Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u>A I</u>	ror u	ne 2012 calendar year, or tax year beginning , 2012, and e	naing		, 20			
R.	Chaala Ma	C Name of organization	-	D Employer ider	ntification number			
-		LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA		53-0196	600			
L	Adda chan							
	Nam	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite	E Telephone nur	mber			
	Initle	alretum 1331 H STREET, N.W., SUITE 350		(202) 628	-1161			
	Tern	City, town or post office, state, and ZIP code						
	Ame	nded WASHINGTON, DC 20005		G Gross receipts	\$ 4,943,299.			
		Ication F Name and address of principal officer FRTC ANGET.		H(a) Is this a group				
_		1331 H STREET, N.W., SUITE 350 WASHINGTON, DC 2	20005	affiliates? H(b) Are all affiliate				
ī	Tax-ex	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		a list. (see instructions)			
<u> </u>		ite: WWW.LEGALAIDDC.ORG WWW.MAKINGJUSTICEREAL.ORG	321		4-			
K			one of former	H(c) Group exempti	tate of legal domicile: DC			
	art I	Summary	ear or format	tion: 1934 M S	tate of legal domicile:			
1. 0	1							
	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE CIVIL LEGAL AID TO INDIVIDUALS, FAMILIES,	777	NAME TO THE				
e e								
Jan		IN THE DISTRICT WHO COULD NOT OTHERWISE AFFORD TO HI	KE A LA	WIER.				
Ver								
Governance	2	Check this box ▶ if the organization discontinued its operations or disposed of mo			i i			
ంర	3	Number of voting members of the governing body (Part VI, line 1a)			<u>3</u> 50.			
Activities	4	Number of independent voting members of the governing body (Part VI, line 1b)		<u>.</u>	4 50.			
ξ	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			5 54.			
Ac	6	Total number of volunteers (estimate if necessary)			6 300.			
	7a	Total unrelated business revenue from Part VIII, column (C), line 12			'a C			
		Net unrelated business taxable income from Form 990-T, line 34			' b			
				Prior Year	Current Year			
ø	8	Contributions and grants (Part VIII, line 1h)	9	3,323,223	3,850,639.			
Revenue	9	Program service revenue (Part VIII, line 2g)		2,057				
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).		78,139	85,596.			
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-42,943				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,360,476				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,000,170	0 0,010,010.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)						
	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,602,685	3,160,619.			
Expenses	160	Professional fundroising fees (Port IX, column (A), line 44s)	• •	2,002,000	0 3,100,019.			
pen	IVA	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 382,059.	Universe	CONTRACTOR OF THE PROPERTY OF	0			
EX	470			762 267	000 040			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	- 0	762,267				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,364,952				
L Ø	19	Revenue less expenses. Subtract line 18 from line 12		-4,476				
Net Assets or Fund Balances			Beginn	ning of Current Yea				
Sse	20	Total assets (Part X, line 16)		2,787,878				
ŽĒ	21	Total liabilities (Part X, line 26)		359,771				
		Net assets or fund balances. Subtract line 21 from line 20		2,428,107	2,342,552.			
	rt II	Signature Block						
Und	der per	nalties of perjury, I declare that I have examined this return, including accompanying schedules and s ect, and complete. Declaration of preparer (other than officer) is based on all information of which prepar	tatements, a	nd to the best of m	ly knowledge and belief, it is			
	, 00,10	contains designated because of property (other than officer) is based on an information of writer proper	ci ilas aliy kii	1				
o:	_	J CAM		V †//	16/13			
Sig		Signature of officer		Date				
He	re	I Eric Angel Executive Director						
		Type or print name and title	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		The state of the s			
		Print/Type preparer's name Preparer's signature Date		Check if	PTIN			
Pald		BRIAN W. DOW, CPA Bei G- 7/1	5/2013	self-employed	P00367740			
	parer	Firm's name SARFINO AND RHOADES, LLP		Firm's EIN ► 52-0961657				
use	Only	Firm's address 11921 ROCKVILLE PIKE, SUITE 501 NORTH BETHESDA, MD 20852-2794			01-770-5500			
Mav	the II	RS discuss this return with the preparer shown above? (see instructions)		FROME NO. O	TVI.			
		rwork Reduction Act Notice, see the separate instructions.	· · · · · ·		X Yes No			
	. apei				rom 330 (2012)			

	90 (2012)			Page
Part	Statement of Program Service A Check if Schedule O contains a re	ccomplishments esponse to any question in this Part III		
1 B	iefly describe the organization's mission	e de la constant de l		
	TTACHMENT 1	•		
	All and a state of the state of			

2 Di	d the organization undertake any signif	icant program services during the ve	ar which were not listed on th	
pr				
lf	'Yes," describe these new services on Se	chedule O.		
3 Di	d the organization cease conducting,	or make significant changes in h	ow it conducts, any program	n
se	rvices?		• • • • • • • • • • • • • • • • • • • •	Yes X No
lf	'Yes," describe these changes on Sched	ule O.		
4 D	escribe the organization's program ser	vice accomplishments for each of it	s three largest program serv	ices, as measured by
ех	penses. Section 501(c)(3) and 501(c)(organizations are required to rep 	ort the amount of grants and	allocations to others
th	e total expenses, and revenue, if any, for	each program service reported.		
4a (C	ode:) (Expenses \$3,2	80,308. including grants of \$) (Revenue \$	360.)
	ATTACHMENT 2	41.		
_				

4b (C	ode:) (Expenses \$	including grants of \$) (Revenue \$)
	- pr			
_				
	V. Taranta de la constanta de			
4c (Co	ode:) (Expenses \$	including grants of \$) (Revenue \$)
-				
		We discuss of the same of the		
	ner program services (Describe in Sched	· · · · · · · · · · · · · · · · · · ·		
	penses \$ including gra		\$)	
e To	al program service expenses ▶	3,280,308.		

Part IV

Checklist of Required Schedules

Page 3

			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		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 2	X	
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		X
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	X	
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,	_		v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		X
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
	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	X	
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	o darpinon in fait A, fille 10: 11 165,		**	
h	Complete Schedule D, Part VI	11a	Х	
D	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			Х
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	11b		
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	o distribution and the second of the office	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising hyperment and program sorvice activities extails the United States.			
	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	44.		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		
	organization or entity located outside the United States? 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 assistance	13		
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
JSA		Form !	990~c	20121

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Ра	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	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			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24 a	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		ĺ	
	through 24d and complete Schedule K. If "No," go to line 25	24a		х
b		24b		
С		240		
	to defease any tax-exempt bonds?	124-		
d		24c		
25 a		24d		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I			37
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		X
	year, and that the transaction has not been reported as association 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?			
26	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
07	disqualified person outstanding as of the end of the organization's tax year? 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		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	l	X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33	-+	
	or IV, and Part V, line 1	24	i	Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
•	related organization? If "Ves " complete Schodule P. Port V. line 2			
37	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		_X_
J I	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		İ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		-	
20	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	

Form **990** (2012)

LEC AID SOCIETY OF THE DISTRICT OF PLUMBIA 53-0196600 Form 990 (2012)

Par	Check if Schedule O contains a response to any question in this Part V			
		• • •	Yes	·
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u> </u>	168	No
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	5	100	
~	Did the organization comply with backup withholding rules for reportable payments to vendors and	4		
C	reportable gaming (gambling) with backup withholding fules for reportable payments to vendors and		v	
2-	reportable gaming (gambling) winnings to prize winners?	1c	X	100000000000000000000000000000000000000
z a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 54			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4 a	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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	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			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	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			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	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		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		neces produced
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	02000.00000	STREET,
	Section 501(c)(7) organizations. Enter:			
a	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 10b			
	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			
2 2	against amounts due or received from them.)			
2 a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		Maria de la
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	45		
a	Note. See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
	the argonization is linear and to increase the life of the state of the			
c				
4a ∣	Enter the amount of reserves on hand	4.4.		X
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		
	to report trices paymonts: If two, provide an explanation in Scriedule O	14b	ł	

Form **990** (2012)

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Form 990 (2012) AID SOCIETY OF THE DISTRICT OF OLUMBIA 53-0196600 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. Check if Schedule O contains a response to any question in this Part VI..... X Section A. Governing Body and Management

