Return of Organization Exempt From Income Tax

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

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

OMB No. 1545-0047

<u>A F</u>	or th	e 2015 calendar year, or tax year beginning , 2015, a	ind ending			, 20	
۵.		C Name of organization		D Employer ide	ntification	number	
_	heck if ap	LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBI	IA	53-019	6600		
L	Addre			1			
	Name	change Number and street (or P.O. box if mail is not delivered to street address) Ro	oom/suite	E Telephone nu	mber		
	intiei	return 1331 H STREET, N.W., SUITE 350		(202) 62	8-116	1	
	Final :	city or town, state or province, country, and ZIP or foreign postal code					
Г	Amen	washington, DC 20005		G Gross receipts	\$	5,795	,523.
Г	Applic pendi	F Name and address of principal officer. ERTC ANGET.	==	H(a) is this a gro	p return for	Yes	X No
		1331 H STREET, N.W., SUITE 350 WASHINGTON, E	C 20005	Subordinates H(b) Are all subord		Yes	I No
ī	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (Insert no.) 4947(a)(1) or	527	1 ''		instructions)	
J	Websi	te: NWW.LEGALAIDDC.ORG WWW.MAKINGJUSTICEREAL.ORG		H(c) Group exem	ption numbe	N,	/A
K	Form o	of organization: X Corporation Trust Association Other	L Year of forma	tion: 1934 M			
Pa	art I	Summary				<u> </u>	
	1	Briefly describe the organization's mission or most significant activities: TO PROV	IDE CIVIL	LEGAL AI	TO		
ė		INDIVIDUALS, FAMILIES, AND COMMUNITIES IN THE DIS					
au		WHO COULD NOT OTHERWISE AFFORD TO HIRE A LAWYER.					
ΕĐ	2	Check this box ▶ ☐ If the organization discontinued its operations or disposed of	of more than 25%	of its net asset			
Activities & Governance		Number of voting members of the governing body (Part VI, line 1a)			3		51.
oğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	• • • • • • • •		4	.	51.
ties	5	Total number of Individuals employed in calendar year 2015 (Part V, line 2a)		• • • • • •	5		61.
Š	6	Total number of volunteers (estimate if necessary)	• • • • • • • •	• • • • • • •	6		300.
Ac	7a	Total unrelated business revenue from Part VIII, column (C), line 12		• • • • • •	7a		0.
	Ь.	Net unrelated business taxable income from Form 990-T, line 34	• • • • • • • •		7b		0.
_	-	The difference and the month of the control of the		Prior Year	-	Current Y	
_	8	Contributions and grants (Part VIII, line 1h)		4,627,02	4.	5,088	
3		Program service revenue (Part VIII, line 2g)		24,65			,071.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).	• • • • • • • • • • • • • • • • • • • •	72,23			,021.
æ	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	• • • • • • • • • • • • • • • • • • • •	-20,92			,656.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		4,702,98		5,183	<u> </u>
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,102,50	0.	3,103	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.		0.
	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	• • • • • • • • • • • • • • • • • • • •	3,681,43		4,054	
Expenses	160	Professional fundraleing fees (Part IX, solume (A), line 11a)	• • • • • •	3,001,4.	0.	_ 4,034	0.
E BG	h	Professional fundralsing fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 467, 322.	• • • • • • • • • • • • • • • • • • • •			125	
ŭ	17			881,01	6	020	,315.
	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	• • • • •	4,562,44		4,984	<u> </u>
	19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12	• • • • •	140,53		199	
Z S	10	Revenue less expenses. Subtract line 18 from line 12	Beels	ning of Current		End of Yea	
als (20	Total casets (Part V. line 46)		2,893,65		3,024	
Bar	24	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)	• • • • •	472,63			,292.
#	20 21 22	Net assets or fund balances. Subtract line 21 from line 20.	• • • • • • • • • • • • • • • • • • • •	2,421,04		2,564	<u> </u>
211	rtill	Signature Block		2,421,04	0.1	2,504	,036.
		nalties of perjury, I declare that I have examined this return, including accompanying schedules	and statements		l	ladas and bi	-8-5 14 1-
tru	B, COITE	ect, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer has any k	nowledge.	niy kilow	leage and bi	Biler, IC IS
		N. E A //			6/24	///	
Sig	ın	Signature of officer	<u>.</u>	Date	- 12 1	-	
He			/E DIRECTO				
		Type or print name and title	E DIRECTO	κ			
		Print/Type preparer's name Preparer's signature	Date		ız PTIN	2-	
Paid	d	BRIAN W DOW, CPA	6/16/2016	Check	ויין		40
Pre	parer		101/0/6016			0036774	# U
Use	Only			Firm's EIN	2-096	T 62 \	
NA	, the !	Firm's address >11921 ROCKVILLE PIKE, SUITE 501 NORTH BETHESDA, MD 20852-2	2794	Phone no.		0-5500	
		RS discuss this return with the preparer shown above? (see instructions)				Yes	No O (2045)
- 171		«wire mailicular act maricul sas the congress inethic€loop				C D134	# 1004Pl

