# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

A F	or th	e 2023 cal	endar year, or tax year beginning		and en	ding							
_			C Name of organization						D Em	oloyer	identificat	ion nur	mber
Вс	heck if a	applicable:	LEGAL AID SOCIETY OF	THE DISTRICT OF	COLUMBI	A							
	Addre	ss change	Doing business as						53-	019	96600		
	Name	change	Number and street (or P.O. box if ma	ail is not delivered to street addr	ess)	Roor	m/suite	е	E Telephone number				
	Initial	return	1331 H STREET, N.W.,				(202)628-1161						
	Final r	return/terminated	· · · · · · · · · · · · · · · · · · ·		ode				G Gross receipts \$				
	Amen	ded return	WASHINGTON, DC 20005								15,87	0.04	.7
	Applic	ation pending	F Name and address of principal office	r: VIKRAM SWARUUI	)			H(a) Is this		return fo			X No
	_		1331 H STREET, N.W.,			חכ 2000	5	subord <b>H(b)</b> Are all		nates inc	sluded?	Yes	No
_	Tax-ex	xempt status:			947(a)(1) or	527		` '			See instructi		
	Webs			N.MAKINGJUSTICERI		327		H(c) Group					
_		of organization		Association Other	EAL.ORG	L Year of fo		., .				micile:	DC
	art I	Summ		ASSOCIATION   Other		L real of it	Jillalic	11. 1934	±   141 C	otate (	or regar don	iiciie.	DC
ГС					TO DDOI	TENE CIT	7	T DO 3 T	7.7.	. ПС			
•	1	•	scribe the organization's mission o							) 1(	)		
Governance			DUALS, FAMILIES, AND			KICI OF	COL	UMBIA					
rna	_		OULD NOT OTHERWISE AFF					0=0/					
ove	2	Check this		discontinued its operation	•					1	et assets	•	<b>-</b> 0
	3		f voting members of the governing							3			50
ctivities &	4		f independent voting members of t							4			50
viti	5		ber of individuals employed in cale							5			124
\cti	6		ber of volunteers (estimate if necess							6			300
Ā			elated business revenue from Part V							7a			
	b	Net unrela	ated business taxable income from	Form 990-T, Part I, line 11		· · · · · ·				7b			
								Prior Ye				ent Ye	
e.	8		ons and grants (Part VIII, line 1h)					12,396			14,		334.
lu /	9		service revenue (Part VIII, line 2g)						2,30	_			<u>,617.</u>
Revenue	10		nt income (Part VIII, column (A), line						4,90	_			839.
_	11	Other reve	enue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)				-126	5,70	4.		<u>123,</u>	822.
	12		nue - add lines 8 through 11 (must					12,396	5,52	0.	14,	<u>589,</u>	968.
	13		d similar amounts paid (Part IX, colu						NC	NE		<u>15,</u>	,000.
	14	Benefits p	oaid to or for members (Part IX, colu	mn (A), line 4)					NC	NE			NONE
es	15	Salaries, o	other compensation, employee bene			9,257	7,53	1.	9,	647 <u>,</u>	656.		
Expenses	16 a	Profession	nal fundraising fees (Part IX, column				NONE				NONE		
хb	b	Total fund	Iraising expenses (Part IX, column (I	D), line 25)68	2,007.								
ш	17	Other exp	enses (Part IX, column (A), lines 11	a-11d, 11f-24e)				1,671	L,87	5.	1,	725,	726.
	18	Total expe	enses. Add lines 13-17 (must equal	Part IX, column (A), line 25	)			10,929	,40	6.	11,	388,	382.
	19	Revenue I	ess expenses. Subtract line 18 from	n line 12				1,467	7,11	4.	3,	201,	586.
Net Assets or Fund Balances						Е	Beginn	ing of Cur	rent Y	ear	End	of Year	
sets	20	Total asse	ets (Part X, line 16)					14,917	7,00	2.	17,	960,	096.
t As	21	Total liabi	lities (Part X, line 26)					4,536	5,92	8.	3,	810,	431.
Fun	22	Net assets	s or fund balances. Subtract line 21	from line 20	<u> </u>			10,380	0,07	4.	14,	149,	665.
Pa	rt II	Signat	ture Block										
Und	ler pe	nalties of pe	rjury, I declare that I have examined th	is return, including accompan	ying schedules	and statemer	nts, an	d to the b	est of	my k	nowledge a	and bel	lief, it is
true	e, corre	ect, and com	plete. Declaration of preparer (other than	officer) is based on all informa	ation of which p	oreparer nas a	any Kno	owieage.					
								(	08/0	6/2	2024		
Sig		Signature of	of officer					Date	)				
Her	·e	VIKRAM	I SWARUUP		EXECUTIV	E DIREC	CTOR						
		Type or pri	nt name and title										
		Print/Type	preparer's name	Preparer's signature		Date		Check		if P	TIN		
Paid		BRTAN	W DOW, CPA						mploye		200367	740	
	oarer	Firm's nam			self-employed   p00367740   Firm's EIN   52-0961657								
Use	Only	Firm's add		Phone no.			0.001		0				
May	/ the		iss this return with the prepare							٦(	X Yes		No
			uction Act Notice, see the separat				<u></u>			• •			(2023)

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1	Che	Itement of Program Service if Schedule O contains ibe the organization's miss	s a response or note to any line in this Pa	art III	х
•	SEE SCHEI	<del>-</del>	SIOTI.		
_					
2	prior Form 9	90 or 990-EZ?	gnificant program services during the y		Yes X No
3		cribe these new services o	n Schedule O. ting, or make significant changes in	how it conducts any program	
J	services?				Yes X No
4	Describe the expenses. S	e organization's program ection 501(c)(3) and 501	service accomplishments for each of (c)(4) organizations are required to re, for each program service reported.		
	(Code:	) (Expenses \$	9,323,233. including grants of \$	) (Revenue \$	)
	SEE SCHEI		g g +		, 
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other progra (Expenses \$	am services (Describe on S including	Schedule O.) grants of \$ ) (Reven	ue \$ )	
4e	<u> </u>	m service expenses		•	

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Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	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			3.5
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
3	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	1	- 21	
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			
	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			
	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	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1 2 h		37
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
4.0	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		v
20 2	If "Yes," complete Schedule G, Part III.  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		Λ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX. column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		х

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Part	IV Checklist of Required Schedules (continued)		<u> </u>	-9-
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
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			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		21
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
٨	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
23 a		250		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
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,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	-		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			- 21
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			21
50	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Х	
Part		_ J0		
rait	Check if Schedule O contains a response or note to any line in this Part V			
	Chook in Concodic C contains a response of flote to any line in this part v		Yes	No
1 9	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   14		. ,,,	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
С		10	v	
ISA	reportable gaming (gambling) winnings to prize winners?	1c	X	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 124			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	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		
	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	134		
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069.			

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	50			
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	50			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	lations	ship with			
	any other officer, director, trustee, or key employee?		-	2		X
3	Did the organization delegate control over management duties customarily performed by or ur					
	supervision of officers, directors, trustees, or key employees to a management company or other p			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect o	appoint			
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n during			
	the year by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code	_	
					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 po	urpose	s?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			40.		
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			426	3.7	
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p			420	v	
	describe on Schedule O how this was done			12c 13	X	
13	Did the organization have a written whistleblower policy?			14	X	
14	Did the organization have a written document retention and destruction policy?					
15	Did the process for determining compensation of the following persons include a review an independent persons, comparability data, and contemporaneous substantiation of the deliberation	and	decision?	45.		
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ngement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to	safe	juard the			
	organization's exempt status with respect to such arrangements?			16b		
Secti	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that ap $\boxed{x}$ Own website $\boxed{x}$ Another's website $\boxed{x}$ Upon request $\boxed{x}$ Other (explain on Sc	ply.		(sect	ion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing document and financial statements available to the public during the tax year.	nents,	conflict o	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's by the person who perso	oooks	and record	S.		