					
		1		Yes	No
1a	grand grand grand grand of the tax year.	1a 5	O		
	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 5	d		
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	ationship with	1		
	any other officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or un	der the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other	r porson?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	n person:	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's	eur	5	-	X
6	Did the organization have members or stockholders?	asseis?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el		0	-	-
	one or more members of the governing body?	ect or appoint			Х
b			7a	 	21
	stockholders or persons other than the governing hody?	by) members,	l		x
8	stockholders, or persons other than the governing body?		7b		^
0	Did the organization contemporaneously document the meetings held or written actions under the year by the following:	ertaken during			
_	the year by the following:				
a	The governing body?		8a	X	
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			
Soot	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	· · · · · · · · · · · · · · · · · · ·	9		X
Jeck	ion B. Policies (This Section B requests information about policies not required by the Inte	<u>rnal Revenue</u>	Code		
40	Politic Control of the Control of th			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	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 pu	rposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before file	ing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t	nat could give			
	rise to conflicts?		12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the po	licv? If "Yes."			
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review an	d approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?		-	
а	The organization's CEO, Executive Director, or top management official	u., a a a a a a a a a a a a a a a a a a a	15a	x	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		.05		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	arrangement			
	with a taxable entity during the year?	arrangement	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization t	ovaluato ita	IVa		
	participation in joint venture arrangements under applicable federal tax law, and take stops to	cofoguerd the		1	
	organization's exempt status with respect to such arrangements?	saleguaru ine	4.01-		
Sect	ion C. Disclosure		100		
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 9	90.T (Sasting 5	04/-\/		
-	available for public inspection. Indicate how you made these available. Check all that apply.	an-i (Section 5	υ i(c)(;	s on	ıy)
	Own website Another's website X Upon request Other (explain in Scho	edule (1)			
19					
	Describe in Schedule O whether (and if so, how), the organization made its governing docum and financial statements available to the public during the tax year.	ents, conflict o	inter	est po	olicy,
20	State the name, physical address, and tolophone number of the				
20	State the name, physical address, and telephone number of the person who possesses the books organization: PALFONSO WRIGHT 1331 H STREET, N.W. WASHINGTON, DC 20005	and records of th	ie		
JSA	202-3	00-00/3			

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Form **990** (2012)

Form 990 (2012) Part VII

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

Check if Schedule O contains a response to any question 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) (B) Position (D) (E) (F) Name and Title Average (do not check more than one Reportable Reportable Estimated hours per box, unless person is both an compensation compensation from amount of week (list any officer and a director/trustee) from other related hours for the compensation organizations Individual Highest compensated nstitutiona related (W-2/1099-MISC) from the organization employee organizations (W-2/1099-MISC) organization below dotted and related trustee organizations trustee (1) ANTHONY PIERCE 1.00 BOARD MEMBER Χ 0 0 (2) MARTIN KLEPPER 1.00 BOARD MEMBER X n 0 (3) DEBORAH BRAND BAUM 1.00 BOARD MEMBER X 0 0 (4) JOHN RELMAN 1.00 BOARD MEMBER Χ 0 0 0 (5) A. SCOTT BOLDEN 1.00 BOARD MEMBER Χ 0 0 (6) ALEX BOURELLY 1.00 BOARD MEMBER X 0 (7) JOHN T. BYRNES 1.00 BOARD MEMBER Х 0 0 (8) DAVID BERZ 1.00 BOARD MEMBER Х 0 0 (9) STEVE BRODY 1.00 BOARD MEMBER X 0 0 (10) RAINEY HOFFMAN 1.00 BOARD MEMBER Х 0 0 0 (11) GRAEME W BUSH 1.00 BOARD MEMBER Х 0 0 0 (12) ROBERT COOPER 1.00 BOARD MEMBER Χ 0 0 (13) DONNA COOPER 1.00 SECRETARY Χ X 0 0 (14) DAVID S. DANTZIC

JSA

Form 990 (2012)

BOARD MEMBER

Χ

1.00

Continue	Part VII Section A. Officers, Directors, To	rustees, Ke	y En	nplo	oye	es.	and	Hia	hest Compensat	ed Employees /	Continued)
Part	(A)	(B) Average hours per week (list any	(do box,	not c unle:	Pos heck ss pe	C) sition mor erson	e than o	one i an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other compensation
SOUNTHAN FEE		organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	1	from the organization and related organization
SONT D. GILBERT 1.00		1.00									
BOARD MEMBER					<u> </u>				0)
Total rom continuation sheets to Part VII, Section A Dotat rom compensation and other compensation and related organization and rom the organization from the organization. Report compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. A		1.00	-								
BOARD MEMBER X 0 0									0	C	
8) JOAN E. MCKOWN BOARD MEMBER V CO BOARD MEMBER V CO		$-\frac{1.00}{1.00}$	-								
BOARD MEMBER O O O O		1 00							0	C	
9) CIRLISTOPHER HERRLING BOARD MEMBER X			ł								
BOARD MEMBER		1					<u></u>		0	C	
SENNETH KLEIN		1.00	-								
BOARD MEMBER									0	0	
1) PHILLIP HORTON 1.00 BOARD MEMBER			1								
BOARD MEMBER X		1 00							0	0	
2) DANIEL JARCHO VICE PRESIDENT 3) BARBARA KAGAN 1.00 BOARD MEMBER 1.00 BOARD MEMBER 1.00 BOARD MEMBER 2		1.00	1								
VICE PRESIDENT X X X 0 0 0 BOARD MEMBER 1.00 BOARD MEMBER X 0 0 0 MARC MARTIN 1.00 BOARD MEMBER X 0 0 0 DIONNE LOMAX 1.00 BOARD MEMBER X 0 0 0 BOARD MEMBER X 0 0 0 DIONNE LOMAX 1.00 BOARD MEMBER X 0 0 0 Total from continuation sheets to Part VII, Section A 205, 457. 0 10, Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address.			X						0	0	
BOARD MEMBER 1.00 BOARDET MEMBER 1.00 BOARD MEMBER 1.00 BOARD MEMBER 1.00 BOARD MEMBE		1.00									
BOARD MEMBER 4) MARC MARTIN BOARD MEMBER 5) DIONNE LOMAX BOARD MEMBER C Total from continuation sheets to Part VII, Section A C Total from continuation sheets to Part VII, Section A C Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Ection B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and husiness address			X		X				0	0	
## MARC MARTIN		1.00									
BOARD MEMBER 5) DIONNE LOMAX BOARD MEMBER X BOB BOARD MEMBER CO BOAR			X						0	0	
BOARD MEMBER Sub-total DIONNE LOMAX DION		1.00									****
BOARD MEMBER X			X						0	0	
to Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address		1.00									*
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Total (add lines 1b and 1c)								•	0	0	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	c Total from continuation sheets to Part VII, §	Section A							205,457.	0	10,9
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	d Total (add lines 1b and 1c)							▶	205,457.	0	10,98
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Total number of individuals (including but not	limited to the	nose I	iste	d at	ονε	e) who	re	ceived more than \$	3100,000 of	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	employee on line 1a? If "Yes," complete Sched	dule J for suc	h indi	vidu	ıal .				<i></i>		Yes 3
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	organization and related organizations gr	reater than	\$15 	0,00	00?	If	"Yes	," c	complete Schedule	J for such	4
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address	Did any person listed on line 1a receive or	accrue cor	nnen	atio	n f	rom	any	unr	plated organization	a an indicate and	
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	ection B. Independent Contractors	es, complet	ช 	eaul	ie J	ior	sucn j	vers	воп		5
Name and husiness address	Complete this table for your five highest comcompensation from the organization. Report	npensated ir compensatio	ndepe on for	nde the	nt c	ont end	ractor ar yea	s th	nat received more nding with or withi	than \$100,000 o n the organization	f n's tax
		dress		•		-416				vices C	
Total number of independent contractors (including but not limited to those listed above) who received											

