Г	Name	change	Number and street (or P.O. box if mail is not delivered to street address) Ro	om/suite	E Telephone nur	mber	
	Initial	nsutes	1331 H STREET, N.W., SUITE 350	• •	(202) 62	8-1161	
\vdash	Final	return	City or town, state or province, country, and ZIP or foreign postal code				
\vdash	Amer	ded	WASHINGTON, DC 20005		G Gross receipt	s \$ 6	,425,993.
	Appli	cation	F Name and address of principal officer: ERIC ANGEL		H(a) is this a grou	p return for	Yes X No
	bestu	ang.	1331 H STREET, N.W., SUITE 350 WASHINGTON, D	C 20005			Yes No
1	Tax-ex	empt st			4 * *	سيبين	
j				1 1021	4	-	
ĸ				I Year of forms			
				I L TOM OF TOTHE	4011	CHILD OF TORM O	Dilliono.
<u>.</u>	7			TOE CIVIL	TEGAL ATE	TO.	
		TND	TUTDITATS. FAMILIES. AND COMMINITYIES IN THE DIS	TRICT OF	COLUMBIA		
ž				TITOT OF	CODOMDAN		
Ē							
Š	2					. 1	40
Ğ	3						
8	4						************
Ę	5						
듕	6	Total :	number of volunteers (estimate if necessary)			6	
<	7a	Total t	unrelated business revenue from Part VIII, column (C), line 12]	7a	0
	b	Net ur	related business taxable income from Form 990-T, line 34				0
]						
Φ	8	Contri	butions and grants (Part VIII, line 1h)		4,160,37	3. 4	<u>,627,024.</u>
Š	9	Progra	am service revenue (Part VIII, line 2g)				24,654.
ě					76,26	1.	72,231.
œ					19,59	4.	-20,923.
	•				4,257,12	8. 4	,702,986.
						0	o
						0	
	-دا	A - 1 - 1	and the second of the second o		3,431,49	7. 3	.681.433.
26	162	Drofes	elanel fundraleing face (Dart IV column (A). line 11a)	· · · · 			0
2	10a	Total 6	conduction company (Part IV, column /D) line 25) b. 425, 854	1	oliele Bilaronola		
X	47				874.01	5	881 016
				ş			
	1		, , , , , , , , , , , , , , , , , , , ,	breekenseen			
- 6		Reven	ue less expenses. Subtract line 18 from line 12				
200				DeBii			
888	20						
ŽŽ	21						
ヹヹ	22			<u> </u>	2,260,11	8. 2	,421,046.
				4.3.4.4			
Number of Independent volunteers (estimated in Recessary) 1							
			611			12/2015	=
ei.	· P		C/W/			12/201	<u> </u>
				0	Date	t	
B Once it registers Description Common of registers Common							
D-1-		1	19.		Check	* 1	
		BRI		1/15/20/2			
		Firm's	name SARFINO AND RHOADES, LLP				
~98 	Uniy	Firm's	address >11921 ROCKVILLE PIKE, SUITE 501 NORTH BETHESDA, MD 20852-2	794	Phone no. 3		
May	the II	₹S dis	cuss this return with the preparer shown above? (see instructions)			Х у	es No
For	Paper	work i	Reduction Act Notice, see the separate instructions.				

Form 990 (2014) Page 2

		organization's mission				
3	prior Form 990 or 9 If "Yes," describe th Did the organizati services? If "Yes," describe th Describe the orga expenses. Section	ese new services on S ion cease conducting ese changes on Schednization's program set 501(c)(3) and 501(c)	chedule O. , or make significant lule O. rvice accomplishments	changes in how for each of its the	it conducts, any progra	Yes X No To Yes X No rices, as measured by
	(Code:ATTACHMENT		_{667,465.} including gran	ts of \$) (Revenue \$)
4b	(Code:	_) (Expenses \$	including gran	ts of \$) (Revenue \$)
4c	(Code:	_) (Expenses \$	including gran	ts of \$) (Revenue \$)
	Other program ser (Expenses \$ Total program serv	vices (Describe in Sche including gra) (Revenue \$)	
JSA)20 1.			V 14-	6F	45115	Form 990 (2014 PAGE

Form 990 (2014) Page **3**

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 Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
		6		Х
7	"Yes," complete Schedule D, Part I. Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		Δ.
7		7		Х
_	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	- '-		Λ_
8				v
•	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 temporarily restricted			
	endowments, permanent endowments, or 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, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
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		X
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
12a	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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		Х
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	~		
. 0	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	'0		21
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
10		'		Λ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10	х	
10	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		
19		40		v
20-	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014) Page 4

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	- · · · · · · · · · · · · · · · · · · ·			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		Х
0.4	employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			37
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
	Schedule L. Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		Х
24	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
31		31		Х
22	Part I	31		
32	- '	32		Х
22	complete Schedule N, Part II	32		
33		22		v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			3.7
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

4E1030 1.000 70493S C021 V 14-6F 45115 PAGE 5

Form 990 (2014) Page 5

Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1030. Enter 6 in not applicable			
	Effici the number of Forms W-29 included in line 1a. Effici -0- in not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	21	
Za	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 55			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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		X
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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			3.7
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	c h		
7	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	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			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form **990** (2014)

JSA 4E1040 1.000 70493S C021 V 14-6F 45115 PAGE 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 49			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 49			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
-	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
~	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue		ə.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C	describe in Schedule O how this was done	12c	Х	
12	Did the organization have a written whistleblower policy?	13	Х	
13 14		14	Х	
15	Did the organization have a written document retention and destruction policy?	17		
13	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15b	X	
b	Other officers or key employees of the organization	130		
400				
164	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		X
L	with a taxable entity during the year?	Tua		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section			
10	available for public inspection. Indicate how you made these available. Check all that apply.	301(0)(S)S	orny)
	Own website Another's website X Upon request Other (explain in Schedule O)			
10		oroot	nalia	, 054
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	ciest	holic	, and
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and record	c · 🛌		
20	State the name, address, and telephone number of the person who possesses the organizations books and record katherine hays 1331 h street. N.W. Washington, DC 20005 202-386-6673	ა. 📂		

JSA 4E1042 1.000 Form **990** (2014)

70493S C021 V 14-6F 45115 PAGE 7 Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (A) (B) (D) (E) (F)