KATHERINE HAYS 1331 H STREET, N.W. WASHINGTON, DC 20005 202-386-6673

Form **990** (2023)

3E1042 2.000

70493S C021 V23-6F 45115 **11** 

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				((	C)					
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and title	Average	,				e than c		Reportable	Reportable	Estimated amount
	hours					is both		compensation	compensation	of other
	per week (list any					tor/trust	<u> </u>	from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	Individual trustee or director	Institutional	Officer	Key employee	Higt emp	Former	1099-MISC/	1099-MISC/	organization and
	related	irec	itutic	er	emp	loye	ner	1099-NEC)	1099-NEC)	related organizations
	organizations	altr	onal		oloye	e on				
	below dotted line)	ste	trustee		ě	pen				
	dotted line)	Ф	tee			Highest compensated employee				
-						_				
(1) VIKRAM SWARUUP	40.00									
EXECUTIVE DIRECTOR	NONE			Х				200,026.	NONE	7,503.
(2) ROBERT PERGAMENT	40.00									
DEVELOPMENT DIRECTOR	NONE					X		177,279.	NONE	21,550.
(3) STEPHANIE N TROYER	40.00									
LEGAL DIRECTOR	NONE					Х		165,079.	NONE	21,700.
(4) KATHERINE HAYS	40.00									
DIRECTOR OF OPERATIONS	NONE			Х				160,890.	NONE	13,708.
(5) RACHEL RINTELMANN	40.00									
LEGAL DIRECTOR	NONE					Х		149,457.	NONE	18,522.
(6) JONATHAN LEVY	40.00									
DIRECTOR	NONE					Х		145,136.	NONE	17,185.
(7) JENNIFER MEZEY	40.00									
LEGAL DIRECTOR	NONE					Х		141,262.	NONE	14,002.
(8) DEBORAH BRAND BAUM	0.50									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(9) JOHN RELMAN	0.50									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(10) JOHN T. BYRNES	0.50									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(11) STEVE BRODY	0.50									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(12) DAVID S. DANTZIC	0.50									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(13) JOAN E. MCKOWN	4.00									
IMMEDIATE PAST PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(14) PHILIP HORTON	0.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
										Form <b>990</b> (2023)

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Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	ye	es,	and I	ligl	hest Compensat	ed Employees (c	ontinued)	
(A)	(B)			(	C)			(D)	(E)	(F)	
Name and title	Average				sition			Reportable	Reportable	Estimated	
	hours per	,				e than o is both		compensation	compensation from	amount of other	
	week (list any hours for	office				tor/trust		from the	related organizations	compensation	1
	related	Individual trustee or director	Ins	읔	ĕ,	Hig em	For	organization	(W-2/1099-MISC)	from the	
	organizations	ividu	Institutional	Officer	Key employee	hes	Former	(W-2/1099-MISC)		organization	
	below dotted line)	al t	iona		ploy	ee t co				and related organizations	
		rust	Ę		/ee	npe				3	
		96	trustee			Highest compensated employee					
						e e					
( 15) DANIEL JARCHO	0.50	-									
BOARD MEMBER	NONE	X						NONE	NONE	N	ONE
( 16) MARY LOU SOLLER	0.50	-									
BOARD MEMBER	NONE	X						NONE	NONE	N	ONE
( 17) KURT RICHTER	0.50										
BOARD MEMBER	NONE	X						NONE	NONE	N	ONE
( 18) PETER SPIVACK	0.50										
BOARD MEMBER	NONE	X						NONE	NONE	N	ONE
( 19) JENNIFER LEVY	2.00										
VICE PRESIDENT	NONE	X		X				NONE	NONE	N	ONE
( 20) BRADLEY S. LUI	0.50										
BOARD MEMBER	NONE	X						NONE	NONE	N	ONE
( 21) PHILIP BARTZ	0.50										
AT-LARGE EXE. COMMITTEE MEMBER	NONE	X						NONE	NONE	N	ONE
( 22) ANNEMARGARET CONNOLLY	0.50										
BOARD MEMBER	NONE	Х						NONE	NONE	N	ONE
( 23) KIMBERLY PARKER	0.50										
BOARD MEMBER	NONE	Х						NONE	NONE	N	ONE
( 24) SHEILA CHESTON	0.50										
BOARD MEMBER	NONE	X						NONE	NONE	N	ONE
( 25) MICHAEL CALHOON	0.50										
BOARD MEMBER	NONE	Х						NONE	NONE	N	ONE
1b Sub-total							<b>•</b>	1,139,129.	NONE	114,1	70.
c Total from continuation sheets to Part VII,	Section A						$\blacktriangleright$	NONE	NONE	N	ONE
d Total (add lines 1b and 1c)							<b>&gt;</b>	1,139,129.	NONE	114,1	70.
2 Total number of individuals (including but no	t limited to t	hose	liste	d a	bov	e) who	o re	ceived more than	\$100,000 of		
reportable compensation from the organizati	on 🕨					14					
										Yes	No
3 Did the organization list any former off											
employee on line 1a? If "Yes," complete Sche	dule J for su	ch ina	livid	ual						3	
4 For any individual listed on line 1a, is the	sum of rea	oortab	ole d	com	per	sation	n ai	nd other compens	sation from the		
organization and related organizations of	reater than	\$15	50,0	00?	) It	"Yes	5,"	complete Schedu	le J for such		
individual										4	
5 Did any person listed on line 1a receive of											
for services rendered to the organization? If '	Yes," comple	te Scl	hedu	ıle .	J for	such	per	son		5	
Section B. Independent Contractors											

1 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	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any	box,	unle	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
( 26) KWAKU AKOWUAH	2.00									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
( 27) RANDALL BRATER	0.50									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
( 28) NADIRA CLARKE	4.00									
PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
( 29) CHRISTIE GRYMES THOMPSON	0.50									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
( 30) KARA BROCKMEYER	0.50									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
( 31) BRAD FAGG	0.50									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
( 32) JOHN MCCARTHY	0.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
( 33) LEAH QUADRINO	0.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
( 34) ALEXANDRA WALSH	0.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
( 35) MARY BORJA	0.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
( 36) JESSICA HOUGH	0.50									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)							<b>&gt; &gt;</b>			
Total number of individuals (including but not reportable compensation from the organization)		hose	liste	ed a	bov	e) who	re	eceived more than	\$100,000 of	1,, 1,,
3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler and the scheduler of the sche										Yes No
<b>4</b> For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	50,0	00?	P It	"Yes	,"	complete Schedu	le J for such	4
										7
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo										5

## Section B. Independent Contractors

1 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	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and H	ligl	hest Compensat	sated Employees (continued)					
(A)	(B)			(0	C)			(D)	(E)	(F)				
Name and title	Average	(do.	oot o		ition	e than oi	no	Reportable	Reportable	Estimated				
	hours per week (list any	,				is both		compensation from	compensation from related	amount of other				
	hours for					tor/truste		the	organizations	compensation				
	related organizations	Indi or d	Insti	Officer	ey	High emp	Forme	organization	(W-2/1099-MISC)	from the organization				
	below dotted	/idua	tutic	ĕ	emp	loye	ner	(W-2/1099-MISC)		and related				
	line)	or tr	nal		Key employee	com				organizations				
		Individual trustee or director	Institutional trustee		Ф	pens								
			ee			Highest compensated employee								
( 37) SARAH KIRKPATRICK	0.50													
BOARD MEMBER	NONE	X						NONE	NONE	NONE				
( 38) SARA RAZI	0.50													
BOARD MEMBER	NONE	X						NONE	NONE	NONE				
( 39) SHAWN WRIGHT	0.50													
BOARD MEMBER	NONE	X						NONE	NONE	NONE				
( 40) MEL BOSTWICK	0.50													
BOARD MEMBER	NONE	X						NONE	NONE	NONE				
( 41) RAJESH DE	0.50													
BOARD MEMBER	NONE	X						NONE	NONE	NONE				
( 42) ALLISON FOLEY	0.50													
BOARD MEMBER	NONE	X						NONE	NONE	NONE				
( 43) CHIOMA ACHEBE	0.50													
BOARD MEMBER	NONE	X						NONE	NONE	NONE				
( 44) VINCENT COHEN	0.50													
BOARD MEMBER	NONE	X						NONE	NONE	NONE				
( 45) STEVEN HERMAN	0.50													
BOARD MEMBER	NONE	X						NONE	NONE	NONE				
( 46) VALERIE KELLY	0.50													
BOARD MEMBER	NONE	X						NONE	NONE	NONE				
( 47) RAKESH KILARU	0.50													
BOARD MEMBER	NONE	X						NONE	NONE	NONE				
1b Sub-total							ightharpoons							
c Total from continuation sheets to Part VII, S							ightharpoons							
d Total (add lines 1b and 1c)							<b>&gt;</b>							
2 Total number of individuals (including but not		hose	liste	d al	bov	e) who	re	ceived more than	\$100,000 of					
reportable compensation from the organization	n ►													
										Yes No				
3 Did the organization list any former office										-				
employee on line 1a? If "Yes," complete Scheo	lule J for su	ch ina	livid	ual	• •					3				
4 For any individual listed on line 1a, is the														
organization and related organizations gr														
individual										4				
5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on 1	fron	n any	uni	related organizati	on or individual	_				
for services rendered to the organization? If "Y	es," comple	te Scl	nedu	ııe J	ı tor	such <sub> </sub>	per.	son		5				