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and	Hig	hest Compensat	ted Employe	es (co	ntinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than is both tor/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation related organization	from	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI		from the organization and related organizations
26) JOHN NANNES	1.00		_							_	
BOARD MEMBER		Х						o		0	
27) MICHAEL NANNES	1.00										
BOARD MEMBER 28) DEANNE OTTAVIANO	3 00	X						0		0	
PRESIDENT	3.00	v		х					-		
29) MICHAEL RAIBMAN	1.00	X		Λ				0		0	
BOARD MEMBER		x									
30) ED NEWBERRY	1.00							U		0	
BOARD MEMBER		х						0		ما	
31) LESLIE SMITH	1.00									-	
BOARD MEMBER	T	Х						0		0	
32) MARY LOU SOLLER	1.00										
BOARD MEMBER		X						0		0	
33) THEODORE STONE	1.00										
TREASURER	1 00	X		X				0		0	
34) ALON VOGEL BOARD MEMBER	1.00	4,5						_			
35) DENNIS M. KIEFER	1.00	Х						0		0	
BOARD MEMBER	1.00	Х									
36) KURT RICHTER	1.00	Δ.						0	***	_0	
BOARD MEMBER		х						0			
1b Sub-total c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)							> >				
2 Total number of individuals (including but not reportable compensation from the organization	ninikeu lo li 1 ▶	10se i	iste	u at	oove	e) wno	re	ceived more than S	\$100,000 of		
											Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	r, or h indi	tru <i>ividเ</i>	stee ıal .	e, I	ey e	mpl	loyee, or highest	compensated	t [3 X
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,00	90?	lf	"Yes	." c	complete Schedule	e J for such	h	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue cor	npens	satio	n f	rom	anv	unr	elated organization	n or individuo	. [5 X
Section B. Independent Contractors											<u> </u>
1 Complete this table for your five highest com- compensation from the organization. Report of year.	pensated ir ompensatio	ndepe on for	nde the	nt c	ont end	racto ar yea	rsth are	nat received more nding with or with	than \$100,00 in the organiza	0 of ation's	tax
(A) Name and business add	ress							(B) Description of ser	vices	Con	(C)
2. Total number of independent services.										(30-3/200a) (militaria)	
2 Total number of independent contractors (in more than \$100,000 in compensation from the	ıcıudıng bu e organizati	τ not on ▶	lim	ıted	to	thos	e lis	sted above) who	received		1 mm m

Page 8

Part VII Section A. Unicers, Directors, Tr		<u>≱y En</u>	npic			and	Hig		ed Employees (continued)
(A)	(B)			-	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than c						Reportable	Reportable	Estimated
	hours per week (list any	1				is both		compensation	compensation from	I .
	hours for			nd a c	direct	tor/trus		from the	related organizations	other compensation
	related	우 la	ins	Officer	<u>6</u>	₽₩	FO	organization	(W-2/1099-MISC)	from the
	organizations	ivid	Ē	čer	/ en	ploy	Former	(W-2/1099-MISC)	(W 2/1000 MIGO)	organization
	below dotted line)	ctor ua	ion	'	Key employee	/ee	7			and related
	line)	Individual trustee or director	발		yee) mg				organizations
		lee	Institutional trustee			Highest compensated employee				
37) GERALD HARTMAN	1 00		Ļ	ļ	<u> </u>	ed.	_			
BOARD MEMBER	1.00	X								
38) JOHN HEINTZ	1.00	ļ	┼	┼	├-			0	(
BOARD MEMBER		x							_	
39) TANGELA RICHTER	1.00		+	┼	-			U	C	
BOARD MEMBER	+	X							_	
40) PETER SPIVACK	1.00		┼	┼	₩	-	-	U	C	
BOARD MEMBER		x								
41) REBECCA TROTH	1.00	ļ	┼	├	├─	ļ	-	U	C	
BOARD MEMBER	+	x							_	
42) SCOTT WINKLEMAN	1.00		\vdash	 	├	ļ	<u> </u>	0	C	
BOARD MEMBER		-}							_	
43) JACK GOCKE	1.00	X	-	_	├_			0	C	
BOARD MEMBER	1.00	.,								
44) PETER D. SHIELDS	1 00	X	 	<u> </u>	<u> </u>			0	0	
	1.00	-								
BOARD MEMBER	1 00	X	igsquare					0	0	
45) LYNDA SCHULER	1.00									
BOARD MEMBER		X	igspace					0	0	į.
46) RONALD J TENPAS	1.00									
BOARD MEMBER		X						0	0	. (
47) SARAH L. WILSON	1.00									
BOARD MEMBER		X						0	0	(
1b Sub-total							▶			
c Total from continuation sheets to Part VII, S							▶			
d Total (add lines 1b and 1c)	· · · · · ·	<u></u>					>			
2 Total number of individuals (including but not	limited to the	nose l	liste	d at	οονε	e) who	re	ceived more than \$	\$100,000 of	
reportable compensation from the organization	↑ ▶	1	<u> </u>							
0.00										Yes No
3 Did the organization list any former offic	er, directo	r, or	tru	ıste	e, k	key e	mp	loyee, or highest	compensated	
employee on line 1a? If "Yes," complete Schedu										3 X
4 For any individual listed on line 1a, is the	sum of rep	ortab	le c	om	pen	satior	n ar	nd other compens	ation from the	
organization and related organizations gre	eater than	\$15	0,00	00?	lf	"Yes	," (complete Schedule	J for such	
individual				• • •	• • •		• •	· · · · · · · · · · · ·		4 X
5 Did any person listed on line 1a receive or	accrue cor	npen	satio	on f	rom	any	unr	elated organizatio	n or individual	
for services rendered to the organization? If "Ye Section B. Independent Contractors	s, complet	e Scn	<u>ieau</u>	ile J	tor	such	pers	son		5 X
	nanantad :									
1 Complete this table for your five highest com- compensation from the organization. Report c	pensated ir	naepe	nae	int c	cont	racto	rs ti	nat received more	than \$100,000 o	f
year.	ompensan	וטו ווכ	เทษ	Car	enu	ar yea	ar e	naing with or withi	n the organization	ı's tax
									7	
(A) Name and business add	rocc							(B)		(C)
ivalite and business add	1633						ــــــ	Description of ser	vices C	ompensation
							1_			
							<u> </u>			
							<u> </u>			
							<u>_</u>			
2 Total number of independent and a first							<u>L_</u>		antirentitalish man manaritalish	
2 Total number of independent contractors (in more than \$100,000 in compensation from the	iciuding bu a organizati	ι not ion. ►	ıım	iited	ı to	thos	e lis	sted above) who i	eceived	
JSA	o organizat	IOH P	-			·				
2E1055 3.000 70493S C021		7.7	12-	_ = =	,			A E 1 1 F		Form 990 (2012)
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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	уе	es,	and	Hig	hest Compensat	ed Employees	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than o is both tor/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	1 '
48) NORA E GARROTE	1.00									
BOARD MEMBER		X			ļ			0	(
49) KEVIN L. PETRASIC	1.00	.,								
BOARD MEMBER 50) MICHAEL PAUL REED	1.00	X	_	-	-		-	0	()
BOARD MEMBER	ļ	x							,	
51) KATHY HAYS	40.00	21		-	-		 			1
CHIEF OPERATIONS OFFICER				x				93,907.	(7,383
52) ERIC ANGEL	40.00						†			1,700
EXECUTIVE DIRECTOR				X				111,550.	(3,604
		-								
							<u> </u>			
	 	-								
							-			
	 	1								
									· · · · · · · · · · · · · · · · · · ·	
4.6.1			L				L			
to Sub-total	ection A						* * *			
2 Total number of individuals (including but not	limited to the	hose	liste	d al	bove	e) who	o re	ceived more than	\$100,000 of	
reportable compensation from the organization	n ▶	,				*****				
3 Did the organization list any former office	er directo	r or	tri	ıste	ا م	kov c	mn	lovee or highest	oomnonooted.	Yes No
employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ind	ividu	ual					compensated	3 X
4 For any individual listed on line 1a, is the	sum of rep	ortab	le c	om	pen	sation	n ar	nd other compens	ation from the	
organization and related organizations gre	eater than	\$15	0,0	00?	' If	"Yes	3," (complete Schedule	e J for such	
individual			• • •	• •				· · · · · · · · · · · · ·		4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "V	accrue coi	mpen to Sch	satio	on f	for	any	uni	related organizatio	n or individual	
for services rendered to the organization? If "Yes," complete Schedule J for such person									5 X	
 Complete this table for your five highest com- compensation from the organization. Report of year. 	pensated in compensation	ndepe on for	ende the	ent o	cont	racto lar ye	rs tl ar e	hat received more ending with or within	than \$100,000 oin the organizatio	of n's tax
(A) Name and business add	lress							(B) Description of ser	vices C	(C) Compensation
			·				+			
							\dagger			
							1			
2 Total number of independent contractors (in	ncluding bu	ıt not	lim	ited	d to	thos	e li	sted above) who	received	
more than \$100,000 in compensation from the	e organizat	ion 🕨	>							