Comparison	Name and Title	Average hours per week (list any	box,	unles	ss pe	rson	e than o is both tor/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
BOARD MEMBER		related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization		from the organization and related	
BOARD MEMBER	(4) ANTHONY PIERCE	1 00										
Camartin Klepper		+	x							0		0
BOARD MEMBER		1.00										-
Cand Deborah Brand Baum		.+	Х						0	0		0
BOARD MEMBER		1.00										
BOARD MEMBER		+	Х						C	0		0
BOARD MEMBER	(4)JOHN RELMAN	1.00										
BOARD MEMBER			Х						0	0		0
Column C	(5)A. SCOTT BOLDEN	1.00										
BOARD MEMBER	BOARD MEMBER		X						C	0		0
Column		1.00										
BOARD MEMBER			Х						0	0		0
BOARD MEMBER	(7)JOHN T. BYRNES	1.00										
BOARD MEMBER			Х						C	0		0
(9)RAINEY HOFFMAN		1.00										
BOARD MEMBER			X						0	0		0
Columbia		1.00										
BOARD MEMBER			X						О	0		0
Comparison	<u> </u>	1.00										_
BOARD MEMBER X 0 0 0 (12)DAVID S. DANTZIC 1.00 X X 0 0 0 SECRETARY X X X 0 0 0 (13)JONATHAN FEE 1.00 0 0 0 0 BOARD MEMBER X 0 0 0 0 (14)SCOTT D. GILBERT 1.00 0 0 0 0	-	1 00	X						C	0		U
(12)DAVID_S. DANTZIC 1.00 SECRETARY X X 0 0 0 (13)JONATHAN FEE 1.00 0 0 0 0 BOARD MEMBER X 0 0 0 0 (14)SCOTT D. GILBERT 1.00 0 0 0 0		1.00										^
SECRETARY X X 0 0 0 0		1 00	X						0	0		U
(13)JONATHAN FEE 1.00 BOARD MEMBER X 0 0 0 (14)SCOTT D. GILBERT 1.00 0 0					37					_		^
BOARD MEMBER X 0 0 0 0 0 (14) SCOTT D. GILBERT 1.00		1 00	Λ		Λ				0	0		J
(14)SCOTT D. GILBERT 1.00			v							_		Λ
		1 00	^							0		J
			х						n	n		0

Form 990 (2014)

JSA.

70493S C021 V 14-6F 45115 PAGE 8 Form 990 (2014) Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	١,,			ition			Reportable	Reportable	Estimated
	hours per week (list any	,				e than o is both		compensation from	compensation from related	amount of other
	hours for	office		dad		or/trust	ee)	the	organizations	compensation
	related	Individual trustee or director	Inst	Officer	Key	High	Forme	organization	(W-2/1099-MISC)	from the
	organizations below dotted	vidu	Institutional	cer	emp	nest	ner	(W-2/1099-MISC)		organization and related
	line)	al tru	onal		Key employee	com				organizations
		uste	trustee		ě	ipen				
		Ф	tee			Highest compensated employee				
	1.00					0				
BOARD MEMBER	ļ -	Х						0	0	0
16) JOAN E. MCKOWN	1.00							-		
BOARD MEMBER	†	Х						0	0	0
17) CHRISTOPHER HERRLING	1.00									
BOARD MEMBER	†	Х						0	0	0
18) KENNETH KLEIN	1.00									
VICE PRESIDENT	T	Х		Х				0	0	0
19) PHILLIP HORTON	1.00									
BOARD MEMBER	T	Х						0	0	0
20) DANIEL JARCHO	1.00									
PRESIDENT		Х		Х				0	0	0
21) BARBARA KAGAN	1.00									
BOARD MEMBER		X						0	0	0
22) MARC MARTIN	1.00									
BOARD MEMBER		X						0	0	0
23) DIONNE LOMAX	1.00									
BOARD MEMBER		X						0	0	0
24) JOHN NANNES	1.00									
BOARD MEMBER		X						0	0	0
25) MICHAEL NANNES	1.00									
BOARD MEMBER		X						0	0	0
1b Sub-total								0	, i	0
c Total from continuation sheets to Part VII, S	-							450,221.	0	24,897.
d Total (add lines 1b and 1c)							_	450,221.	0	24,897.
2 Total number of individuals (including but not reportable compensation from the organizatio			liste 1	d a	bove	e) who	o re	eceived more than	\$100,000 of	
Teportable compensation from the organization		-	±							Yes No
2 Did the apprinting list any farmer office			4		_					Tes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3 X
										3 11
4 For any individual listed on line 1a, is the										
	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									
5 Did any person listed on line 1a receive or										
for services rendered to the organization? <i>If "Y</i>										5 X
Section B. Independent Contractors	,									
Complete this table for your five highest com	pensated i	ndepe	ende	ent	con	tracto	rs t	hat received more	than \$100,000 c	ıf
compensation from the organization. Report of										
year.	year.									

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶ 0

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	npio			and F	ııgı	1				
(A)	(B)			(C	-			(D)	(E)		(F)	
Name and title	Average	(do)	Position do not check more					Reportable	Reportable		timated ount of	
	hours per week (list any	,				is both		compensation from	compensation from related		other	
	hours for	office				or/truste		the	organizations		ensatio	วท
	related	Indi	Inst	Officer	Key employee	High emp	Former	organization	(W-2/1099-MISC)		om the anizatio	n
	organizations below dotted	/idu:	tutic	ĕ	emp	lest	ner	(W-2/1099-MISC)		_	related	
	line)	or tr	nal		loye	com				orga	nizatior	IS
		Individual trustee or director	Institutional trustee		ě	pen						
			:ee			Highest compensated employee						
	1.00			_								
BOARD MEMBER	-†	Х						0	0			0
27) MARY LOU SOLLER	1.00											
BOARD MEMBER	-+	Х							0			0
28) THEODORE STONE	1.00											
TREASURER		Х		х					0			0
29) ALON VOGEL	1.00											
BOARD MEMBER	-+	Х							0			0
30) KURT RICHTER	1.00											
BOARD MEMBER	-+	Х							0			0
31) GERALD HARTMAN	1.00											
BOARD MEMBER	-+	Х							0			0
32) JOHN HEINTZ	1.00											
BOARD MEMBER		Х							0			0
33) PETER SPIVACK	1.00											
BOARD MEMBER		Х							0			0
34) REBECCA TROTH	1.00											
BOARD MEMBER	-+	Х							0			0
35) SCOTT WINKLEMAN	1.00											
BOARD MEMBER		Х							0			0
36) PETER D. SHIELDS	1.00											
BOARD MEMBER	-+	Х							0			0
1h Sub total												
c Total from continuation sheets to Part VII,	Section A			• •								
d Total (add lines 1b and 1c)	_											
2 Total number of individuals (including but no) who	re	ceived more than	\$100,000 of			
reportable compensation from the organizati			1 1	u ub	,010	, wiic	, 10	ocived more than	Ψ100,000 01			
											Yes	No
3 Did the organization list any former off	icer directo	ır or	tru	etac	ا د	(A) (A	mn	Novee or highes	t compensated			
employee on line 1a? If "Yes," complete Sche										3		Х
4 For any individual listed on line 1a, is the organization and related organizations of												
individual								•	ie o ioi sucii	4		Х
5 Did any person listed on line 1a receive of									on or individual			
for services rendered to the organization? If '										5		Х
Section B. Independent Contractors	. 30, 00111010	.5 501	.cau		, , ,	34011	701	~~				
Complete this table for your five highest co	mpensated i	ndene	ende	nt c	cont	racto	rs t	that received more	than \$100 000 c	of		
compensation from the organization. Report												
vear		-	_		_	, , ,	_	5	3			