## Section B. Independent Contractors

1 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	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VII Section A. Officers, Directors, T	rustees, Ke	y En	plo	oye	es,	and I	Hig	nest Compensat	ed Employees (d	continued)
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unle er an	heck ss pe d a c	erson	e than c is both tor/trust	an tee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
48) JANE O'BRIEN	0.50									
BOARD MEMBER	NONE	X						NONE	NONE	NON
49) SCOTT NEMEROFF TEARSURER	2.00 NONE	X		Х				NONE	NONE	NON
50) RENA REISS	0.50	Α		Λ				NONE	NOINE	INOIN
BOARD MEMBER	NONE	X						NONE	NONE	NON
51) ANTHONY PIERCE	0.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NON
52) JONICE GRAY	0.50									
AT-LARGE EXE. COMMITTEE MEMBER	NONE	X						NONE	NONE	NON
53) DAVID BROWN	0.50									
BOARD MEMBER	NONE	X			-			NONE	NONE	NON
54) ASHLEY JOYNER CHAVOUS	0.50	- ,,						NONE	NONE	NON
BOARD MEMBER 55) M. ALEXANDER KOCH	0.50	X						NONE	NONE	NON
BOARD MEMBER	NONE	X						NONE	NONE	NON
56) DEBODHONYAA SENGUPTA	0.50							110112	110112	11011
BOARD MEMBER	NONE	Х						NONE	NONE	NON
57) JASON RUBINSTEIN	0.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NON
		-								
1b Sub-total							<b></b>			
c Total from continuation sheets to Part VII,							•			
d Total (add lines 1b and 1c)							<b>&gt;</b>			
2 Total number of individuals (including but no reportable compensation from the organization)		hose	liste	ed a	bov	e) who	o re	eceived more than	\$100,000 of	
3 Did the organization list any former off employee on line 1a? If "Yes," complete Scheen										Yes No
<b>4</b> For any individual listed on line 1a, is the organization and related organizations gindividual.	reater than	\$15	50,0	00?	. It	"Yes	s,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive o for services rendered to the organization? If "	r accrue co	mpen	sati	on	fron	n any	un	related organization	on or individual	5 X
Section B. Independent Contractors	-,						,			
Complete this table for your five highest con	mpensated i	ndene	ende	ent	con	tracto	rs t	that received more	than \$100 000 c	

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

SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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#### Part VIII Statement of Revenue

(A) (B) (C) (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants, and Other Similar Amounts Federated campaigns Membership dues 1,352,896. c Fundraising events 1c d Related organizations 747,940. Government grants (contributions) . . 1e All other contributions, gifts, grants, 12,222,498. and similar amounts not included above . 1f g Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f 14,323,334. **Business Code** Program Service Revenue 2a LEGAL FEES 541100 94,617 94,617. d е All other program service revenue 94,617. Investment income (including dividends, interest, and 274,623. 274,623 other similar amounts).......... NONE 4 Income from investment of tax-exempt bond proceeds . . . 5 NONE (ii) Personal (i) Real 6a Gross rents 6a **b** Less: rental expenses 6b Rental income or (loss) 6c NONE NONE d Net rental income or (loss)... NONE Gross amount from (i) Securities (ii) Other sales of assets 1,085,778. other than inventory 7a b Less: cost or other basis Other Revenue 7b 1,064,562 and sales expenses . . 21,216. c Gain or (loss) . . . . 7c 21,216. d Net gain or (loss) 8a Gross income from fundraising 1,352,896. events (not including \$ \_\_\_ of contributions reported on line 91,695 1c). See Part IV, line 18 8a 215,517 8b **b** Less: direct expenses -123,822. c Net income or (loss) from fundraising events 9a Gross income from gaming NONE activities. See Part IV, line 19 NONE 9b **b** Less: direct expenses c Net income or (loss) from gaming activities. NONE 10a Gross sales of inventory, less returns and allowances NONE NONE **Business Code** Miscellaneous Revenue 11a d All other revenue NONE 14,589,968. 94,617. 274,623 12

3E1051 2.000

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70493S C021 V23-6F 45115

53-0196600

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respo	nse or note to any line	in this Part IX		
	de amounts reported on lines 6b, 7b, 0b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and	d other assistance to domestic organizations				
and domes	stic governments. See Part IV, line 21	NONE			
2 Grants	and other assistance to domestic				
individua	s. See Part IV, line 22	15,000.	15,000.		
3 Grants	and other assistance to foreign				
organizat	ions, foreign governments, and				
Ū	dividuals. See Part IV, lines 15 and 16	NONE			
4 Benefits	paid to or for members	NONE			
•	sation of current officers, directors,				
trustees,	and key employees	400,126.	339,478.	40,863.	19,785
6 Compensa	tion not included above to disqualified				
	as defined under section 4958(f)(1)) and				
	escribed in section 4958(c)(3)(B)	NONE			
	aries and wages	7,617,636.	6,463,010.	777,952.	376,674.
	plan accruals and contributions (include	160,274.	135,981.	16,368.	7,925
	01(k) and 403(b) employer contributions)	861,203.	730,668.	87,951.	42,584
	ployee benefits	608,417.	516,197.	62,135.	30,085
•	Xes	000,417.	310,137.	02,133.	30,003.
	services (nonemployees):	NONE			
	nent	NONE			
	ng	65,000.		65,000.	
		NONE		037000.	
	al fundraising services. See Part IV, line 17	NONE			
	nt management fees	12,533.		12,533.	
	line 11g amount exceeds 10% of line 25, column				
	list line 11g expenses on Schedule O.)	211,863.	60,289.	151,488.	86
	ng and promotion	NONE	,		
	penses	247,695.	121,871.	39,753.	86,071
	on technology	122,600.	92,572.	7,123.	22,905
		NONE			
	cy	733,220.	622,084.	74,880.	36,256
		NONE			
	s of travel or entertainment expenses				
for any f	ederal, state, or local public officials	NONE			
19 Conferen	ces, conventions, and meetings	NONE			
20 Interest		NONE			
21 Payment	s to affiliates	NONE			
22 Deprecia	tion, depletion, and amortization	110,922.	94,109.	11,328.	5,485
23 Insurance		48,017.	38,319.	9,698.	
24 Other exp	penses. Itemize expenses not covered				
above. (Li	st miscellaneous expenses on line 24e. If				
	amount exceeds 10% of line 25, column				
(A), amou	nt, list line 24e expenses on Schedule O.)				
a DUES 1	AND SUBSCRIPTION	35,114.	25,115.	8,513.	1,486
b BAD D		10,000.			10,000
c MISCE	LLANEOUS	128,762.	68,540.	17,557.	42,665
d					
	expenses				
	ctional expenses. Add lines 1 through 24e	11,388,382.	9,323,233.	1,383,142.	682,007.
organizat from a o	sts. Complete this line only if the ion reported in column (B) joint costs combined educational campaign and constitutions.				
	ng solicitation. Check here if SOP 98-2 (ASC 958-720)				