53-0196600

for an ell	in state with	Check if Schedule O c	contains a respo	nse to any ques	stion in this Part VI	u <u></u>		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from to under sections 512, 513, or 51
nts	1a	Federated campaigns	1a	31,163.				
Srai	Ь		1 1					
ts, (С			787,640.				
Contributions, Gifts, Grants and Other Similar Amounts	d		1 1					
	е	Government grants (contribu	utions) 1e	99,407.				
er je	f							
ē E		and similar amounts not included	d above . 1f	2,932,429.			Separate Separate	
ع ق	g	Noncash contributions included	in lines 1a-1f: \$	1,400.	2000			
	h	Total. Add lines 1a-1f	<u> </u>	<u> ▶</u>	3,850,639.			
ž				Business Code				
Program Service Revenue	2a	REIMBURSED LEGAL FEES		541100	360.	360		
9	b							
Ž	C							
Š	d				ļ			
<u>ra</u>	е							
og	f	, 3						
<u>а</u>	g				360.			
	3	Investment income (includin						
		other similar amounts)			75,107.			75,107
	4	Income from investment of t			0			-
	5	Royalties · · · · · · · · · · · · · · · · ·	(i) Real	(ii) Personal	0			
		0	(1) (1)	(ii) r croonar				1,000
	6a	Gross rents						
	b	Less: rental expenses						
	C	Rental income or (loss)						
	"		(i) Securities	(ii) Other	0			
	7a	Gross amount from sales of	905,836.	(1)			1000	
	b	assets other than inventory Less: cost or other basis	20070001					
		and sales expenses	895,347.				100	
	C	Gain or (loss)	10,489.					
	d	Net gain or (loss)	L		10,489.			10 400
ø	8a	Gross income from fundra			20,103.			10,489
בַּ	"		787,640.	ATCH 3	2000			
š		of contributions reported on I	line 1c)		10000			
ď		See Part IV, line 18	•	66,660.				
Other Revenue	b	Less: direct expenses		102,933.	1 100000		100	
=	С	Net income or (loss) from fun		АТСН.4.▶	-36,273.			-36,273
-	9a	Gross income from gaming a						30,213
		See Part IV, line 19	a		100			
	b	Less: direct expenses	b					The second
	С	Net income or (loss) from ga	ming activities	<u></u> ▶	0		1999-Maria Innorma (1990-1995) (1997-1995) (1997-1995)	
	10a	Gross sales of invento						
		returns and allowances	a					
		Less: cost of goods sold			1			
	С	Net income or (loss) from sale		.	0			
		Miscellaneous Revenu	ue	Business Code			The state of the s	
	11a	MISCELLANEOUS REVENUE		900099	37.	37.		
	b	SUBLEASE INCOME		900099	44,660.			44,660
	С							
	d	All other revenue						
	e 12	Total. Add lines 11a-11d Total revenue. See instruction		· · · · · · · •	44,697.			
- 1	12	TOTAL REVENUE, SEC INSTRUCTION	118	.	3 9/5 019	207		

45115

Part IX Statement of Functional Expenses

Form 990 (2012)

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 to any question in this Part IX

	Check if Schedule O contains a response	onse to any question i	n 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 governments and organizations in the United States. See Part IV, line 21.	O			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	O			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	205,457.	168,174.	20,468.	16,815.
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	2,488,946.	2,037,297.	247,954.	203,695.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	53,046.	43,497.		4,244.
9	Other employee benefits	198,769.	162,991.	19,877.	15,901.
10	· · · · F	214,401.	175,809.	21,440.	17,152.
11	Payroll taxes	221,101.	1,3,003.	21,440.	17,152.
	Management	o			
	Legal	0			
	Accounting	19,950.	16,478.	1,906.	1,566.
	Lobbying	0			1,000.
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	0			
	Other. (If line 11g amount exceeds 10% of line 25, column	<u> </u>			
9	+	58,596.	48,398.	5,599.	4 500
12	(A) amount, list line 11g expenses on Schedule O.)	0	10,000.	3,399.	4,599.
13	Office expenses	39,786.	32,547.	3,974.	3 0 6 5
14		29,546.	24,171.		3,265.
15	Information technology	0	24,111.	2,951.	2,424.
16	Royalties	530,709.	435,181.	E3 071	40 457
	Occupancy	330,709.	433,101.	53,071.	42,457.
17	Travel	- V			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40	- · · · · · · · · · · · · · · · · · · ·	1,756.	7,1		
19	Conferences, conventions, and meetings	1,332.	1 000	100	1,756.
20	Interest	1,332.	1,090.	133.	109.
21	Payments to affiliates	40,023.	30.010	4 000	
22	Depreciation, depletion, and amortization	14,894.	32,819.	4,002.	3,202.
23	Insurance	14,094.	12,213.	1,489.	1,192.
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.)				
	TELEPHONE	25 226	00 005		
-	MISCELLANEOUS	35,226.	28,835.	3,509.	2,882.
-		49,441.	40,542.	4,944.	3,955.
_	POSTAGE AND SHIPPING PRINTING AND PUBLICATIONS	19,500. 60,083.	7,440.	907.	11,153.
		60,083.	12,826.	1,565.	45,692.
	All other expenses	4 001 401	2 000 000		
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	4,061,461.	3,280,308.	399,094.	382,059.
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0			
JSA		<u> </u>			Form 990 (2012)

JSA 2E1052 1.000

Form **990** (2012)

Form 990 (2012) **Balance Sheet** Part X

		Objects October 1 to October 1					
		Check if Schedule O contains a response	to any	question in this Par	t X		
	_				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			822.		822.
	2	Savings and temporary cash investments			1,582,067.	_	788,928.
	3	Pledges and grants receivable, net			154,594.	3	179,874.
	4	Accounts receivable, net			(4	C
	5	Loans and other receivables from current and	former	officers, directors,			
		trustees, key employees, and highest c	ompen	sated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers	, .			5	C
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B)	ons (as	defined under section			
		and sponsoring organizations of section 501(c)(9) volu	untary e	mployees' beneficiary			
s)		organizations (see instructions). Complete Part II of Sche	edule L		0	6	0
Assets	7	Notes and loans receivable, net			C	7	C
As	8	Inventories for sale or use			C	8	0
	9	Prepaid expenses and deferred charges			27,615.	9	35,861.
	10 a	Land, buildings, and equipment: cost or					g sakka
		·	10a				
	1	Less: accumulated depreciation	10b	126,125.	80,544.		105,749.
	11	Investments - publicly traded securities		ATCH 5	868,210.		1,654,921.
	12	Investments - other securities. See Part IV, line 11				12	0
	13	Investments - program-related. See Part IV, line 1			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			74,026.		34,864.
	16	Total assets. Add lines 1 through 15 (must equal	line 34	1)	2,787,878.		2,801,019.
	17	Accounts payable and accrued expenses			95,732.		91,228.
	18	Grants payable			U	18	0
	19	Deferred revenue			U	19	0
40	20	Tax-exempt bond liabilities		• • • • • • • • • • • • • • • • • • •	U	20	0
Liabilities	21 22	Escrow or custodial account liability. Complete Pa	art IV of	Schedule D	O	21	0
喜	22	Loans and other payables to current and for trustees, key employees, highest compen					
Ľ		disqualified persons. Complete Part II of Schedule	saleu	employees, and		17	
	23	Secured mortgages and notes payable to unrelate	L		<u> </u>	22	0
	24	Unsecured notes and loans payable to unrelated	third no	rparties	0	23	0
	25	Other liabilities (including federal income tax,	navahk	es to rolated third	<u> </u>	24	U
		parties, and other liabilities not included on lines					
		of Schedule D			264,039.	25	367,239.
	26	Total liabilities. Add lines 17 through 25			359,771.	26	458,467.
		Organizations that follow SFAS 117 (ASC 958),	check	here > X and			100/40/
es		complete lines 27 through 29, and lines 33 and	34.	una			
anc	27	Unrestricted net assets		***	1,750,728.	27	1,642,743.
Bal	28	Temporarily restricted net assets			396,947.	28	373,052.
힏	29	Permanently restricted net assets			280,432.	29	326,757.
Fund Balances		Organizations that do not follow SFAS 117 (ASC 958)	, check	here and			
ŏ		complete lines 30 through 34.				,	
ets	30	Capital stock or trust principal, or current funds .			* 12	30	
SS	31	Paid-in or capital surplus, or land, building, or equ	iipment	fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income	ome, o	r other funds		32	
ž	33	Total net assets or fund balances			2,428,107.	33	2,342,552.
	34	Total liabilities and net assets/fund balances				34	2,801,019.
							5 000 (55.45)

Form **990** (2012)

Form 99	90 (2012)	55	0190000		age 12
Part	XI Reconciliation of Net Assets				age .
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,	945,	019
2	Total expenses (must equal Part IX, column (A), line 25)	2		061,	
3	Revenue less expenses. Subtract line 2 from line 1	3	-:	116,	442.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,	428,	107.
5	Net unrealized gains (losses) on investments	5		30,	887.
6	Donated services and use of facilities	6			(
7	Investment expenses	7		***************************************	(
8	Prior period adjustments	8	, , , , , , , , , , , , , , , , , , , ,	***************************************	(
9	Other changes in net assets or fund balances (explain in Schedule O)	9		···	(
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			***************************************	
	33, column (B))	10	2,3	342,	552.
Part	XII Financial Statements and Reporting				***************************************
	Check if Schedule O contains a response to any question 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	xplain i	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. .	. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled o	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	а		
	s <u>epa</u> rate basis, consolidate <u>d b</u> asis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	siaht			
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain i	n		
	Schedule O.	,			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n		
	the Single Audit Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao th	е		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	dits	3b		

Form **990** (2012)

JSA 2E1054 1.000

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.