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VII Section A. Officers, Director		y En	nplo			and H	_		1
(A)	(B)				C)		(D)	(E)	(F)
Name and title	Average hours per	(do i	not cl		ition	e than on	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any	,				is both a	00	related	other
	hours for					tor/trustee	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	ligh mpl	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	idua	tutio	er.	emp	est o	ਜ਼੍ਰੇ (W-2/1099-MISC)		and related
	line)	or tru	nal t		loye	e comp			organizations
		stee	:rust		Ф	pens			
			ee			Highest compensated employee			
37) RONALD J TENPAS	1.00								
BOARD MEMBER		Х					(0	1
88) SARAH L. WILSON	1.00								
BOARD MEMBER		X					(0	
9) NORA E GARROTE	1.00								
BOARD MEMBER		Х					(0	
0) MICHAEL PAUL REED	1.00	_							
BOARD MEMBER	1.00	X				\vdash	(0	
11) BETH A. LEVENE	1.00								
BOARD MEMBER	1 00	X				\vdash	(
2) JENNIFER LEVY	1.00	37							
BOARD MEMBER 3) BRADLEY S. LUI	1.00	X				\vdash	()	
BOARD MEMBER		X							
4) PHILLIP BARTZ	1.00	Λ.				\vdash			
BOARD MEMBER		X							
5) DEAN BUNCH	1.00								
BOARD MEMBER		Х						0	
6) ANNEMARGARET CONNOLLY	1.00								
BOARD MEMBER		Х						0	
7) SAMUEL FEDER	1.00								
BOARD MEMBER		Х					(0	
1b Sub-total							>		
c Total from continuation sheets to Part	-						>		
d Total (add lines 1b and 1c)							>		
2 Total number of individuals (including bu				d al	bov	e) who	received more than	\$100,000 of	
reportable compensation from the organ	ization >		4						Yz N
									Yes No
3 Did the organization list any former employee on line 1a? If "Yes," complete S									3 X
									3 X
4 For any individual listed on line 1a, is									
organization and related organization individual									4 X
									7 21
5 Did any person listed on line 1a receifor services rendered to the organization									5 X
Section B. Independent Contractors	,					2 p			
Complete this table for your five highes	t compensated i	ndepe	ende	ent o	con	tractors	s that received more	e than \$100,000 o	of
compensation from the organization. Re	port compensati	on fo	r the	ca	lend	dar yea	r ending with or wit	hin the organization	n'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 listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and H	ligl	hest Compensat	ed Employees (d	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson direct	e than of is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	am com fro orga and	timated nount of other pensation om the anization drelated anizations	
48) ALEX YOUNG K. OH	1.00											
BOARD MEMBER		X						0	0			0
49) JONICE GRAY TUCKER	1.00								0			0
BOARD MEMBER 50) KATHERINE HAYS	40.00	X						0	0			0
CHIEF OPERATIONS OFFICER	40.00			Х				104,371.	0		8,7	93.
51) ERIC ANGEL	40.00			-							- ,	
EXECUTIVE DIRECTOR				Х				136,940.	0		4,2	34.
52) GREGG KELLEY	40.00											
DIRECTOR OF DEVELOPMENT						Х		105,771.	0		8,7	9 3.
53) CHINH LE LEGAL DIRECTOR	40.00					X		102 120	0		3,0	27
						Λ		103,139.	0		3,0.	<u>. 7 .</u>
		-										
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						> >					
2 Total number of individuals (including but not reportable compensation from the organization			liste 1	d al	bov	e) who	o re	eceived more than	\$100,000 of			
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3	Yes	No X
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	50,0	00?) If	"Yes	5,"	complete Schedu	sation from the le J for such	4		X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on 1	fron	n any	un	related organization		5		X
Section B. Independent Contractors												
1 Complete this table for your five highest com- compensation from the organization. Report of year.												

(A) Name and business address	(B) Description of services	(C) Compensation

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

Page 9

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

Check if Schedule O contains a response or note to any line in this Part VIII........... (B) (C) (D) Related or Unrelated Revenue Total revenue business excluded from tax exempt revenue function under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 30,343. 1a Federated campaigns 1b 981,992. Fundraising events d Related organizations 1d 1e 256,669 e Government grants (contributions). f All other contributions, gifts, grants, and similar amounts not included above . 1f 3,358,020 g Noncash contributions included in lines 1a-1f: \$ _ Total. Add lines 1a-1f 4,627,024 Program Service Revenue **Business Code** 541100 24,654 REIMBURSED LEGAL FEES 24,654 b f All other program service revenue g Total. Add lines 2a-2f 24,654 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 3 79,864. Income from investment of tax-exempt bond proceeds . 0 5 (i) Real (ii) Personal 6a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 1,580,203. **b** Less: cost or other basis and sales expenses 1,587,836. -7,633. c Gain or (loss) -7,633 -7,633. Other Revenue Gross income from fundraising ATCH 4 events (not including \$ _____981,992. of contributions reported on line 1c). 90,248 See Part IV, line 18 a c Net income or (loss) from fundraising events ATCH 5 \blacktriangleright -44,923 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities._____ 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** SUBLEASE INCOME 900099 24,000 24,000. 11a b d All other revenue 24,000. e Total. Add lines 11a-11d Total revenue. See instructions 4,702,986 24,654 96.231

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									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0							
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors, trustees, and key employees	241,311.	196,136.	25,144.	20,031.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0							
7	Other salaries and wages	2,868,981.	2,331,889.	298,946.	238,146.				
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	79,592.	64,740.	8,241.	6,611.				
9	Other employee benefits	254,518.	207,023.	26,352.	21,143.				
10	Payroll taxes	237,031.	192,800.	24,542.	19,689.				
11	Fees for services (non-employees):								
a	Management	0							
	o Legal	0							
c	Accounting	23,175.	18,850.	2,400.	1,925.				
	Lobbying	0							
	Professional fundraising services. See Part IV, line 17.	0							
1	Investment management fees	0							
g	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.)	46,515.	37,835.	4,815.	3,865.				
12	Advertising and promotion	0							
13	Office expenses	46,950.	38,189.	4,861.	3,900.				
14	Information technology	31,842.	25,900.	3,297.	2,645.				
15	Royalties	0							
16	Occupancy	544,407.	442,818.	56,366.	45,223.				
17	Travel	0							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	1,291.			1,291.				
20	Interest	276.	224.	29.	23.				
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	37,464.	30,473.	3,879.	3,112.				
23	Insurance	21,935.	17,842.	2,271.	1,822.				
24	Other expenses. Itemize expenses not covered								
-	above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
а	TELEPHONE	24,535.	19,957.	2,540.	2,038.				
b	MISCELLANEOUS	31,189.	25,366.	3,229.	2,594.				
	POSTAGE AND SHIPPING	24,729.	11,380.	1,449.	11,900.				
	PRINTING AND PUBLICATIONS	46,708.	6,043.	769.	39,896.				
	All other expenses				<u> </u>				
	Total functional expenses. Add lines 1 through 24e	4,562,449.	3,667,465.	469,130.	425,854.				
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0							
JSA		υ			F 000 (0044)				

JSA 4E1052 1.000

Form **990** (2014)