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## Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	755,025.	1	857,935.
	2	Savings and temporary cash investments	128,573.	2	2,048,894.
	3	Pledges and grants receivable, net	5,236,932.	3	6,294,911.
	4	Accounts receivable, net	NONE	4	NONE
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ţ	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
ğ	9	Prepaid expenses and deferred charges	99,232.	9	101,719.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 945, 936.			
	b	Less: accumulated depreciation	350,030.	10c	288,135.
	11	Investments - publicly traded securities SEE SCHEDULE .O	5,041,338.	11	5,752,005.
	12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	3,305,872.	15	2,616,497.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	14,917,002.	16	17,960,096.
	17	Accounts payable and accrued expenses	296,651.	17	365,323.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue . SEE SCHEDULE O	NONE	19	41,000.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
Ş	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	4,240,277.	25	3,404,108.
	26	Total liabilities. Add lines 17 through 25			3,810,431.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	4,832,274.	27	7,665,755.
Ва	28	Net assets with donor restrictions.	5,547,800.	28	6,483,910.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	2,221,2333		5, 255, 5 253
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
ž.	32	Total net assets or fund balances	10,380,074.	32	14,149,665.
Š	33	Total liabilities and net assets/fund balances	14,917,002.	33	17,960,096.
		Total habilition and not according balances, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	17,911,002.	JJ	Form <b>990</b> (2023)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14	<del>1,5</del>	89,	<u>968</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1:	1,3	88,	<u> 382</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		3,2	01,	<u>586</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10	),3	80,	<u>074</u> .
5	Net unrealized gains (losses) on investments	5		5	68,	<u>005</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	14	<u>4,1</u>	49,	<u>665</u> .
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	cplain c	on			
	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 cor	npiled	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 aud	ted on	a			
	separate basis, consolidated basis, 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 over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	ınt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain o	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in tl	ne			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo t	he			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b	X	

Form **990** (2023)

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#### **SCHEDULE A** (Form 990)

# **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047 Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

LEC	EGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA 53-0196600						196600	
Pai	art I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.					ns.		
Γhe	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital or a cooperative	•	•				
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A	<b>)(iii).</b> Enter the
		hospital's name, city, and st						
5		An organization operated to		a college or universit	y owned	d or ope	rated by a governm	ental unit described in
		section 170(b)(1)(A)(iv). (C	-					
6		A federal, state, or local go	•			•	,,,,,,,	
7	X	An organization that norma	-	· · · · · · · · · · · · · · · · · · ·	pport fro	om a go	vernmental unit or fi	om the general public
_		described in section 170(b)		·	D( II )			
8	$\blacksquare$	A community trust describe	-		-		l in annimantina mitta	
9		An agricultural research org	=			-	•	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state t	or the college of
0		university:  An organization that norma	Ily receives (1) me	oro than 331/2% of its	cupport	from cor	atributions mambars	hin face, and gross
U		receipts from activities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s: and (2) no more tha	n 331/3 % of its
		support from gross investmacquired by the organization	nent income and u	nrelated business tax	able inco	ome (less	s section 511 tax) from	n businesses
1		An organization organized						
2		An organization organized a	•	•	•			rry out the purposes of
_		one or more publicly suppo	•	•				• • • • •
		the box on lines 12a through	_			-		
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s)	typically by giving
		the supported organization	•	•	-		• , ,	
	_	_ supporting organization.	You must complet	e Part IV, Sections A	and B.			
b		Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organizat	ion(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e person	s that control or ma	nage the supported
		organization(s). <b>You must</b>	•					
С		Type III functionally integrated						ally integrated with,
		its supported organization						
d		☐ Type III non-functionally			•		• • • • • • • • • • • • • • • • • • • •	• ,
		that is not functionally inte		•			•	id an attentiveness
_		requirement (see instruct	•	=				II Time III
е		Check this box if the orga functionally integrated, or					** **	п, туре ш
f	Ent	ter the number of supported			porting t	Jigariizai	ion.	
q		ovide the following information						
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	1	ur governing ment?	support (see instructions)	other support (see instructions)
				above (see instructions))	Yes	No	matructions)	matructions)
A)								
B)								
C)								
D)								
E)								
Γota	al							
								1

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

Schedule A (Form 990) 2023

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in)	Sec	Section A. Public Support							
membership fees received. (Do not include any "unusual grants", ")	Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
organization's benefit and either paid to or expended on its behalf 1.  3 The value of services or facilities furnished by a governmental unit to the organization without charge.  4 Total Add lines 1 through 3.  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's of the amount shown on line 11, column (f).  7,881,026.  9,180,729.  10,202.  10,203.  10,203.  10,203.  10,204.  10,204.  10,202.  10,203.  10,204.  10,204.  10,204.	1	membership fees received. (Do not	7,881,026.	9,180,729.	10,304,559.	12,396,017.	14,323,334.	54,085,665.	
### Total. Add lines 1 through 3	2	organization's benefit and either paid to						NONE	
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f),,,,,,,, .	3	furnished by a governmental unit to the						NONE	
each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	4	Total. Add lines 1 through 3	7,881,026.	9,180,729.	10,304,559.	12,396,017.	14,323,334.	54,085,665.	
Section B. Total Support  Calendar year (or fiscal year beginning in)  7. Amounts from line 4	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount							
Section B. Total Support  Calendar year (or fiscal year beginning in)  A mounts from line 4	_	• • • • • • • • • • • • • • • • • • • •							
Calendar year (or fiscal year beginning in)  7. Amounts from line 4	_	• • • • • • • • • • • • • • • • • • • •						53,367,378.	
7, 881,026. 9,180,729. 10,304,559. 12,396,017. 14,323,334. 54,085,665.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources									
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on		, , , , ,		· , ,					
activities, whether or not the business is regularly carried on		Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from							
loss from the sale of capital assets (Explain in Part VI.) . SSE, SUPP .PBGF  342,488. 50,798. 122,90294,39729,205. 392,586.  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)	9	activities, whether or not the business						NONE	
12 Gross receipts from related activities, etc. (see instructions)	10	loss from the sale of capital assets	342,488.	50,798.	122,902.	-94,397.	-29,205.	392,586.	
First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)  Section C. Computation of Public Support Percentage  14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	11	Total support. Add lines 7 through 10						55,231,166.	
Section C. Computation of Public Support Percentage  14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	12	Gross receipts from related activities, etc. (s	ee instructions) .				12		
Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))		organization, check this box and stop here			l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)	
Public support percentage from 2022 Schedule A, Part II, line 14									
<ul> <li>33 1/3 % support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.</li> <li>b 33 1/3 % support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.</li> <li>17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.</li> <li>b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.</li> <li>18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see</li> </ul>				-					
box and stop here. The organization qualifies as a publicly supported organization.  b 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see									
b 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	16a								
this box and stop here. The organization qualifies as a publicly supported organization	L		•		•				
<ul> <li>17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.</li> <li>b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.</li> <li>18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see</li> </ul>	D								
10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	170				_				
Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	17a								
b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		=					-	•	
<ul> <li>b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see</li> </ul>		<del>-</del>			_				
15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	h								
in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			-						
organization		=					-	•	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		<del>-</del>			_	-			
	18								
		•							

Schedule A (Form 990) 2023

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# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·	•	,	
Cale	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. a	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	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		•				
Cale	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on					<u> </u>	
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here .	<u> </u>	<u></u> .		<u></u> .	<u> </u>	
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2023 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2022 Scheo					16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2023 (lin	e 10c, column (	(f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2022 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2023. If the org					ore than 331/3 %,	and line
	17 is not more than 331/3%, check this	box and stop	here. The organ	nization qualifies	as a publicly so	upported organiza	tion
b	331/3% support tests - 2022. If the orga	nization did not	t check a box on	line 14 or line 1	9a, and line 16	is more than 331	1/3 %, and
	line 18 is not more than 331/3 %, check	this box and <b>s</b>	top here. The or	ganization qualifie	es as a publicly	supported organi	zation
20	Private foundation. If the organization d	id not check	a box on line 1	4, 19a, or 19b,	check this bo	x and see instru	ctions

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Schedule A (Form 990) 2023

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### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

		Yes	No
ng by			
	1		
us ed	2		
er	3a		
nd he			
	3b		
B)	3с		
If	4a		
gn on			
	4b		
on ed B)			
	4c		
s," IN			
n; on	-		
	5a		
dy	5b		
	5c		
to ed or			
	6		
or ty			
	7		
ne	8		
re ns			
	9a		
h	9b		
fit	9c		
on ed			
to	10a		
	10b		

Part l	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Cooti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Secur	on B. Type i Supporting Organizations		Voc	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	163	NO TO
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		V	NI -
			res	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b c	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	ee instr	uction	s).
			Yes	
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

JSA 3E1230 1.000 Schedule A (Form 990) 2023

Page 6 Schedule A (Form 990) 2023

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	s				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See						
	instructions. All other Type III non-functionally integrated supporting organ	izations r	nust complete Sectio	ns A through E.			
Se	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection						
	of gross income or for management, conservation, or maintenance of						
	property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
	ction B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors (explain in detail in Part VI):						
	Acquisition indebtedness applicable to non-exempt-use assets	2					
	Subtract line 2 from line 1d.	3					
_							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ction C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2		2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4		4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
_	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting	g organization			

Schedule A (Form 990) 2023

(see instructions).