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

			CT OF COLUMBIA						53	-019	96600		
Part I	Reason for Pub	lic Charity Statu	s (All organizations mւ	ust coi	mplete	e this p	art.) S	ee inst	ructions	s.		***************************************	
The org	anization is not a pri	vate foundation be	cause it is: (For lines 1 th	rough	11, ch	eck only	one be	ox.)					
1	A church, conventi	ion of churches, or	association of churches	descril	bed in :	section	170(b)	(1)(A)(i	i).				
2	A school described	d in section 170(b)	(1)(A)(ii). (Attach Schedu	le E.)									
3	A hospital or a coo	operative hospital s	service organization descr	ribed in	section	on 170(b)(1)(A)(iii).					
4	A medical researd	ch organization op	erated in conjunction w	ith a l	hospita	al desc	ribed ir	section	on 170(b)(1)(A)(iii).	Ente	r the
 	hospital's name, ci	ty, and state:											
5	An organization o	perated for the be	nefit of a college or univ	ersity	owne	d or op	erated	by a go	overnme	ental	unit de	scrib	ed in
	section 170(b)(1)(
6	A federal, state, or	r local government	or governmental unit des	scribed	in sec	tion 17	0(b)(1)	(A)(v).					
7 X	An organization th	at normally receiv	es a substantial part of it	ts supp	port fro	om a ge	overnm	ental u	nit or fr	om th	e gene	ral p	ublic
_	described in section	on 170(b)(1)(A)(vi).	. (Complete Part II.)										
8	A community trust	described in secti	on 170(b)(1)(A)(vi). (Con	nplete l	Part II.))							
9	An organization th	at normally receive	es: (1) more than 331/3%	6 of its	suppo	ort from	contri	butions	, memb	ership	fees,	and ç	jross
	receipts from activ	vities related to its	exempt functions - sub	ject to	certa	in exce	ptions,	and (2) no mo	ore th	an 331	/3% (of its
	support from gros	ss investment inco	ome and unrelated busi	iness t	taxable	incom	e (less	section	n 511	tax)	from b	usine	sses
	acquired by the org	ganization after Jur	ne 30, 1975. See section	509(a)(2). (⁽	Comple	te Part	III.)					
10	An organization or	ganized and opera	ted exclusively to test for	public	safety.	. See s e	ection !	509(a)(4	4).				
11	An organization o	rganized and ope	rated exclusively for the	bene	fit of,	to per	form th	e func	tions of	, or t	o carry	/ out	the
	purposes of one o	r more publicly su	ipported organizations de	escribe	ed in s	ection	509(a)(1) or s	ection 5	609(a)	(2). Se	e sec	tion
			es the type of supporting										
_	a Type I	b Type II	c Type III-Functio	nally ir	ntegrate	ed	d	Type II	II-Non-fi	unctio	nally in	egraf	ted
e	By checking this	box, I certify that	the organization is not	contr	olled	directly	or inc	lirectly	by one	or m	ore di	squal	lified
	persons other than	1 Toundation mana	gers and other than one	or mo	re put	olicly su	pporte	d orgar	nizations	des	cribed i	n sed	ction
	509(a)(1) or section		an alaska and to take the state of	100									
f	organization check	received a writte	n determination from th	e IRS	that it	is a I	ype I,	Гуре II,	or Typ	e III s	upport	ing	
~	organization, check		nizotion accounted and wife										
g	following persons?		nization accepted any gif	t or co	ntribut	ion tron	n any o	t the					
			ectly controls, either alor		. ما الم ما ما								
	and (iii) helow	the governing box	dy of the supported organ	izotion	ogeme	ei willi	persor	is desc	ribea in	i (ii)	[44 m	Yes	No
			scribed in (i) above?	iization							11g(i)		
			on described in (i) or (ii) a	 hovo?							11g(ii)		
h			ut the supported organization				• • • •				11g(iii)		
	lame of supported	(ii) EIN	(iii) Type of organization	T	J. Is the	(A) Did		T		,			
(7	organization	(,	(described on lines 1-9	organi	zation in		you notify anization		ls the zation in	(VII) A	mount o suppo		∍tary
			above or IRC section (see instructions))	your g	listed in overning		l. (i) of		rganized				
			(ood moduodono))	Yes	No	Yes	No	Yes	No				
						100		103	,,,,				
(A)								ļ					
/D)													
(B)													
(0)													
(C)													
/D)													
(D)													
(E)	***************************************												
·-·													
_													
Total		<u> </u>		<u> </u>									
For Paper	work Reduction Act N	lotice, see the instru	ctions for					C = 1					

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

Schedule A (Form 990 or 990-EZ) 2012

53-0196600

Schedule A (Form 990 or 990-EZ) 2012 Page 2

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,950,571.	3,176,454.	2,995,407.	3,314,626.	3,850,639.	16,287,697.
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	2,950,571.	3,176,454.	2,995,407.	3,314,626.	3,850,639.	16,287,697.
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						
6	shown on line 11, column (f)	200		27			141,512.
	tion B. Total Support						16,146,185.
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	2,950,571.	3,176,454.	2,995,407.	3,314,626.	3,850,639.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	65,596.	31,056.	66,328.	76,829.	75,107.	16,287,697. 314,916.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH. 1	-22,858.	63,389.	-7,237.	-16,910.	-35,876.	-19,492.
11	Total support. Add lines 7 through 10						16,583,121.
12 13	Gross receipts from related activities, etc. (s First five years. If the Form 990 is forganization, check this box and stop here	or the organizat	ion's first, secon	d. third. fourth	or fifth tay yes	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup	port Percenta	ge				• • • • • • • • • • • • • • • • • • • •
14	Public support percentage for 2012 (li	ne 6, column (f)	divided by line	11. column (f))		14	97.37%
15	Public support percentage from 2011	Schedule A, Pa	rt II, line 14			15	97.10%
16a	331/3% support test - 2012. If the o	rganization did	not check the I	oox on line 13.	and line 14 is	331/3 % or more	e check
b	this box and stop here . The organization 33 1/3 % support test - 2011. If the content this box and stop here. The organization 10%-facts-and-circumstances test - 200% test	on qualifies as a organization did anization qualific	publicly suppor not check a bo s as a publicly s	ted organization ox on line 13 o supported organ	n	15 is 331/3 % o	or more,
	10% or more, and if the organization Part IV how the organization meets torganization	meets the "facts-and-c	ets-and-circumst ircumstances" te	ances" test, cheest. The organiz	eck this box an	d stop here. Eas a publicly su	xplain in ipported
D	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part IV how the organization supported organization	anization meets on meets the "i	the "facts-and facts-and-circum	-circumstances" stances" test.	test, check th	is box and sto n qualifies as a	p here. publicly
18	Private foundation. If the organization instructions	did not check a	a box on line 13,	16a, 16b, 17a,	or 17b, check t	this box and see	

Schedule A (Form 990 or 990-EZ) 2012

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.)