70493S C021 V 14-6F 45115 PAGE 14 Form 990 (2014) Page **11**

Part X Balance Sheet

1 6	ILA	Datance Street					
		Check if Schedule O contains a response or	note	to any line in this Pa	rt X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			822.	1	404,491.
	2	Savings and temporary cash investments			618,460.	2	9,594.
	3	Pledges and grants receivable, net	189,354.	3	242,397.		
	4	Accounts receivable, net	0	4	0		
	5	Loans and other receivables from current and the	forme	r officers, directors,			
		trustees, key employees, and highest co	mper	sated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0	5	0
	6						
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu					
s		organizations (see instructions). Complete Part II of Sche	dule L		0		0
Assets	7	Notes and loans receivable, net			0	7	0
As	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			35,462.	9	34,939.
	10 a	Land, buildings, and equipment: cost or					
			10a				
	b	Less: accumulated depreciation	10b	199,859.	95,506.		147,025.
		Investments - publicly traded securities		ATCH 6	1,730,777.		2,017,364.
	12	Investments - other securities. See Part IV, line 11				12	0
	13	Investments - program-related. See Part IV, line 11				13	0
	14	Intangible assets				14	0
	15	Other assets. See Part IV, line 11			41,380.		37,847.
_	16	Total assets. Add lines 1 through 15 (must equal			2,711,761. 103,695.	16	2,893,657. 135,155.
	17 18	Accounts payable and accrued expenses		17 18	133,133.		
	19	Grants payable				19	0
	20	Deferred revenue				20	0
G	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Pa	art IV/ c	of Schedule D		21	0
Liabilities	22	Loans and other payables to current and for					J
ē		trustees, key employees, highest compen-					
Ë		disqualified persons. Complete Part II of Schedule			0	22	0
	23	Secured mortgages and notes payable to unrelate			0		0
	24	Unsecured notes and loans payable to unrelated			0	24	0
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	17-2	4). Complete Part X			
		of Schedule D			347,948.	25	337,456.
	26	Total liabilities. Add lines 17 through 25			451,643.	26	472,611.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		there 🕨 🗓 and			
anc	27	Unrestricted net assets			1,519,644.	27	1,419,577.
Bal	28	Temporarily restricted net assets			363,335.	28	557,162.
Fund Balances	29	Permanently restricted net assets		<u></u> <u>.</u>	377,139.	29	444,307.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here and			
ţ	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or equ		t fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated inco	ome, o	or other funds		32	
Ne	33	Total net assets or fund balances			2,260,118.	33	2,421,046.
_	34	Total liabilities and net assets/fund balances	<u> </u>		2,711,761.	34	2,893,657.
							Farm 000 (2014)

Form **990** (2014)

JSA 4E1053 1.000 LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA 53-0196600

Form 99	90 (2014)				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		4,7	02,	986.
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,5	62,4	<u>449.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				537.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,2	60,	118.
5	Net unrealized gains (losses) on investments	5		_	16,	734.
6	Donated services and use of facilities	6			37,	125.
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		2,4	21,	046.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con					
	reviewed on a separate basis, consolidated basis, or both:	•				
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	Х	
Б	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:	ieu o	II a			
	X Separate basis Consolidated basis Both consolidated and separate basis					
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	ovoro	iaht			
C	of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xpiali	1111			
за	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forti	n in	3a		Х
	the Single Audit Act and OMB Circular A-133?		41-7	Ja		
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such audit or audits explain why in Schedule O and describe any steps taken to undergo such au		ine	3h		

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

▶Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

LEC	JAL	AID SOCIETY OF THE	DISTRICT OF	COLUMBIA			53-	-0196600
Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	complet	e this pa	art.) See instructions	
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 11, ch	eck only	one box.)	
1		A church, convention of chi	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E.)				
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and s	tate:					
5		An organization operated	for the benefit of	a college or universit	ty owne	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	Х	An organization that norma	ally receives a sub	ostantial part of its su	ipport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An organization that norma						•
		receipts from activities rel	-			-		
		support from gross invest						tax) from businesses
		acquired by the organizatio				-		
10		An organization organized	· · · · · · · · · · · · · · · · · · ·	-	-			
11		An organization organized	· · · · · · · · · · · · · · · · · · ·	•	-			
		one or more publicly suppo	-			-		
		the box in lines 11a through					•	=
а		<u> </u>		•	-			
		the supported organization			elect a m	ajority o	f the directors or trus	tees of the supporting
		organization. You must c	-					
b							· · ·	
		control or management of	• • • •	=	the sam	e persor	ns that control or man	age the supported
		organization(s). You must	-					
С		Type III functionally inte						ly integrated with,
		its supported organization		· ·				
d		Type III non-functionally			•			= ::
		that is not functionally into	-	-	-		· ·	an attentiveness
_		requirement (see instruct	•	•				L T
е		Check this box if the orga					* * * * * * * * * * * * * * * * * * * *	ı, туре ш
f	En	functionally integrated, or ter the number of supported	• •	ionally integrated sup	porting o	organizai	ion.	
		ovide the following information	-	orted organization(s)				
9				(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(,, .,	ame of supported organization	(, =	(described on lines 1-9	listed in yo	ur governing	support (see	other support (see
				above or IRC section (see instructions))	docu	ment?	instructions)	instructions)
				(000 :::01: 00::01:0))	Yes	No		
(A)								
(B)								
(5)								
(C)								
(D)								
(D)								
(E)								
Tota	al							

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

Schedule A (Form 990 or 990-EZ) 2014

Page 2 Schedule A (Form 990 or 990-EZ) 2014

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

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,995,407.	3,314,626.	3,850,639.	4,164,327.	4,627,024.	18,952,023.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0		
4	Total. Add lines 1 through 3	2,995,407.	3,314,626.	3,850,639.	4,164,327.	4,627,024.	18,952,023.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount								
	shown on line 11, column (f)						265,703.		
6	Public support. Subtract line 5 from line 4.						18,686,320.		
	tion B. Total Support	() 0040	#N 0044	() 0040	(N 0040	() 0044	(O.T.)		
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	2,995,407.	3,314,626.	3,850,639.	4,164,327.	4,627,024.	18,952,023.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	66,328.	76,829.	75,107.	93,186.	79,864.	391,314.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	-7,237.	-16,910.	-35,876.	-29,906.	-20,269.	-110,198.		
11	Total support. Add lines 7 through 10						19,233,139.		
12	Gross receipts from related activities, etc. (s	,				12			
13	First five years. If the Form 990 is forganization, check this box and stop here			d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)		
	tion C. Computation of Public Sup		•				07.16.4		
14	Public support percentage for 2014 (li		•			14	97.16%		
15	Public support percentage from 2013					15			
16a	331/3% support test - 2014. If the o								
h	this box and stop here. The organization 331/3% support test - 2013. If the co								
b	check this box and stop here. The orga								
172	10%-facts-and-circumstances test - 2								
114	10% or more, and if the organization	_							
	Part VI how the organization meets t					-	•		
	organization			•	•		→		
b	10%-facts-and-circumstances test - 2						and line		
	15 is 10% or more, and if the orga	•							
	Explain in Part VI how the organization						-		
	supported organization				_	-	▶ □		
18	Private foundation. If the organization								
	instructions						<u>▶ </u>		

Schedule A (Form 990 or 990-EZ) 2014

70493S C021 V 14-6F 45115 Schedule A (Form 990 or 990-EZ) 2014 Page 3

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	,		,,		,	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	as a section 501(c)(3)
	organization, check this box and stop here .	<u></u>	<u></u> .	<u> </u>	<u></u> .		▶ 🔲
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2014 (line 8,	column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2013 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmen	t Income Per	centage				
17	Investment income percentage for 2014 (lin					17	%
18	Investment income percentage from 2013 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2014. If the org					e than 331/3%, a	and line
	17 is not more than 331/3%, check thi	s box and stor	here. The org	anization qualifies	s as a publicly	supported organi	zation 🕨 🗌
b	331/3% support tests - 2013. If the orga	nization did not	check a box on	line 14 or line 19	a, and line 16 is	s more than 331/3	3 %, and
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	, check this bo	ox and see instr	uctions ►

JSA 4E1221 2.000

Schedule A (Form 990 or 990-EZ) 2014 Page **4**

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .

- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes." explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in 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 in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - 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
g y			
	1		
is ed			
	2		
er	3a		
d e			
	3b		
2)			
	3с		
If	4a		
n n			
	4b		
n ed 3)			
,	4c		
;," N			
n, n	_		
	5a		
ly	5b		
	5c		
o s o in			
	6		
al nt			
	7		
?	8		
e d			
	9a		
h	9b		
it			
	9с		
f) g			
	10a		
О	10b		

PAGE 20

70493S C021

Schedule A (Form 990 or 990-EZ) 2014 Page **5**

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	, 0 0 , 11 0	11a		
		11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Secil	on B. Type 1 Supporting Organizations		Yes	No
			169	INU
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on 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	on D. All Type III Supporting Organizations			
	Did the consciption was ide to each of its assessed consciptions, but the last day of the 6th weath of the		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, (1) a written notice describing the type and amount of support provided during the prior			
	tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Soction	on E. Type III Functionally-Integrated Supporting Organizations	3		
	7. 7 7 1. 2 2			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst The organization satisfied the Activities Test. Complete line 2 below.	rucuc)IIS).	
a b	The organization satisfied the Activities rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct.	ions)		
·	The organization supported a governmental oritity. Describe in a direction you supported a government entity (see manual		Yes	No
2	Activities Test. Answer (a) and (b) 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		
h				
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.	3b		

JSA 4E1230 2.000

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970. See ir	structions. All
other Type III non-functionally integrated supporting organizations must com	nplete S	ections A through E.	
Section A - Adjusted Net Income		(A) Prior Voor	(B) Current Year
Section A - Adjusted Net Income		(A) Prior 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		
Costina D. Minimum Aport Amount		(A) B: V	(B) Current Year
Section B - Minimum Asset Amount		(A) Prior 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 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	y-integra	ated Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

^{4E1231 2.000}
70493S C021 V 14-6F PAGE 22 45115

Schedule A (Form 990 or 990-EZ) 2014 Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
С	Funda from 2042			
	Excess from 2013			

Schedule A (Form 990 or 990-EZ) 2014

^{4E1232 3.000}
70493S C021 V 14-6F 45115 PAGE 23

Schedule A (Form 990 or 990-EZ) 2014 Page **8**

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II -	OTHER INCOM	Ε			ATTACHMENT 1	
DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
MISCELLANEOUS INCOME	180.	103.	37.			320.
SPECIAL EVENT INCOME	-29,579.	-43,406.	-36,273.	-30,806.	-44,923.	-184,987.
REIMBURSED LEGAL FEES	22,162.	26,393.	360.	900.	24,654.	74,469.
TOTALS .	-7,237.			-29,906.		-110,198.

Schedule A (Form 990 or 990-EZ) 2014

Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

90.

Name of the organization		Employer identification number
LEGAL AID SOCIETY (OF THE DISTRICT OF COLUMBIA	F2 0106600
Organization type (check o	ne):	53-0196600
Filers of:	Section:	
riiers ot:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private trust trust treated as a private trust trust treated as a private trus	vate foundation
	501(c)(3) taxable private foundation	
_	on filing Form 990, 990-EZ, or 990-PF that received, during the ye	
or more (in mone contributor's tota	y or property) from any one contributor. Complete Parts I and II. S I contributions.	see instructions for determining a
Special Rules		
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that me sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A and that received from any one contributor, during the year, total confidence of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-E	(Form 990 or 990-EZ), Part II, line contributions of the greater of (1)
contributor, durin	on described in section 501(c)(7), (8), or (10) filing Form 990 or 99 g the year, total contributions of more than \$1,000 <i>exclusively</i> for rational purposes, or the prevention of cruelty to children or animals.	religious, charitable, scientific,
contributor, during contributions tota during the year for General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990 or 990 the year, contributions <i>exclusively</i> for religious, charitable, etc., pled more than \$1,000. If this box is checked, enter here the total corran <i>exclusively</i> religious, charitable, etc., purpose. Do not complete to this organization because it received <i>nonexclusively</i> religious remore during the year	ourposes, but no such contributions that were received te any of the parts unless the s, charitable, etc., contributions
990-EZ, or 990-PF), but it m	at is not covered by the General Rule and/or the Special Rules do nust answer "No" on Part IV, line 2, of its Form 990; or check the b	box on line H of its Form 990-EZ or on its

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA

Employer identification number 53-0196600

Part I	Contributors (see instructions). Use du	plicate cop	ies of Part I	lif additional:	space is needed.
--------	----------------	------------------	-----------	-------------	---------------	-----------------	------------------

(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	\$256,669.	Person 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	\$1,123,500.	Person 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%	\$966,992.	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
No.	Name, address, and ZIP + 4 VARIOUS CONTRIBUTORS FROM FEDERATED	Total contributions	Person X Payroll Noncash (Complete Part II for
No 4	Name, address, and ZIP + 4 VARIOUS CONTRIBUTORS FROM FEDERATED CAMPAIGNS UNDER 2% (b)	\$30,343.	Person Payroll Noncash (Complete Part II for noncash contributions.)
No4 (a) No.	Name, address, and ZIP + 4 VARIOUS CONTRIBUTORS FROM FEDERATED CAMPAIGNS UNDER 2% (b) Name, address, and ZIP + 4	\$30,343.	Person X

Name of organization LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA

Employer identification number 53-0196600

Part I	Contributors ((see instructions).	Use duplicate cop	pies of Part I if addition	nal space is needed.
--------	----------------	---------------------	-------------------	----------------------------	----------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 _	KIRKLAND & ELLIS LLP 655 FIFTEENTH STREET, NW WASHINGTON, DC 20005	\$149,375.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 _	JONES DAY 51 LOUISIANA AVENUE, NW WASHINGTON, DC 20001	\$110,000.	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.)
(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA

Employer identification number

53-0196600

Part II	Noncash Property	(see instructions).	Use duplicate	copies of Part II if	additional space is needed.
---------	------------------	---------------------	---------------	----------------------	-----------------------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA **Employer identification number** 53-0196600 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the

following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

	(see separate instructions), ther				, : :,
	Section 501(c)(4), (5), or (6) org	anizations: Complete Part III.			
Nam	e of organization			Employer ide	ntification number
LEG		HE DISTRICT OF COLUMBIA		53-019	
Pai	-	organization is exempt under		<u>~</u>	nization.
1	Provide a description of the	organization's direct and indirect	political campaign ac	ctivities in Part IV.	
2	Political expenditures			▶ \$	
3	Volunteer hours				
Par	t I-B Complete if the o	organization is exempt under	section 501(c)(3).		
1		cise tax incurred by the organization			
2		cise tax incurred by organization n			
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	ccept section 501(c)(3).
1	Enter the amount directly e	expended by the filing organization	on for section 527 e	xempt function	
	activities			▶\$	
2	Enter the amount of the filir	ng organization's funds contribute	d to other organizati	ons for section	
	527 exempt function activiti	es			
3	Total exempt function expe	enditures. Add lines 1 and 2. E	nter here and on Fo	orm 1120-POL,	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5		and employer identification num			
		s. For each organization listed, e			
		tributions received that were pror nd or a political action committee			
		<u>.</u>	<u> </u>	1	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If
					none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2014