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 Schedule A (Form 990) 2023
 Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3)	<b>Supporting Organizat</b>	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
			(")		("")

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i_	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
<u>e</u>	Excess from 2023			

Schedule A (Form 990) 2023

Part VI Supplement

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

SCHEDULE A, PART II - OTHER INC	OME					
DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
SPECIAL EVENT INCOME REIMBURSED LEGAL FEES	76,719. 265,769.	•	•	-126,704. 32,307.	-123,822. 94,617.	-191,248. 583,834.
TOTALS	342,488.	50,798.	122,902.	-94,397.	-29,205.	392,586.

JSA

# Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

**Employer identification number** Name of the organization LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA 53-0196600 Organization type (check one): Filers of: Section: |X|Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Name of organization

LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA

Employer identification number 53-0196600

Part I	Contributors (	(see instructions)	. Use duplicate c	opies of Part I if	additional space is needed.
--------	----------------	--------------------	-------------------	--------------------	-----------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	DC GOVERNMENT  1350 PENNSYLVANIA AVENUE, NW SUITE 327	\$ 747,940.	Person X Payroll Noncash
	WASHINGTON, DC 20004	<b>*</b>	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	DC BAR FOUNDATION  1420 NEW YORK AVENUE, NW, SUITE 650	\$5,391,328.	Person X Payroll Noncash
	WASHINGTON, DC 20005		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	VARIOUS CONTRIBUTORS FROM SERVANT OF  JUSTICE EVENT UNDER 2%  WASHINGTON DC, DC 20005	\$1,261,201.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	VARIOUS CONTRIBUTORS  UNDER 2%  WASHINGTON DC, DC 20005	\$5,122,865.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SCOTT R MACKENZIE FOUNDATION  2518 PARK STREET, STE 2  JACKSONVILLE, FL 32204	\$1,800,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA

Name of organization

Employer identification number 53-0196600

Part II Nonc	ash Property (se	e instructions)	Use duplicate	copies of Part II	if additional sn	pace is needed
--------------	------------------	-----------------	---------------	-------------------	------------------	----------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	PUBLICLY TRADED STOCK		
		\$106,413.	12/31/2023
(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
		\$	

70493S C021

Name of organization **Employer identification number** LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA 53-0196600 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2023)

#### SCHEDULE C (Form 990)

# **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

Гах)	(see separate instructions), then		Tax) (see separate in	structions) or Form 990-E	Z, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) organization	anizations: Complete Part III.		Employer ide	ntification number
	· ·			' '	
		HE DISTRICT OF COLUMBIA	costion FO1(s) or		196600
	-	organization is exempt under			
1	•	ne organization's direct and indi	rect political camp	aign activities in Part	IV. See instructions to
	definition of "political campa	•		_	
2		xpenditures. See instructions			
		campaign activities. See instruction			
		organization is exempt under s			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 \$	
2		cise tax incurred by organization m			
3	=	a section 4955 tax, did it file Form	-		
					Yes No
	If "Yes," describe in Part IV.				
Par	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	).
1		xpended by the filing organization			
2		g organization's funds contributed es			
3	line 17b	enditures. Add lines 1 and 2. Ent		\$	
5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en ributions received that were prom and or a political action committee (I	er (EIN) of all section ter the amount paid optly and directly de	on 527 political organiza I from the filing organiz livered to a separate po	ations to which the filing ation's funds. Also ente ditical organization, sucl
	<b>(a)</b> Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990) 2023

33

Sch	edule C (Form 990) 2023	GAL A	AID SOCI	ETY OF THE DI	STRICT OF CO	DLUMBIA 53	-0196600 Page <b>Z</b>
Pa	Complete if the organ section 501(h)).	nizatio	on is exen	npt under sectior	n 501(c)(3) and	filed Form 5768 (ele	ction under
A	Check if the filing organizat EIN, expenses, and		-	• , ,		ach affiliated group mem	ber's name, address,
В	Check if the filing organizat	ion che	cked box A	A and "limited contro	ol" provisions app	ly.	
	(The term "expenditure	es" me		nts paid or incurred.	,	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1 a	Total lobbying expenditures to infl	uence	public opini	on (grassroots lobb	ying)		
b	Total lobbying expenditures to infl	uence	a legislative	e body (direct lobbyi	ng)		
C	: Total lobbying expenditures (add I	lines 1a	a and 1b) .				
C	Other exempt purpose expenditure	es					
	Total exempt purpose expenditure	•		•	_		
f	Lobbying nontaxable amount. Er	nter the	e amount f	from the following	table in both		
	columns.						
	If the amount on line 1e, column (a) o	r (b) is:	The lobbyin	g nontaxable amount	is:		
	not over \$500,000,			amount on line 1e.			
	over \$500,000 but not over \$1,000,00		•	us 15% of the excess			
	over \$1,000,000 but not over \$1,500,			us 10% of the excess			
	over \$1,500,000 but not over \$17,000			us 5% of the excess of	ver \$1,500,000.		
	over \$17,000,000,		\$1,000,000				
	Grassroots nontaxable amount (e						
	Subtract line 1g from line 1a. If ze Subtract line 1f from line 1c. If zer						
	If there is an amount other than					tion file Form 4720	
J	reporting section 4911 tax for this				•		Yes No
	reporting section 4911 tax for this			aging Period Under			Tes NO
	(Some organizations that n			0 0	` '	ete all of the five colum	ns below.
	(Joine organizations that it			te instructions for I			mo belett.
					o g	,	
		Lobb	ying Exper	nditures During 4-Ye	ear Averaging Pe	riod	T
	Calendar year (or fiscal year beginning in)	(a)	2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) Total
2a	Lobbying nontaxable amount						
k	Lobbying ceiling amount (150% of line 2a, column (e))						
C	Total lobbying expenditures						
c	Grassroots nontaxable amount						
e	Grassroots ceiling amount (150% of line 2d, column (e))						

Schedule C (Form 990) 2023

JSA

3E1265 1.000

f Grassroots lobbying expenditures

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	(election under section 501(h)).	(a	a)		(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed						
des	cription of the lobbying activity.	Yes	No		Amou	ınt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:	37					
а	Volunteers?	X	-				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X	Х				
C C	Media advertisements?	Х	Λ.				
d e	Publications, or published or broadcast statements?	X					
f	Grants to other organizations for lobbying purposes?		Х				
g g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х				37,	752
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х				
i	Other activities?		Х				
j	Total. Add lines 1c through 1i					37,	752
2a	Did the activities in line 1 cause the organization to not be described in section $501(c)(3)$ ?		X				
b	If "Yes," enter the amount of any tax incurred under section 4912		-				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	or se	ection			
	501(c)(6).	(=)(=)	, 0. 00	, c			
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro till-B Complete if the organization is exempt under section 501(c)(4), section 501				3		
al	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"				lina 3	ie	
	answered "Yes."	JI (L	,	. III 74, I		, 13	
ı	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou						
_	political expenses for which the section 527(f) tax was paid).		-				
а	Current year			2a			
b	Carryover from last year		-	2b			
С	Total		-	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le			4			
	and political expenditures next year?						
5	t IV Supplemental Information	• • •					
	Taxable amount of lobbying and political expenditures. See instructions.			5			-

Schedule C (Form 990) 2023

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 2023, OUR LOBBYING EFFORTS

INCLUDED ADVOCATING FOR CONTINUED ACCESS TO JUSTICE FUNDING, IMMIGRATION,

FAIR AND EQUITABLE EVICTION PROCEDURES, AMENDMENTS TO WAGE GARNISHMENT

LAWS THAT PROVIDE GREATER INCOME PROTECTIONS FOR LOW-INCOME WORKERS, MORE

ROBUST AND EFFECTIVE ENFORCEMENT OF HOUSING CODE VIOLATIONS, AND THE

PRESERVATION AND PROPER ADMINISTRATION OF MAJOR PUBLIC BENEFITS PROGRAMS

IN THE DISTRICT.