Jaiti	tion A. Public Support ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
4		(4) 2000	(3) 2008	(6) 2010	(u) 2011	(6) 2012	(i) rotal
1	, , , , , , , , , , , , , , , , , , ,						
2	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						
7 a	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						
8 8	Public support (Subtract line 7c from	11,244					
Ü	•••				4.14		
	tion P. Total Support					<u> </u>	
	tion B. Total Support	(a) 2008	(b) 2009	(c) 2010	(-0.2044	(-) 2012	(O T-1-1
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2009	(6) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
ıva	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						
	section 511 taxes) from businesses acquired after June 30, 1975						
С	acquired after June 30, 1975						
c 11	,						
	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,						
	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
11	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
11	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
11 12	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11,						
11	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.)						
11 12	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for						
112	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here						
111 112 113 114 Sec	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percent					
111 112 113 114 115	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup	pport Percenta , column (f) divide	age ed by line 13, colu	mn (f))			
112 113 114 15 16	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Suppublic support percentage for 2012 (line 8 Public support percentage from 2011 Sche	pport Percenta c, column (f) divide edule A, Part III, lir	age ed by line 13, colu	mn (f))			
112 113 114 15 16	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Suppublic support percentage for 2012 (line 8 Public support percentage from 2011 Schettion D. Computation of Investment	pport Percenta c, column (f) divide edule A, Part III, lin	age ed by line 13, colu ne 15 rcentage	mn (f))		15	
111 112 113 114 115 116	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Support percentage for 2012 (line 8 Public support percentage from 2011 Schotton D. Computation of Investme	pport Percenta i, column (f) divide edule A, Part III, lir nt Income Per ine 10c, column (age ed by line 13, colune 15 rcentage f) divided by line	mn (f))		15	
111 112 113 114 115 116 117	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Support percentage for 2012 (line 8 Public support percentage from 2011 Schotton D. Computation of Investme	pport Percenta i, column (f) divide edule A, Part III, lir nt Income Per ine 10c, column (age ed by line 13, colune 15 rcentage f) divided by line	mn (f))		15 16	
111 112 113 114 115 116 117 118	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8 Public support percentage from 2011 Schottion D. Computation of Investment Investment income percentage from 2011	pport Percenta c, column (f) dividedule A, Part III, lir nt Income Per ine 10c, column (Schedule A, Part	age ed by line 13, colune 15 centage f) divided by line III, line 17	mn (f))		15 16 17 18	
111 112 113 114 115 116 117 118	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8 Public support percentage from 2011 Schetion D. Computation of Investment Investment income percentage from 2011 331/3% support tests - 2012. If the or	pport Percenta c, column (f) dividedule A, Part III, lir nt Income Per ine 10c, column (Schedule A, Part ganization did n	age ed by line 13, colume 15 centage f) divided by line III, line 17 ot check the bo	mn (f))	d line 15 is more	15 16 17 18 e than 331/3 %, a	and line
111 112 113 114 115 116 Sec 117 118	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8 Public support percentage from 2011 Schettion D. Computation of Investment income percentage from 2011 331/3% support tests - 2012. If the or 17 is not more than 331/3%, check the	pport Percenta c, column (f) divide edule A, Part III, lin nt Income Per ine 10c, column (Schedule A, Part ganization did no is box and sto	age ed by line 13, colume 15 centage f) divided by line III, line 17 ot check the bop here. The org	mn (f)) 13, column (f)) x on line 14, ananization qualifie	d line 15 is more	15 16 17 18 e than 331/3 %, a supported organi	and line ization ▶ [
111 112 113 114 115 116 Sec 117 118	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Support percentage for 2012 (line 8 Public support percentage from 2011 Schetion D. Computation of Investment Investment income percentage from 2011 331/3% support tests - 2012. If the or 17 is not more than 331/3%, check the 331/3% support tests - 2011. If the organization is income to the support tests - 2011. If the organization was provided to the support tests - 2011. If the organization is not more than 331/3%, check the 331/3% support tests - 2011. If the organization is not more than 331/3%, check the support tests - 2011. If the organization is not more than 331/3%, check the support tests - 2011. If the organization is not more tests - 2011. If the organization is not more tests - 2011. If the organization is not more tests - 2011. If the organization is not more tests - 2011. If the organization is not more tests - 2011. If the organization is not more tests - 2011. If the organization is not more tests - 2011. If the organization is not more tests - 2011. If the organization is not more tests - 2011.	pport Percenta c, column (f) divide edule A, Part III, lin nt Income Per ine 10c, column (Schedule A, Part ganization did not anization did not	age ed by line 13, colume 15 centage f) divided by line III, line 17 ot check the bo p here. The org check a box on	mn (f))	d line 15 is mores as a publicly	15	and line ization ► [
111 112 113 114 115 116 117 118	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8 Public support percentage from 2011 Schettion D. Computation of Investment income percentage from 2011 331/3% support tests - 2012. If the or 17 is not more than 331/3%, check the	pport Percenta c, column (f) divide dedule A, Part III, lin nt Income Per ine 10c, column (Schedule A, Part ganization did not is box and stolanization did not to this box and s	age ed by line 13, colume 15 centage (f) divided by line III, line 17 ot check the bo p here. The org check a box on top here. The or	mn (f)) 13, column (f)) x on line 14, and anization qualifie line 14 or line 19 ganization qualifier qua	d line 15 is mores as a publicly es as a publicly	15 16 17 18 e than 331/3 %, a supported organic more than 331/3 supported organic supported su	and line ization ► [3 %, and ization ► [

Page 4

Part IV Supplemental Information. Complete this part to 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	ИE			ATTACHMENT 1	
DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
MISCELLANEOUS INCOME		4,204.	180.	103.	37.	4,524.
SPECIAL EVENT INCOME	-22,858.	-29,693.	-29,579.	-43,406.	-36,273.	-161,809.
REIMBURSED LEGAL FEES		88,878.	22,162.	26,393.	360.	137,793.
TOTALS	-22,858.	63,389.	-7,237.	-16,910.	-35,876.	-19,492.

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization		Employer identification numbe
LEGAL AID SOCIETY OF	THE DISTRICT OF COLUMBIA	53-0196600
Organization type (check one)	r:	
Filers of:	Section:	
Form 990 or 990-EZ	\overline{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private	e foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private fou	ındation
	501(c)(3) taxable private foundation	
instructions. General Rule	, (8), or (10) organization can check boxes for both the General Rule and	d a Special Rule. See
For an organization	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,0 one contributor. Complete Parts I and II.	000 or more (in money or
Special Rules		
under sections 509(a	(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % supports) a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during ,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Fill.	g the year, a contribution of
during the year, total	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from 1 contributions of more than \$1,000 for use exclusively for religious, chases, or the prevention of cruelty to children or animals. Complete Parts	aritable, scientific, literary,
during the year, cont not total to more tha year for an <i>exclusivel</i>	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from the received from the received from the form use exclusively for religious, charitable, etc., purposes, but an \$1,000. If this box is checked, enter here the total contributions that a religious, charitable, etc., purpose. Do not complete any of the parts upon	t these contributions did were received during the unless the General Rule ntributions of \$5,000 or
990-EZ, or 990-PF), but it must	s not covered by the General Rule and/or the Special Rules does not fil t answer "No" on Part IV, line 2 of its Form 990; or check the box on lin F, to certify that it does not meet the filing requirements of Schedule B (ne H of its Form 990-EZ or on
For Paperwork Reduction Act Notice,	see the Instructions for Form 990, 990-EZ, or 990-PF. Sched	ule B (Form 990, 990-FZ, or 990-PF) /2012

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number 53-0196600

	Contributors (see instructions). Use duplicate copies of P	art I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	DC GOVERNMENT 1350 PENNSYLVANIA AVENUE, NW SUITE 407 WASHINGTON, DC 20004	\$99,407.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 _	DC BAR FOUNDATION 1700 K STREET, SUITE 700 WASHINGTON, DC 20006	\$ <u>1,090,500.</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(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%	\$ <u>787,640.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	VARIOUS CONTRIBUTORS UNDER 2%	\$ <u>1,840,529</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

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 I	Part II if additional space is ne	eded.
(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
		\$	

Name of organization LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA

Employer identification number 53-0196600

Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)	(7), (8), or (10) organizations
	that total more than \$1,000 for the year. 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 sp	pace is needed.	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he
		(e) Transfer of gift	
	Transferee's name, address, and ZIP +	4	Polationship of transferred to the second
			Relationship of transferor to transferee
No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of hours of the
art I		(5) 000 0. gm	(d) Description of how gift is he
		(e) Transfer of gift	
		(s) Hunster or gift	
	Transferee's name, address, and ZIP +	4	Relationship of transferor to transferee

No.			
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel
		(e) Transfer of gift	
	Transferee's name, address, and ZIP +	4	Relationship of transferor to transferee
No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rt I		(-,	(d) Description of now girt is field
		(e) Transfer of gift	
	Transferee's name, address, and ZIP +	4	Relationship of transferor to transferee

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

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

2012

Schedule C (Form 990 or 990-EZ) 2012

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

See separate instructions.