301	nedule C (Form 330 of 330-EZ) 2014	ппочп	AID BOCI		DIKICI OF C	JHUMDIA JJ U	± 50000 Fage ∠	
Р	art II-A Complete if the org section 501(h)).	ganizati	on is exen	npt under sectior	n 501(c)(3) and	filed Form 5768 (ele	ction under	
Α	Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).							
В	Check ▶ if the filing orga	nization	checked l	oox A and "limited	control" provisi	ons apply.		
			ying Expend			(a) Filing	(b) Affiliated	
	(The term "expendit	ures" me	eans amour	nts paid or incurred.)	organization's totals	group totals	
1:	a Total lobbying expenditures to	nfluence	public opini	on (grass roots lobb	oying)			
	b Total lobbying expenditures to i		-		· -: -			
	c Total lobbying expenditures (ac		_					
	d Other exempt purpose expendi							
	e Total exempt purpose expendit							
	f Lobbying nontaxable amount.							
	columns.			3				
	If the amount on line 1e, column (a	a) or (b) is:	The lobbying	g nontaxable amount	is:			
	Not over \$500,000	, . (., .		amount on line 1e.				
	Over \$500,000 but not over \$1,000	0.000		us 15% of the excess	over \$500,000.			
	Over \$1,000,000 but not over \$1,5			us 10% of the excess				
	Over \$1,500,000 but not over \$17,			us 5% of the excess of				
	Over \$17,000,000	,	\$1,000,000		71,000,000			
	g Grassroots nontaxable amount	(enter 25			'			
	h Subtract line 1g from line 1a. If	-						
	i Subtract line 1f from line 1c. If		•					
	j If there is an amount other th				_	tion file Form 4720		
•	reporting section 4911 tax for t				-		Yes No	
	- i op om i green i gr			aging Period Under	Section 501(h)			
	(Some organizations tha					ete all of the five colun	nns below.	
				te instructions for I	=			
		Lobb	ying Exper	nditures During 4-Ye	ear Averaging Pe	riod	I	
	Calendar year (or fiscal year beginning in)	(a)	2011	(b) 2012	(c) 2013	(d) 2014	(e) Total	
2	a 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))							
1	f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2014

JSA

4E1265 1.000 70493S C021 V 14-6F 45115 PAGE 31

_	dule C (Form 990 or 990-EZ) 2014	T (!! -		5700		Page 3
Fal	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).			m 5/68		
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(6	a) 		(b)	
	cription of the lobbying activity.	Yes	No		Amount	
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:					
а	Volunteers?	X				
b	Volunteers? 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?		X			
f	Grants to other organizations for lobbying purposes?	37	Х			7 016
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X	37			7,016
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i :	Other activities?		Λ			7,016
j	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			7,010
2a b			Λ			
C	If "Yes," enter the amount of any tax incurred under section 4912 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?					
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	ors	ection		
	501(c)(6).	(0)(0)	, 0. 0			
				_	Ye	s 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	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				3	
Pa	Tt III-B Complete if the organization is exempt under section 501(c)(4), section 501		-			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	OR (b) Pa	irt III-A, I	ine 3,	IS
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou					
	political expenses for which the section 527(f) tax was paid).					
а	Current year			2a		
b	Carryover from last year			2b		
С	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	ne			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	obbyir	ng			
	and political expenditure next year?			4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		
	Tt IV Supplemental Information					
	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d gro	up list	i); Part II-	A, lines	s 1 and
2 (s	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
CEI	PACE A					
SEI	E PAGE 4					
					_	

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 Page 4

Supplemental Information (continued)

Part IV

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 2014, FOR INSTANCE, OUR LOBBY EFFORTS WERE PRIMARILY DEVOTED TO ADVOCATING FOR ACCESS TO JUSTICE FUNDING, REVISIONS TO THE FORECLOSURE PROCESS, IMPLEMENTATION OF HEALTH CARE REFORM, AND THE PRESERVATION AND PROPER ADMINISTRATION OF MAJOR PUBLIC BENEFITS PROGRAMS IN THE DISTRICT, PARTICULARLY TEMPORARY ASSISTANCE FOR NEEDY FAMILIES, OR TANF.

Schedule C (Form 990 or 990-EZ) 2014

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047
2014
Open to Public

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA 53-0196600 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ ______ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 **\$**____ ▶ \$