# SCHEDULE D (Form 990)

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

LEC	GAL AID SOCIETY OF THE DISTRICT OF COLUMBIA	53-0196600
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
Ū	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Do	art    Conservation Easements	
Г	Conservation Lasements  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		Carlo Carlo a Carlo Carro and a state of an ana
		a historically important land area
		a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and	
	not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	n, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	
		ű ,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
	3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	,
8	Does each conservation easement reported on line 2d above satisfy the requirements of section	on 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
•	sheet, and include, if applicable, the text of the footnote to the organization's financial stateme	
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a		statement and halance sheet works
ıa	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, o	r research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	se items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	tement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or researched the following amounts relating to those items.	rch in furtherance of public service,
	provide the following amounts relating to these items:	¢.
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	sets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	_
a	Revenue included on Form 990, Part VIII, line 1	\$
<u>b</u>	Assets included in Form 990, Part X	\$

Schedule D (Form 990) 2023

37

		AL AID SOCIET							196600	Page 2
Pa	rt III Organizations Maintaini									
3	Using the organization's acquisition		other record	ds, check ar	ny of the	e follow	ing that m	nake sigr	nificant us	se of its
	collection items (check all that apply	y).		1 .						
а	Public exhibition		d	Loan or e	xchange	progran	n			
b	Scholarly research		е	Other						
С	Preservation for future gener									
4	Provide a description of the organ	ization's collection	s and expla	in how they	further	the org	janization's	s exemp	t purpose	in Part
	XIII.									
5	During the year, did the organizatio								<b>¬</b>	
	assets to be sold to raise funds rath		ained as par	rt of the orga	nization	's collec	tion?		Yes	No_
Ра	rt IV Escrow and Custodial Ar Complete if the organization 990, Part X, line 21.		es" on Forn	n 990, Part	IV, line	9, or re	eported a	n amour	nt on For	m 
1a	Is the organization an agent, trust				ontributi	ions or	other asse	ets not _		
	included on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in	Part XIII and com	plete the follo	owing table.						
								Amount		
	Beginning balance									
d	Additions during the year									
e	Distributions during the year				1e					
t O-	Ending balance				<u>1f</u>		! : -	L:11:4O	V	N.
	Did the organization include an amo								Yes	⊢ No
	If "Yes," explain the arrangement in rt V Endowment Funds	Trait Alli. Check ii	ere ii tile ex	piariation rias	s been p	rovided i	II Fait Aiii.			
Га	Complete if the organiza	tion answered "Y	es" on Forn	n 990 Part	IV line	10				
	Complete ii the organiza		1				(-D) There are a		(-) F	
			I ( <b>d)</b> Prior	vear I (C	i) iwo yea	IS Dack	(a) Inree ve	ears back I	(e) Four v	ears back
1.0	Paginning of year balance	(a) Current year	(b) Prior	, ,	946.5		(d) Three ye		(e) Four y	
	Beginning of year balance	589,641.	1,08	8,050.	946,	572.	79	7,973.	54	15,935.
b	Contributions		1,08	, ,	946,		79		54	
	Contributions	589,641.	1,08	8,050.	946,	572. 841.	79	7,973.	54	15,935.
b c	Contributions	589,641. 5,000.	1,08	8,050. 0,363.	946,5	572. 841.	79	7,973. 98,367.	54	45,935. 90,609.
b c d	Contributions	589,641. 5,000.	1,08	8,050. 0,363.	946,5	572. 841.	79	7,973. 98,367.	54	45,935. 90,609.
b c	Contributions	589,641. 5,000.	1,088 7 -14	8,050. 0,363.	946,5	572. 841.	79 9 7	7,973. 98,367.	19	45,935. 90,609.
b c d	Contributions	589,641. 5,000. 80,774.	1,088 7 -14	8,050. 0,363. 8,883.	946,5	572. 841.	79 9 7	7,973. 98,367. 79,065.	19	15,935. 90,609. 88,306.
b c d e	Contributions	589,641. 5,000. 80,774.	1,088 7 -14	8,050. 0,363. 8,883.	946,5	572. 841. 375.	79 9 7	7,973. 98,367. 79,065.	5.	15,935. 90,609. 88,306.
b c d e f g 2 a	Contributions	589,641. 5,000.  80,774.  32,163.  643,252.  of the current year ent NONE	1,088 7 -14 3 970 end balance	8,050. 0,363. 8,883. 3,156.	946,5 62,8 108,8 30,5	572. 841. 375. 238.	79 9 7 2 94	7,973.	5.	15,935. 90,609. 38,306.
b c d e f g 2 a b	Contributions	589,641. 5,000.  80,774.  32,163.  643,252.  of the current year ent NONE	1,088 7 -14 3 970 end balance	8,050. 0,363. 8,883. 3,156.	946,5 62,8 108,8 30,5	572. 841. 375. 238.	79 9 7 2 94	7,973.	5.	15,935. 90,609. 38,306.
b c d e f g 2 a b	Contributions	589,641. 5,000.  80,774.  32,163.  643,252.  of the current year entNONE 00 %	1,088 7 -14 3 970 end balance	8,050. 0,363. 8,883. 3,156.	946,5 62,8 108,8 30,5	572. 841. 375. 238.	79 9 7 2 94	7,973.	5.	15,935. 90,609. 38,306.
b c d e f g 2 a b c	Contributions	589,641. 5,000.  80,774.  32,163.  643,252.  of the current year entNONE 00 %  nd 2c should equal	1,088 7 -14 3 970 end balance %	8,050. 0,363. 8,883. 3,156. 6,374.	946,5 62,1 108,8 30,; 1,088,0	572. 841. 375. 238. 050. held as:	79 9 7	7,973. 8,367. 29,065. 28,833.	5.	15,935. 90,609. 38,306.
b c d e f g 2 a b c	Contributions	589,641. 5,000.  80,774.  32,163.  643,252.  of the current year entNONE 00 %  nd 2c should equal	1,088 7 -14 3 970 end balance %	8,050. 0,363. 8,883. 3,156. 6,374.	946,5 62,1 108,8 30,; 1,088,0	572. 841. 375. 238. 050. held as:	79 9 7	7,973. 8,367. 29,065. 28,833.	79	15,935. 90,609. 38,306. 26,877. 97,973.
b c d e f g 2 a b c	Contributions	589,641. 5,000.  80,774.  32,163.  643,252.  of the current year entNONE 00 %  and 2c should equal the possession of t	1,086 7 -14 3 970 end balance %	8,050. 0,363. 8,883. 3,156. 6,374. e (line 1g, colution that are	946,5 62,1 108,8 30,3 1,088,0 umn (a))	572. 841. 375. 238. 050. held as:	9 9 7 2 94 istered for	7,973. 8,367. 29,065. 28,833.	7.5	15,935. 90,609. 38,306.
b c d e f g 2 a b c	Contributions	589,641. 5,000.  80,774.  32,163.  643,252.  of the current year ent NONE NONE 00 %  nd 2c should equal the possession of t	1,086 7 -14 3 970 end balance %	8,050. 0,363. 8,883. 3,156. 6,374. e (line 1g, column that are	946,5 62,3 108,8 30,3 1,088,0 umn (a))	572. 841. 375. 238. 050. held as:	79 9 7 2 94 istered for	7,973. 8,367. 29,065. 28,833.	79 3a(i)	15,935. 90,609. 38,306. 26,877. 97,973.
b c d e f g 2 a b c	Contributions	589,641. 5,000.  80,774.  32,163.  643,252.  of the current year ent NONE NONE 00 %  nd 2c should equal the possession of t	1,083 7 -14 3 970 end balance %	8,050. 0,363. 8,883. 3,156. 6,374. e (line 1g, colution that are	946,5 62,3 108,8 30,3 1,088,0 umn (a))	572. 841. 375. 238. 050. held as:	79 9 7 2 94 sistered for	7,973. 8,367. 29,065. 28,833.	79 3a(i) 3a(ii)	15,935. 90,609. 38,306. 26,877. 97,973.
b c d e f g 2 a b c c 3a	Contributions	589,641. 5,000.  80,774.  32,163.  643,252.  of the current year ent NONE NONE 00 %  and 2c should equal the possession of the possession	1,088 7 -14 3 970 end balance %	8,050. 0,363. 8,883. 3,156. 6,374. e (line 1g, column that are don Schedu	946,5 62,3 108,8 30,3 1,088,0 umn (a))	572. 841. 375. 238. 050. held as:	79 9 7 2 94 sistered for	7,973. 8,367. 29,065. 28,833.	79 3a(i)	15,935. 90,609. 38,306. 26,877. 97,973.
b c d e f g 2 a b c 3 a b 4	Contributions	589,641. 5,000.  80,774.  32,163.  643,252.  of the current year ent NONE NONE 00 %  and 2c should equal the possession of the possession of the current set organizations listents are of the organizations listents are of the organizations listents are of the organizations listents.	1,088 7 -14 3 97/ end balance % 100%. he organizat ed as require	8,050. 0,363. 8,883. 3,156. 6,374. e (line 1g, column that are don Schedu went funds. m 990, Par	946,5 62,8 108,8 30,3 1,088,0 umn (a))	572. 841. 375. 238. 050. held as:	94  sistered for	7,973. 98,367. 79,065. 28,833. 6,572.	75  75  79  79  3a(i)  3a(ii)  3b	95,935. 90,609. 38,306. 26,877. 97,973.
b c d e f g 2 a b c 3 a b 4	Contributions	589,641. 5,000.  80,774.  32,163.  643,252.  of the current year ent NONE 00 %  and 2c should equal the possession of th	1,089 7 -14 3 970 end balance % 100%. he organizate cd as require tition's endow es" on Form other basis	8,050. 0,363. 8,883. 3,156. 6,374. e (line 1g, column that are don Schedu went funds. m 990, Pari (b) Cost or oth	946,5 62,8 108,8 30,3 1,088,0 umn (a))	572. 841. 375. 238. 250. held as:	94  istered for  See Form umulated	7,973. 8,367. 29,065. 28,833. 6,572.	75  75  79  79  3a(i)  3a(ii)  3b	15,935. 90,609. 38,306. 26,877. 97,973.
b c d e f g 2 a b c 3a b 4 Pa	Contributions	589,641. 5,000.  80,774.  32,163.  643,252.  of the current year ent NONE 00 %  and 2c should equal the possession of the possession of the current set or an interest in the companization answered "Y (a) Cost of (investigation)	1,088 7 -14 3 970 end balance % 100%. he organizate ad as require ation's endow es" on Form	8,050. 0,363. 8,883. 3,156. 6,374. e (line 1g, column that are don Schedu went funds. m 990, Par	946,5 62,8 108,8 30,3 1,088,0 umn (a))	572. 841. 375. 238. 250. held as:	94 istered for	7,973. 8,367. 29,065. 28,833. 6,572.	79  3a(i) 3a(ii) 3b	15,935. 90,609. 38,306. 26,877. 97,973.
b c d e f g 2 a b c 3a b 4 Pa	Contributions	589,641. 5,000.  80,774.  32,163.  643,252.  of the current year ent NONE 00 %  and 2c should equal the possession of th	1,089 7 -14 3 970 end balance % 100%. he organizate cd as require tition's endow es" on Form other basis	8,050. 0,363. 8,883. 3,156. 6,374. e (line 1g, column that are don Schedu went funds. m 990, Pari (b) Cost or oth	946,5 62,8 108,8 30,3 1,088,0 umn (a))	572. 841. 375. 238. 250. held as:	94  istered for  See Form umulated	7,973. 8,367. 29,065. 28,833. 6,572.	79  3a(i) 3a(ii) 3b	15,935. 90,609. 38,306. 26,877. 97,973.