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) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

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

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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA 53-0196600 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 3 Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ \$__ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No No b If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, No Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's 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)

JSA 2E1264 1.000

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

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(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))									
f Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2012

53-0196600

Sche	edule C (Form 990 or 990-EZ) 2012			, 013	3000	Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NC (election under section 501(h)).	T file	d Fo	m 576	8	1 age c
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(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			11/2		
	referendum, through the use of:					
a	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X				
b b	NAC APPLICATE OF A PAGE AND A PAG	X	37			
d	Mailings to members legislators or the public?	X	X			
e	Publications or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			1	0,899
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i	Other activities?		Х			
j	Total. Add lines 1c through 1i				1	0,899
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	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? It III-A Complete if the organization is exempt under section 501(c)(4) section 501					
Га	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection		
	σσ. (σχο).					
1	Were substantially all (90% or more) dues received nondeductible by members?			ı	Yes	s No
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	
Pai	f III-B Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	ors	ection		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	OR (I	o) Pa	rt III-A,	line 3, i	s
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	ints d	of			
	political expenses for which the section 527(f) tax was paid).					
a	Current year			2a		
b	Carryover from last year			2b		
с 3	Total		• • •	2c		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	es		3		
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	OT IN	e			
	and political expenditure peyt year?	•	~	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		•••	5		
Par	t IV Supplemental Information		• •			
list); 	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.	5; Par	t II-A (affiliate	d group	

JSA 2E1266 1.000

Schedule C (Form 990 or 990-EZ) 2012

Part IV Supplemental Information (continued)

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 2012, 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 D (Form 990)

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.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

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 contributions to (during year) Aggregate grants from (during year)..... 3 Aggregate value at end of year. 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II 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 an 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 easement on the last day of the tax year. Held at the End of the Tax Year а h 2b Number of conservation easements on a certified historic structure included in (a) _ 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a 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 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) 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. Part III 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:

	edule D (Form 990) 2012							Page 2
Pa	rt III Organizations Maintaini	ng Collections o	f Art, Historical	Treasures	, or Other S	Similar Asso	ets (contin	ued)
3	Using the organization's acquisitio collection items (check all that appl	n, accession, and o	other records, che	ck any of th	e following th	at are a sigr	ificant use	of its
а		3).	d 🗀 1000					
a b				or exchange	programs			
C	Preservation for future gener	rations	e Othe	r				
4								
4	Provide a description of the organ XIII.	izations collections	and explain how	they further	the organiza	tion's exempt	purpose in	Part
_								
5	During the year, did the organizatio assets to be sold to raise funds rath	er than to be mainta	ained as part of the	organization	's collection?	Г	Yes	No
Pa	rt IV Escrow and Custodial A line 9, or reported an amo	ount on Form 990	omplete if the o , Part X, line 21.	rganization	answered "Y	es" to Form	990, Par	t IV,
1a	Is the organization an agent, trustee	e custodian or othe	r intermediary for a	ontributions	or other seed			
	included on Form 990. Part X?	5, 0401041411 01 011101	intermediary for t	Contributions	or other asset	s not	٦., -	٦
b	included on Form 990, Part X? If "Yes," explain the arrangement in	Part XIII and compl	ete the following to	blo:	• • • • • • • • •	· · · · . L	Yes	_ No
_	ree, explain the arrangement in	Tare Am and compr	ete the following to	ible.				
c	Beginning balance					Amount		
q	Additions during the year						·	
	Distributions during the year			1				
	Ending balance							
2 n	Did the organization include an ame		7(X-C 040	· · · · 1f				
Za L	If "Vos." cycloin the arrangement is	Det XIII Object	Part X, line 21?			. L	Yes	No
, D	If "Yes," explain the arrangement in	Part XIII. Check her	e if the explanatio	n has been p	rovided in Part	XIII		
rar	t V Endowment Funds. Com	plete if the organ						
1.	Paginning of year halance	(a) Current year	(b) Prior year	(c) Two yea		ree years back	(e) Four years	back
	Beginning of year balance	292,925.	260,450		,378.	56,062.	56,	,062
	Contributions	35,500.	32,000	. 34	,237.	168,828.		
С	Net investment earnings, gains,	0.5						
	and losses	25,446.	14,159	. 2	,527.	2,488.		
	Grants or scholarships							
е	Other expenditures for facilities						***************************************	
	and programs	12,493.	13,684	. 3	,692.			
	Administrative expenses							
	End of year balance	341,378.	292,925		,450.	227,378.	56.	062
2	Provide the estimated percentage of	of the current year en	nd balance (line 1g	, column (a))	held as:			
а	Board designated or quasi-endowm	ent >	%					
b	Permanent endowment ► 95.7	200 %	_					
C	Temporarily restricted endowment	▶ 4.2800 %						
	The percentages in lines 2a, 2b, and	d 2c should equal 10	00%.					
3a	Are there endowment funds not in t	he possession of th	e organization tha	are held an	d administered	for the		
	organization by:		•		a adminiotored	101 110	Yes	No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	$\frac{x}{x}$
b	If "Yes" to 3a(ii), are the related orga	anizations listed as r	equired on Schedu	e R2			3b	
4	Describe in Part XIII the intended us	ses of the organization	on's endowment fi	nde			30	
	t VI Land, Buildings, and Equi	inment See Form	900 Part Y line	10				
	Description of property							
	Description of property	(a) Cost or (or other basis other)	(c) Accumulated depreciation	(d)	Book value	
a	Land							
b	Buildings							
С	Leasehold improvements			55,292.	6,91	1	10 2	01
	Equipment			176,582.	119,21		48,3	
	Other			210,302	113,21	4	57 , 3	08.
	Add lines 1a through 1e (Column		990 Part V solum	n /D) line 40	(a))		105 -	

Schedule D (Form 990) 2012

Part VII	Investments - Other Securities. 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) Financi	al derivatives		
(2) Closely	-held equity interests	•	
(3) Other_			
(A)			
(B)			
<u>(C)</u>			
- (D)			
(E) (F)			
(G)			
(H)			
(I)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)	>	
Part VIII	Investments - Program Related. See		13
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			Cost of end-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)	780000000000000000000000000000000000000		
(7)			
(8)			
(9)			
(10)			
		>	
Part IX	Other Assets. See Form 990, Part X	, line 15.	
		(a) Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
(10)			
·	ımn (b) must equal Form 990, Part X, col. (E	3) line 15)	
Part X	Other Liabilities. See Form 990, Part		
1.	(a) Description of liability	(b) Book value	
(1) Feder	al income taxes	(2) 2001 10100	
(2) CAPI	TAL LEASE OBLIGATION	10,56	0.
(3) DEFEI	RRED LEASE OBLIGATION	356,67	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
	n (b) must equal Form 990, Part X, col. (B) line 25		
. FIN 48 (A	SC 740) Footnote. In Part XIII, provide the tex	t of the footnote to the orga	nization's financial statements that reports the organization's
ability for un	certain tax positions under FIN 48 (ASC 740). C	heck here if the text of the foot	tnote has been provided in Part XIII

Schedule D (Form 990) 2012 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XI Total revenue, gains, and other support per audited financial statements 20,564,084. Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments 2a 30,887. 16,485,245. Other (Describe in Part XIII.) ________2d d Add lines 2a through 2d 16,516,132. 2e 4,047,952. 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) -102,933.Add lines 4a and 4b -102,933.Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 3,945,019. 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Part XII Total expenses and losses per audited financial statements 20,649,639. Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Donated services and use of facilities 16,485,245. 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 102,933. Add lines 2a through 2d 16,588,178. 2e 4,061,461. 3 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.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 4,061,461. Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. SEE PAGE 5

Schedule D (Form 990) 2012

JSA 2E1271 1.000 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

KLEPPER ENDOWMENT FUND

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 G (Form 990 or 990-EZ)

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. ► See separate instructions.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

	SAL AID SOCIETY OF THE DIS	CERTOE OF CO				Employer identificati	
					100 / 11 / 11	53-019660	0
Pai	Fundraising Activities. Co Form 990-EZ filers are no	mplete if the org	anization a	answered	"Yes" to Form (990, Part IV, line	17.
1	Indicate whether the organization re	sised funds throug	piete tris	part.			
	Indicate whether the organization ra						
ŀ					non-government		
					government grant	is	
			g Spe	ciai fundra	ising events		
_							
20	Did the organization have a written or key employees listed in Form 99	or oral agreement 0, Part VII) or enti	with any ir ty in conne	idividual (in ction with p	icluding officers, o professional fundra	directors, trustees aising services?	Yes No
t	If "Yes," list the ten highest paid in compensated at least \$5,000 by the	dividuals or entitie e organization.	s (fundrais	ers) pursua	ant to agreements	under which the	fundraiser is to b
	(i) Name and address of individual (iii) Did fundraiser have (iv) Gross		(iv) Cross resists	(v) Amount paid to	(vi) Amount paid to		
	or entity (fundraiser)	(ii) Activity		or control of butions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization
			Yes	No		col. (i)	organization .
1							
2							
3							
4							
5							
6							
7							
8						***************************************	
							! -
9							
10							
Total		· · · · · · · · · · · · · · · · · · ·					
3	List all states in which the organiza	ation is registered	or licensed	to solicit	contributions or	has been notified	it is evernt from
	registration or licensing.	-				nao boon notined	it is exempt from