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

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

3. Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a Public exhibition	Sched	dule D (Form 990) 2014							Page 2
collection items (check all that apply): a Public exhibition d Loan or exchange programs b Scholarly research Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization sollection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Interest Yes No 1b If 'Yes', Explain the arrangement in Part XIII and complete the following table: 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If 'Yes', Explain the arrangement in Part XIII and complete the following table: 1c Beginning balance 1d Interest Inter	Par	t III Organizations Maintaini	ng Collections of	Art, Historical T	reasures,	or Other Sim	ilar Asset	t s (continu	ued)
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: 1 Beginning balance		collection items (check all that app			-	_	are a sign	ificant use	of its
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: 1		=			_				
A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Ro Racrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: Complete if the organization and intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization set of the organization that are held and administered for the organization by: Part V Endowment Funds. Part V Endowment Funds. Part V Endowment Funds organization Part V Endowment	b			e Other					
XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Fart IV Ine 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	С								
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1c Beginning balance 1d Beginning balance 1d Beginning balance 1d Beginning balance 1d Beginning of year balance 1d Beg	4								
or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?		assets to be sold to raise funds rath	ner than to be mainta	ained as part of the	organization	's collection?			
included on Form 990, Part X?. □ Ves □ No b If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ 1c □ Amount □ C Beginning balance □ 1d □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Par		•		ization ans	wered "Yes" to	Form 990), Part IV,	line 9,
included on Form 990, Part X?. □ Ves □ No b If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ 1c □ Amount □ C Beginning balance □ 1d □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	1a	Is the organization an agent truste	e custodian or othe	er intermediary for c	ontributions	or other assets r	not		
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Amount C Amount C Amount C C C	·u							Yes	No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part IV, line 10. 2c Did the organization shows a part X, line 21, for escrow or custodial account liability? 2c Did the explaint the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. 2d Did the explaint the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. 2d Did the explaint the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. 2d Did the explaint the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. 2d Did the explaint the arrangement in Part XIII. Check here if the Organization that are held and administered for the organization by: 2d Did the explaint the arrangement in Part XIII. Check here if the Organization shall a land. 2d Describe in Part XIII the intended uses of the organization shall have basis (b) Cost or other basis (c) Accommutated depreciation 2d Describe in Part XIII. the intended uses of the organization sendowment funds. 2d Describe in Part XIII. the intended uses of the organization sendowment funds. 2d Describe in Part XIII. the intended uses of the organization sendowment funds. 2d Describe in Part XIII. the intended uses of the organization sendowment funds. 2d Describe in Part XIII. the intended uses of t	b								
d Additions during the year							Amount		
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	С	Beginning balance			1c				
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	d	Additions during the year			1d				
a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year			1e				
a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	f	Ending balance			1f				
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	2a					stodial account l	iability?	Yes	No
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 394,066 341,378 292,925 260,450 227,378 b Contributions 68,750 26,250 35,500 32,000 34,237 c Net investment earnings, gains, and losses 18,137 41,059 25,446 14,159 2,527 d Grants or scholarships 80 16,927 14,621 12,493 13,684 3,692 f Administrative expenses 9 End of year balance 464,026 394,066 341,378 292,925 260,450 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	b	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the explanatior	has been pi	rovided in Part XI	II <u></u> ,	[
1a Beginning of year balance 394,066. 341,378. 292,925. 260,450. 227,378. b Contributions 68,750. 26,250. 35,500. 32,000. 34,237. c Net investment earnings, gains, and losses 18,137. 41,059. 25,446. 14,159. 2,527. d Grants or scholarships 0 Other expenditures for facilities and programs 16,927. 14,621. 12,493. 13,684. 3,692. f Administrative expenses 16,927. 14,621. 12,493. 13,684. 3,692. g End of year balance 464,026. 394,066. 341,378. 292,925. 260,450. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	Par	t V Endowment Funds. Com	plete if the organi	zation answered "	Yes" to For	m 990, Part IV	, line 10.		
b Contributions 68,750. 26,250. 35,500. 32,000. 34,237 c Net investment earnings, gains, and losses 18,137. 41,059. 25,446. 14,159. 2,527 d Grants or scholarships e Other expenditures for facilities and programs 16,927. 14,621. 12,493. 13,684. 3,692 f Administrative expenses 16,927. 14,621. 12,493. 13,684. 3,692 g End of year balance 464,026. 394,066. 341,378. 292,925. 260,450 e Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			•					(e) Four year	rs back
b Contributions 68,750. 26,250. 35,500. 32,000. 34,237 c Net investment earnings, gains, and losses 18,137. 41,059. 25,446. 14,159. 2,527 d Grants or scholarships 16,927. 14,621. 12,493. 13,684. 3,692 f Administrative expenses 16,927. 14,621. 12,493. 13,684. 3,692 g End of year balance 464,026. 394,066. 341,378. 292,925. 260,450 Permanent endowment ▶ 95.7505 % c Temporarily restricted endowment ▶ 4,2495 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations by the organization in the possession of the organization showment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describing of property (a) Cost or other basis (b) Cost or other basis (cother) depreciation (d) Book value depreciation (other)	1a	Beginning of year balance	394,066.	341,378.	292	,925. 20	50,450.	227	7,378
c Net investment earnings, gains, and losses 18,137. 41,059. 25,446. 14,159. 2,527 d Grants or scholarships	b		68,750.	26,250.	35	,500.	32,000.	34	1,237
and losses 18,137. 41,059. 25,446. 14,159. 2,527 d Grants or scholarships 6 Other expenditures for facilities and programs 16,927. 14,621. 12,493. 13,684. 3,692 f Administrative expenses 9 End of year balance 464,026. 394,066. 341,378. 292,925. 260,450. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 95.7505 % c Temporarily restricted endowment ▶ 4.2495 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(ii) 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (other) (other) (d) Book value depreciation									
d Grants or scholarships e Other expenditures for facilities and programs 16,927. 14,621. 12,493. 13,684. 3,692 f Administrative expenses g End of year balance 464,026. 394,066. 341,378. 292,925. 260,450. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment 95,7505 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (c) Accumulated depreciation (d) Book value tal. Land. (d) Book value			18,137.	41,059.	25	,446.	14,159.	2	2,527
e Other expenditures for facilities and programs 16,927. 14,621. 12,493. 13,684. 3,692 f Administrative expenses 9 g End of year balance 464,026. 394,066. 341,378. 292,925. 260,450 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 95.7505 % c Temporarily restricted endowment ▶ 4.2495 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(i) 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation depreciation be Buildings.	d	Grants or scholarships	,	•		,			
and programs 16,927. 14,621. 12,493. 13,684. 3,692 f Administrative expenses 464,026. 394,066. 341,378. 292,925. 260,450. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ 95.7505 % c Temporarily restricted endowment ▶ 4.2495 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation b Buildings									
f Administrative expenses g End of year balance 464,026. 394,066. 341,378. 292,925. 260,450 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 95.7505 % c Temporarily restricted endowment ▶ 4.2495 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation Buildings Buildings	•		16.927	14.621	12	493	13.684	5	3.692
g End of year balance	f	Administrative expenses	10/52/.	11/021.		, 153.	23,001.		7052
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ 95.7505 % c Temporarily restricted endowment ▶ 4.2495 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value 1a Land b Buildings			464 026	394 066	3.4.1	378 20	92 925	260	1 450
a Board designated or quasi-endowment ▶				,		•	72,923.	200	,450
b Permanent endowment ▶ 95.7505 % c Temporarily restricted endowment ▶ 4.2495 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value 1a Land b Buildings					column (a))	neid as.			
c Temporarily restricted endowment ▶ 4.2495 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings	a L	=							
The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 5a(ii) 8a(ii) 1									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1 Land b Buildings	C	•	·	000/					
organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (c) Accumulated depreciation (d) Book value 1 Land b Buildings	•	, ,	•						
(i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings	3a		the possession of tr	ne organization that	are neid and	a administered to	or the		
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings		_							NO
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings									
Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (d) Book value depreciation 1a Land b Buildings		(ii) related organizations							
Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1a Land b Buildings	b	• • • • • • • • • • • • • • • • • • • •	~	•				3b	
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value									
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value	Par	Land, Buildings, and Equ	ipment. tion answered "Ye	s" to Form 990 P	art IV line	11a See Form	990 Part	X line 10	
1a Land b Buildings		Description of property							<u> </u>
b Buildings			(inves					-	
9 111111111111111111		5					4		
	b	~							
c Leasehold improvements 136,440. 24,931. 111,508.	С				36,440.	24,931		111,	508.
d Equipment 210,444. 174,927. 35,517.	d	Equipment			210,444.	174,927		35,	517.
e Other									
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 147, 025.	Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part X, colum	n (B), line 10	(c).)			

Page 3 Schedule D (Form 990) 2014

Part VII	Investments - Other Securities.		
	Complete if the organization answered	"Yes" to 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) Financia	al derivatives		
	held equity interests		
(3) Other			
(<u>A)</u>			
<u>(B)</u>			
<u>(C)</u>			
(D)			
<u>(E)</u>			
$\frac{(F)}{(G)}$			
<u>(G)</u> (H)			
Part VIII			
I art viii		d "Yes" to Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(-)	(4,	Cost or end-of-year market value
(1)			
(2)			
(3)			
_(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(1)		
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. Complete if the organization answered	1 "Yes" to Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
		scription	(b) Book value
(1)	(a) 20	Soription	(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15.)	<u></u> ▶
Part X	Other Liabilities.	L III / II / E	D. (IV. I' 44 44. O F 000 D. (IV.
	line 25.	a "Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
		4) 5 1 1	
1. (1) Fodor	(a) Description of liability al income taxes	(b) Book valu	Je
	RRED LEASE OBLIGATION	337,	456
(3)	KED LEASE OBLIGATION	337,	430.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 337,	456.
2. Liability fo	or 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