288,135.

73,071.

59,955.

JSA 3E1269 1.000

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

d Equipment.....

70493S C021 V23-6F 45115 38

410,850.

91,229.

337,779

31,274

Schedule D (F	Form 990) 2023 LEGAL AID SOCI	ETY OF THE DIST	RICT OF COLUMBIA 53	3-0196600 Page <b>3</b>
Part VII	Investments - Other Securities			
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financia	al derivatives			
	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII		l "Voo" on Form 000	Dort IV line 11e See Form 000	Dort V line 12
	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets	<u> </u>		
I alt IX	Complete if the organization answered	I "Yes" on Form 990	). Part IV. line 11d. See Form 990.	. Part X. line 15.
	(b) Book value			
(1)DEPOS		scription		42,348.
	EST RECEIVABLE			2,755.
(3)OPERA	FING LEASE RIGHT OF USE			2,571,394.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, line 15, o	col. (B))		2,616,497.
Part X	Other Liabilities Complete if the organization answered line 25.	I "Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
1.		tion of liability		(b) Book value
	ral income taxes	Alon or hability		(b) Book value
	FING LEASE LIABILITY			3,404,108.
(3)				3,101,1001
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colun	nn (b) must equal Form 990, Part X, line 25, col. (B))	<u> </u>		3,404,108.
	or uncertain tax positions. In Part XIII, provide the			

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

JSA 3E1270 1.000 Schedule D (Form 990) 2023

Part	XI Reconciliation of Revenue per Audited Financial Statements V Complete if the organization answered "Yes" on Form 990, Part I			n	
1	Total revenue, gains, and other support per audited financial statements			1	34,548,034.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	568,005.		
b	Donated services and use of facilities	1	19,360,932.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		-173,855.		
е	Add lines 2a through 2d			2e	19,755,082.
3	Subtract line 2e from line 1		,	3	14,792,952.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b		12,533.		
b	Other (Describe in Part XIII.)		-215,517.		
_ c	Add lines 4a and 4b			4c	-202,984.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  XII Reconciliation of Expenses per Audited Financial Statements V				14,589,968.
Part	urn 				
1	Total expenses and losses per audited financial statements			1	30,778,443.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	1		
а	Donated services and use of facilities	1	19,360,932.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)		215,517.		
е	Add lines 2a through 2d			2e	19,576,449.
3	Subtract line 2e from line 1			3	11,201,994.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-	10 522		
a	Investment expenses not included on Form 990, Part VIII, line 7b	1	12,533. 173,855.	-	
b	Other (Describe in Part XIII.)		· · · · · · · · · · · · · · · · · · ·	4c	186,388.
С 5	Add lines <b>4a</b> and <b>4b</b>				11,388,382.
	XIII Supplemental Information	<u>/</u>			11,300,302.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-				
SEE	SUPPLEMENTAL PAGE				

70493S C021

SCHEDULE D, PART V, Q4

BARBARA MCDOWELL ENDOWMENT FUND

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

SCHEDULE D, PART V, Q4

UNDER THE TERMS OF THE KLEPPER ENDOWMENT FUND, FUNDS AVAILABLE ANNUALLY

FOR EXPENDITURE BY THE LEGAL AID SOCIETY SHALL BE USED TO FUND AN ANNUAL

CASH PRIZE TO AN ATTORNEY WHO HAS DEMONSTRATED OUTSTANDING VOLUNTEER

COMMITMENT TO LEGAL AID AND FOR OTHER PERMISSIBLE PURPOSES INCLUDING, BUT

NOT LIMITED TO, PUBLICIZING THE AWARD, SUPPORTING THE COST OF A VOLUNTEER

RECOGNITION EVENT AND UNDERWRITING THE COST OF TRAINING FOR LEGAL

ATTORNEYS.