45115

		(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)
1	Gross receipts	854,300.			854,300
2	Less: Contributions Gross income (line 1 minus	787,640.			787,640
_		66,660.			66,660
4	Cash prizes				
5	Noncash prizes			·	
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses	102,933.			102,933
0	Direct expense summary. Add lines 4	through 9 in column (d)			(102,933.)
t II	Gaming. Complete if the organic	anization answered "Y	es" to Form 990, Par	t IV, line 19, or repo	-36,273 orted more
	alan ¢ re,eee en rem eee E	(a) Ringo (b) Pull tabs/instant (c) Other service		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				(a) through 50% (b)
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	Yes%	Yes %	Yes%	
		through 5 in column (d)		Marine M. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	()
8	Net gaming income summary. Combi	ne line 1, column d, and	line 7		
Ent	ter the state(s) in which the organizati	on operates gaming acti	vities:		
lf "I	ivo, explain:				
	3 4 5 6 7 8 9 0 1 1 2 3 4 5 6 7 8 Elst" — We	3 Gross income (line 1 minus line 2)	3 Gross income (line 1 minus line 2)	3 Gross income (line 1 minus line 2)	3 Gross income (line 1 minus line 2). 66, 660. 4 Cash prizes. 5 Noncash prizes. 6 Rent/facility costs . 7 Food and beverages . 8 Entertainment . 9 Other direct expenses summary. Add lines 4 through 9 in column (d) . 1 Net income summary. Combine line 3, column (d), and line 10. 1 Net income summary. Combine line 3, column (d), and line 10. 1 Net income summary. Combine line 3, column (d), and line 10. 1 Net income summary. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or report than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabefinstant bingo/progressive bingo (c) Other gaming 1 Gross revenue . 2 Cash prizes . 3 Noncash prizes . 4 Renti/facility costs . 5 Other direct expenses . 9 Ves 9 Ves 9 Ves 9 Ves 9 No

12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
13	formed to administer charitable gaming?
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
b	revenue?
-	amount of gaming revenue retained by the third party > \$ and the
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:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
b	retain the state gaming license? Yes No 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 🕨 \$
Part	Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this
	part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2012

45115

Page 3

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA

Employer identification number 53-0196600

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, THEY RECOMMENDED A SALARY FOR THE EXECUTIVE DIRECTOR TO THE BOARD, WHICH VOTE 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 FILLED OUT 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 BOARD OF DIRECTORS: MICHAEL NANNES AND JOHN NANNES, BROTHERS.

Name of the organization

LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA

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

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. 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 OF 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 SEVERLY BURDENING POOR FAMILIES. DOMESTIC VIOLENCE, CHILD CUSTODY AND VISITATION, 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

Employer identification number 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 - EXCLUDED CONTRIBUTIONS

DESCRIPTION

AMOUNT

SPECIAL EVENT

787,640.

TOTAL

787,640.

ATTACHMENT 4

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION

GROSS INCOME

DIRECT EXPENSES

NET INCOME

SPECIAL EVENT

66,660.

102,933.

-36,273.

TOTALS

66,660.

102,933.

-36,273.

ATTACHMENT 5

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

EXCHANGE-TRADED FUNDS

DESCRIPTION

BEGINNING BOOK VALUE

ENDING BOOK VALUE

153,712.

867,284.

FIXED INCOME SECURITIES

543,353.

557,937.

FIXED INCOME MUTUAL FUNDS

66,867.

35,604.

Schedule O (Form 990 or 990-EZ) 2012

Name of the organization

LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA

Employer identification number 53-0196600

ATTACHMENT 5 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION

BEGINNING BOOK VALUE

ENDING BOOK VALUE

EQUITY MUTUAL FUNDS

104,278.

194,096.

TOTALS

868,210.

1,654,921.

Schedule O (Form 990 or 990-EZ) 2012

Form 8868

(Rev. January 2013)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No. 1545-1709

• II you a	re filing for an Automatic 3-Month Extension, re filing for an Additional (Not Automatic) 3-M <i>mplete Part II unless</i> you have already been gra	onth Exte	nsion, complete only F	art II (on page 2 of this	form)	Х	
Electronic a corporat 8868 to r Return for	filing (e-file). You can electronically file Form tion required to file Form 990-T), or an addition equest an extension of time to file any of the rational Transfers Associated With Certain Personals). For more details on the electronic filing of the	8868 if your nat (not au forms list at Benefit	ou need a 3-month aut utomatic) 3-month exte ed in Part I or Part II v Contracts, which mus	omatic extension of times on of times. You can with the exception of F	ne to file (6 months electronically file F orm 8870, Informa	orm	
Part I A	Automatic 3-Month Extension of Time. O	nly submit	original (no conies n	ooded)	rities & ivonprotits.		
A corporat	tion required to file Form 990-T and requesting	an autom	atic 6-month extension	ceded).			
Part I only	and requesting	y an autom	and o-month extension	- check this box and co	mplete		
All other c	orporations (including 1120-C filers), partnersl	i hine REMII	Co and trusta must use	Form 70044	· · · · · · · ▶ l		
to file inco	me tax returns.	npo, remini	oo, and trusts must use				
	Name of exempt organization or other filer, see in	nstructions.			ng number, see instruc	tions	
Type or				Employer identification n	umber (EIN) or		
print	LEGAL AID SOCIETY OF THE DIS	TRICT O	F COLUMBIA	53-019660	20		
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.				
due date for filing your	1331 H STREET, N.W., SUITE 3			Social security number (S	SSN)		
return. See	City, town or post office, state, and ZIP code. For		Idress, see instructions				
instructions.	WASHINGTON, DC 20005						
Entor the D					1 0	- - 1	
Litter tile i	Return code for the return that this application	is for (file	a separate application fo	or each return)		1	
Applicatio	n	Return	Application				
ls For		Code	Is For		Retu		
Form 990	or Form 990-EZ	01	Form 990-T (corporate	Ham	Cod		
Form 990-I		02	Form 1041-A	uon)	07 08		
)- (individual)	03	Form 4720				
Form 990-F		04	Form 5227		09		
	T (sec. 401(a) or 408(a) trust)	05	Form 6069				
	T (trust other than above)	06	Form 8870				
	. (a dot otrio) than above)	1 00	FOIII 0070		12		
	ks are in the care of ALFONSO WRIGHT						
Telepho	ne No. ▶ 202 386-6673		FAX No. ▶ 202 72	7-2132			
If the ore	ganization does not have an office or place of	business ir	the United States, che	ck this box	▶		
11 11115 15	for a Group Return, enter the organization's for	ur diait Gro	oup Exemption Number (GENN N/A	. If this is		
or the who	ole group, check this box ▶	f it is for pa	art of the group, check t	his box	and attach		
a list with tr	he names and EINs of all members the extensi	on is for.					
until_	est an automatic 3-month (6 months for a cor 08/15, 20 13, to file the	poration re exempt org	equired to file Form 990 ganization return for the	0-T) extension of time corganization named at	pove. The extension	is	
Tor the	e organization's return for:						
	tax year beginning	, 20	, and ending		20		
2 If the	tax year entered in line 1 is for less than 12 m Change in accounting period						
3a If this	application is for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the	tentative tax, less any			
	fundable credits. See instructions.	4700	0000		3a \$		
o II UIIS	s application is for Form 990-PF, 990-T,	4/20, or	6069, enter any re	fundable credits and			
c Ralas	ated tax payments made. Include any prior yea	r overpayn	nent allowed as a credit		3b \$		
C Daland	ce due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if re	quired, by using EFTPS			
(Electi	ronic Federal Tax Payment System). See instruc	ctions.			3c \$		
or Privace	ou are going to make an electronic fund withdrawal Act and Paperwork Reduction Act Notice, see Instr	with this Fo	orm 8868, see Form 8453-	EO and Form 8879-EO for	payment instructions	s.	
or Frivacy /	not and raperwork Reduction Act Notice, see Instri	uctions.			Form 8868 (Rev. 1-20)13)	