PAGE 36

Schedule D (Form 990) 2014 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	1	22,334,670.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	, ,		
а	Net unrealized gains (losses) on investments 2a -16,734.				
b	Donated services and use of facilities 2b 17,513,247.	_			
C	Recoveries of prior year grants 2c				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d	2e	17,496,513.		
3	Subtract line 2e from line 1	3	4,838,157.		
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				
b	Other (Describe in Part XIII.) 4b -135,171.				
С	Add lines 4a and 4b	4c	-135,171.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,702,986.		
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ırn.			
1	Total expenses and losses per audited financial statements	1	22,173,742.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities 2a 17,476,122.				
b	Prior year adjustments 2b				
С	Other losses 2c				
d	Other (Describe in Part XIII.) 2d 135,171.				
е	7.00 miles 20 miles 2	2e	17,611,293.		
3	Subtract line 2e from line 1	3	4,562,449.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	_			
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c			
5			1 560 110		
Dort		5	4,562,449.		
Part Provid	XIII Supplemental Information.				
Provid		art V, I	ine 4; Part X, line		
Provid 2; Part	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art V, I	ine 4; Part X, line		
Provid 2; Part	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b and 2b; Part III, lines 1b and 2b	art V, I	ine 4; Part X, line		
Provid 2; Part	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art V, I	ine 4; Part X, line		
Provid 2; Part	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art V, I	ine 4; Part X, line		
Provid 2; Part	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art V, I	ine 4; Part X, line		
Provid 2; Part	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art V, I	ine 4; Part X, line		
Provid 2; Part	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art V, I	ine 4; Part X, line		
Provid 2; Part	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art V, I	ine 4; Part X, line		
Provid 2; Part	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art V, I	ine 4; Part X, line		
Provid 2; Part	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art V, I	ine 4; Part X, line		
Provid 2; Part	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art V, I	ine 4; Part X, line		
Provid 2; Part	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art V, I	ine 4; Part X, line		
Provid 2; Part	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art V, I	ine 4; Part X, line		
Provid 2; Part	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art V, I	ine 4; Part X, line		
Provid 2; Part	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art V, I	ine 4; Part X, line		
Provid 2; Part	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art V, I	ine 4; Part X, line		
Provid 2; Part	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art V, I	ine 4; Part X, line		
Provid 2; Part	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art V, I	ine 4; Part X, line		
Provid 2; Part	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art V, I	ine 4; Part X, line		
Provid 2; Par	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art V, I	ine 4; Part X, line		
Provid 2; Par	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art V, I	ine 4; Part X, line		

JSA 4E1271 1.000 Schedule D (Form 990) 2014

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART XII, LINE 2D

EXPENSES FOR FUNDRAISING EVENTS NETTED AGAINST REVENUES.

FORM 990, SCHEDULE D, PART XI, LINE 4B

EXPENSES FOR FUNDRAISING EVENTS NETTED AGAINST REVENUES.

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 (Form 990) 2014

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA 53-0196600 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 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 registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2014

Schedule G (Form 990 or 990-EZ) 2014

Fundraising Events. Complete if the organization answered "Yes" to 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 \$5,0	00.			
			(a) Event #1 SERVANT OF JUST	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	1,072,240.			1,072,240
Re			981,992.			981,992
		Less: Contributions Gross income (line 1 minus	901,992.			901,992
		line 2)	90,248.			90,248
	4	Cash prizes				
	5	Noncash prizes				
es	6					
ens	0	Rent/facility costs				
t Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	135,171.			135,171
	10	Direct expense summary. Add lines 4	4 through 9 in column (d)			135,171
		Net income summary. Subtract line 1				-44,923
Pa	rt I	Gaming. Complete if the orgathan \$15,000 on Form 990-E	anization answered "Y	es" to Form 990, Par	t IV, line 19, or repo	rted more
		man \$15,000 on Form 990-E	Z, III e oa.	4) 5		(d) Total marris a (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
eve						
<u>~</u>	1	Gross revenue				
	_					
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
rect E	4	Rent/facility costs				
$\bar{\Box}$						
	5	Other direct expenses				
	_		Yes%	Yes%	Yes%	
	6	Volunteer labor	No	No No	No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)			
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)		
9	Е	nter the state(s) in which the organizat	tion conducts gaming ac	tivities:		Yes No
 a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 						
	_					
4.5	_					
		Vere any of the organization's gaming "Yes," explain:		Yes No		
	_					

Schedule G (Form 990 or 990-EZ) 2014 Page 3 Does the organization conduct gaming activities with nonmembers? 11 No 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? No Indicate the percentage of gaming activity conducted in: 13 a The organization's facility _________13a % % An outside facility _________13b Enter the name and address of the person who prepares the organization's gaming/special events books and 14 records: Name ►_____ Address ►_____ 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes **b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____. c 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: a 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 > \$ Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part IV Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2014

JSA 4E1503 2.000

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

53-0196600

LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA

FORM 990, PART VI, LINE 11B

THE EXECUTIVE DIRECTOR, CHIEF OPERATING OFFICER, AND CONTROLLER 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 VI, LINE 2

THE FAMILY RELATIONSHIP EXISTS BETWEEN TWO MEMBERS OF THE BOARD OF DIRECTORS: MICHAEL NANNES AND JOHN NANNES, BROTHERS.

Employer identification number

53-0196600

ATTACHMENT 1

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

LEGAL AID'S MISSION IS TO 'MAKE JUSTICE REAL' - IN INDIVIDUAL AND SYSTEMATIC 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, AND PROMOTING FAMILY STABILITY THROUGH CHILD SUPPORT AND CUSTODY ARRANGEMENTS.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

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

Name of the organization

LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA

Employer identification number 53-0196600

ATTACHMENT 2 (CONT'D)

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. APPELLATE: LEGAL AID

Schedule O (Form 990 or 990-EZ) 2014	Page 2
Name of the organization	Employer identification number
LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA	53-0196600
	ATTACHMENT 2 (CONT'D)

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.

			ATTACHMENT 3					
FORM 990, PART VIII - INVESTMENT INCOME								
DESCRIPTION_	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE				
INTEREST	79,86	4.		79,864.				
TOTALS	79,86	4.	=	79,864.				
			ATTACHMENT 4					
FORM 990, PART VIII - EXCLUDED CONTR	IBUTIONS		ATTACHMENT 4					
DESCRIPTION	AMOUNT							
SPECIAL EVENT	981,992.							
TOTAL	981,992.							
FORM 990, PART VIII - FUNDRAISING EVE	ENTS		ATTACHMENT 5					
	GROSS	DIRECT		NET				
DESCRIPTION	INCOME	EXPENSE	<u>s</u>	INCOME_				

ATTACHMENT 6

SPECIAL EVENT

TOTALS

90,248.

90,248. 135,171.

135,171.

-44,923.

-44,923.

Name of the organization	Employer identification number
LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA	53-0196600
	ATTACHMENT 6 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
EXCHANGE-TRADED FUNDS		327,038.	631,541.
FIXED INCOME SECURITIES		1,082,036.	1,364,436.
FIXED INCOME MUTUAL FUNDS		66,618.	
EQUITY MUTUAL FUNDS		253,586.	
COMMON STOCK		1,499.	21,387.
	TOTALS	1,730,777.	2,017,364.