SCHEDULE D, PART V, Q4

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

MAKING JUSTICE REAL ENDOWMENT WAS INCORRECTLY REPORTED AS A DONOR

Page 5

Part XIII Supplemental Information (continued)

RESTRICTED ENDOWMENT ON THE PRIOR YEAR 990 AND WAS RECLASSIFIED DURING

THE CURRENT YEAR TO BOARD DESIGNATED ENDOWMENT AS THERE WERE NO

RESTRICTIONS ON THE INITIAL DONATION.

SCHEDULE D, PART XII, LINE 2D

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

SCHEDULE D, PART XII, LINE 4B

EXPENSES FOR FUNDRAISING EVENTS NETTED AGAINST REVENUES.

#### SCHEDULE G (Form 990)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2023 LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA 53-0196600 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SOJ DINNER (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 1,444,591. 1,444,591. 2 Less: Contributions 1,352,896. 1,352,896. 3 Gross income (line 1 minus line 2) . \_ . . . . . . . . . . 91,695. 91,695. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 215,517. 215,517. 8 Entertainment ...... 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 215,517. 11 Net income summary. Subtract line 10 from line 3, column (d) -123,822. Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue Direct Expenses 2 Cash prizes 3 Noncash prizes . . . . . . . . . . 4 Rent/facility costs 5 Other direct expenses ..... Yes Yes Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? а If "No," explain: b Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a If "Yes," explain:

Schedule G (Form 990) 2023

JSA 3E1282 1.000

Sched	ule G (Form 990 or 990-EZ) 2023 LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA 53-0196600 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year 🕨 \$
Par	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
	(SCC IIISH GCHOHA).

Schedule G (Form 990 or 990-EZ) 2023

## SCHEDULE I (Form 990)

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Name of the organization							on number
LEGAL AID SOCIETY OF THE DISTRICT		53-0196600					
Part I General Information on Grants and	Assistanc	е					
<ol> <li>Does the organization maintain records to su the selection criteria used to award the grants</li> <li>Describe in Part IV the organization's proced</li> </ol>	or assistand	e?					X Yes No
Part II Grants and Other Assistance to Do Part IV, line 21, for any recipient the							es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
<ul><li>2 Enter total number of section 501(c)(3) and g</li><li>3 Enter total number of other organizations liste</li></ul>		•					

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 scholarship	3	15,000.			
2					
3					
<b>.</b>					
5					
3					
•					

**Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

#### SCHEDULE J (Form 990)

## **Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Name of the organization

LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA

53-0196600

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee  Written employment contract			
	Independent compensation consultant  Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0.1			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the revenues of:	F		37
a b	The organization?	5a 5b		X
D	If "Yes" on line 5a or 5b, describe in Part III.	30		Λ
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
Ü	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(D) D			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation (iii) Other reportable compensation		other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KATHERINE HAYS	(i)	157,890.	3,000.		4,766.	8,942.	174,598.	
1 DIRECTOR OF OPERATIONS	(ii)							
ROBERT PERGAMENT	(i)	152,279.	25,000.		4,650.	16,900.	198,829.	
2 DEVELOPMENT DIRECTOR	(ii)							
JONATHAN LEVY	(i)	144,136.	1,000.		4,473.	12,712.	162,321.	
3 DIRECTOR	(ii)							
JENNIFER MEZEY	(i)	131,262.	10,000.		4,950.	9,052.	155,264.	
4 LEGAL DIRECTOR	(ii)							
RACHEL RINTELMANN	(i)	129,457.	20,000.		4,050.	14,472.	167,979.	
5 LEGAL DIRECTOR	(ii)							
STEPHANIE N TROYER	(i)	145,079.	20,000.		4,800.	16,900.	186,779.	
6 LEGAL DIRECTOR	(ii)							
VIKRAM SWARUUP	(i)	185,026.	15,000.			7,503.	207,529.	
7 EXECUTIVE DIRECTOR	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
_13	(ii)							
	(i)							
_14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

#### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA Part I Types of Property

53-0196600

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of one noncash contri			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	3	106,413.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26 27	Other (							
28	Other () Other () Other ()							
29	Number of Forms 8283 received	by the ora	anization during the tax w	oor for contributions for				
29	which the organization completed F				29			
	which the organization completed i	01111 0203,	rait v, Donee Acknowledge			Υ	es	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I. line	s 1 through			
	28, that it must hold for at least 3				- 1			
	used for exempt purposes for the e					30a		Х
b	If "Yes," describe the arrangement i	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
31	Does the organization have a		ance policy that require	es the review of any	nonstandard			
	contributions?				<b>I</b>	31		Х
32a	Does the organization hire or use							
	contributions?	•	•	•		32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of prop	perty for which column (a)	is checked,			
	describe in Part II.			- (				
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	m 990.		Schedule I	M (Form	990)	2023

## **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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 53-0196600

LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA

#### FORM 990, PART VI, LINE 11A

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

#### FORM 990, PART VI, LINE 15

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

#### FORM 990, PART VI, LINE 12C

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

#### FORM 990, PART VI, LINE 19

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

#### FORM 990, PART XII, LINE 2C

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

Name of the organization

LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA

53-0196600

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

LEGAL AID'S MISSION IS TO 'MAKE JUSTICE REAL' - IN INDIVIDUAL AND SYSTEMIC WAYS - FOR PERSONS LIVING IN POVERTY IN THE DISTRICT OF 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. OF CASES INCLUDE PREVENTING EVICTIONS AND HOMELESSNESS, PRESERVING AFFORDABLE HOUSING, PRESERVING HOME OWNERSHIP, ENSURING A SAFE AND DECENT PLACE TO LIVE, CURBING ABUSIVE DEBT COLLECTION PRACTICES, SECURING ACCESS TO HEALTH CARE, NUTRITION, AND PUBLIC BENEFITS, PROTECTING FAMILIES AGAINST DOMESTIC VIOLENCE, PROMOTING FAMILY STABILITY THROUGH CHILD SUPPORT AND CUSTODY ARRANGEMENTS, AND PROVIDING A RANGE OF CIVIL LEGAL SERVICES TO THE IMMIGRANT CLIENT COMMUNITY. LEGAL AID SHIFTED ITS OPERATIONS TO BE HYBRID, BUT IN ALL OTHER RESPECTS OUR MISSION OF MAKING JUSTICE REAL IN INDIVIDUAL AND SYSTEMIC WAYS FOR PERSONS LIVING IN POVERTY IN DC REMAINS UNWAVERING AND UNCHANGED.

Name of the organization Employer identification number

LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA 53-0196600

FORM 990, PART III - PROGRAM SERVICE

### LINE 4A, PROGRAM SERVICE

\_\_\_\_\_\_

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

53

Name of the organization

LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA

53-0196600

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

\_\_\_\_\_\_

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

\_\_\_\_\_

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YOUR PART-TIME CONTROLLER, LLC P.O.BOX 7247

PHILADELPHIA, PA 19170 ACCOUNTING 107,011.

JSA

70493S C021 V23-6F 45115 54

Name of the organization Employer identification number

LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA 53-0196600

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES \_\_\_\_\_\_

	BEGINNING	ENDING	COST
DESCRIPTION	BOOK VALUE	BOOK VALUE	OR FMV
EXCHANGE-TRADED FUNDS	3,918,619.	4,364,567.	
FIXED INCOME SECURITIES	639,565.	159,486.	
COMMON STOCK	483,154.	525,369.	
U.S. TREASURY OBLIGATIONS	NONE	702,583.	
TOTALS			
	5,041,338.	5,752,005.	
	=========	=========	

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JSA

		- 3-
Name of the organization		Employer identification number
LEGAL AID SOCIETY OF THE DISTRI	CT OF COLUMBIA	53-0196600
FORM 990, PART X - DEFERRED REVENUE		
	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
DEFERRED REVENUE		41,000.
TOTAL G		41 000
TOTALS		41,000.

<sup>3E1228 1.000</sup>
70493S C021
V23-6F 45115
56