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Part III Statement of Program Service Accomplishments

	Check if S	Schedule O contair	ns a response or note to any line in this Part	Ⅲ	X
1	Briefly describe the ATTACHMENT	e organization's mi			
2		990-EZ?	significant program services during the year		Yes X No
3	Did the organiza	tion cease condu	on Schedule O.		Yes X No
	Describe the organisms. Section	nese changes on S anization's program 501(c)(3) and 50	Schedule O. n service accomplishments for each of the service accomplishments for each of the service required to repart, for each program service reported.	its three largest program services, a	as measured by
4a	(Code:ATTACHMENT		4,050,353. including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program ser (Expenses \$		Schedule O.) ng grants of \$) (Revenue	e \$)	
4e	Total program ser		4,050,353.		

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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	40.		3.5
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	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	140		
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		- 21
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		- 21
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	'		- 27
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
13	If "Yes," complete Schedule G, Part III	19		Х
	ii 100, complete concadio o, i aitiii i i i i i i i i i i i i i i i			

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Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			3.5
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			3.7
	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	22	х	
24-	employees? If "Yes," complete Schedule J	23	Λ	
24a	\$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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		- 21
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ū	to defease any tax-exempt bonds?	24c		
d		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a		Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a		
b	Schedule L. Part IV	28b	Х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·		28c		Х
29	Did the organization receive more than \$25,000 in non-cash 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		X
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		X
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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
26	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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		Λ
31	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> ,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

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Part V Statements Regarding Other IRS Filings and Tax Compliance 1a 3 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and Χ reportable gaming (gambling) winnings to prize winners? 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 Χ 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a 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 Χ **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 Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a Х b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с X X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?............ Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?............... b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter: 10a a 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. <u>10b</u> Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which Χ 14a Did the organization receive any payments for indoor tanning services during the tax year?

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response 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 51			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 51			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ationship 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	der the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other	r person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	ed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to el				
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval				37
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during			
	the year by the following:		0-	v	
а	The governing body?		8a	X	_
b	Each committee with authority to act on behalf of the governing body?		8b		_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Int		_	ر د	21
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on b. 1 onoics (This decision b requests information about policies het required by the int	ornar revenue	0000	Yes	No
100	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of				
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	· ·	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	=	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ing the femile.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests t				
	rise to conflicts?	_	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the po-	olicy? If "Yes,"			
	describe in Schedule O how this was done	-	12c	Χ	
13	Did the organization have a written whistleblower policy?		13	Χ	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review an	d approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	_			37
	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		406		
Socti	organization's exempt status with respect to such arrangements?		16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed Section 6104 required an expanization to make its Forms 1023 (or 1024 if applicable) 200 and	1,000 T (Cootier	E04/-	\\(2\c	only)
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and available for public inspection. Indicate how you made these available. Check all that apply.	i aan-i (Section	501(C	,)(3)S	orny)
	X Own website X Another's website X Upon request Other (explain in Sch	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	,	erest i	ماام	/ and
	financial statements available to the public during the tax year.	o, oormiot or file		Juney	,, and
20		ooks and record	s: >		
-	State the name, address, and telephone number of the person who possesses the organization's k KATHERINE HAYS 1331 H STREET, N.W. WASHINGTON, DC 20005 202-386-6673				

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	box,	unles er and	s pe	ition more rson irect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
_(1)ANTHONY_PIERCE BOARD_MEMBER	1.00	X						0.	0.	0.
(2)MARTIN KLEPPER	1.00	21						0.	0.	<u>.</u>
BOARD MEMBER	+	Х						0.	0.	0.
(3)DEBORAH BRAND BAUM	1.00									
BOARD MEMBER	+	Х						0.	0.	0.
(4)JOHN RELMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5)A. SCOTT BOLDEN	1.00									
BOARD MEMBER		X						0.	0.	0.
_(6)JOHN_TBYRNES	1.00									
BOARD MEMBER		Х						0.	0.	0.
_(7)STEVE_BRODY	1.00									
BOARD MEMBER		Х						0.	0.	0.
_(8)GRAEME_WBUSH	1.00									
BOARD MEMBER		X						0.	0.	0.
(9)DAVID S. DANTZIC	1.00							_	_	_
SECRETARY		X		Χ				0.	0.	0.
(10)JONATHAN FEE	1.00									
BOARD MEMBER	1	X						0.	0.	0.
(11) JOAN E. MCKOWN	1.00									0
BOARD MEMBER	1 00	Х						0.	0.	0.
(12)KENNETH KLEIN	1.00			77				0	0.	0
VICE PRESIDENT	1.00	Х		Х				0.	0.	0.
(13)PHILIP_HORTON BOARD_MEMBER	+	X						0.	0.	0.
(14)DANIEL JARCHO	1.00	^						0.	0.	<u> </u>
PRESIDENT		Х		х				0.	0.	0.
11101011		22		21				<u> </u>	0.	000

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Form **990** (2015)

Form 990 (2015)

Part VII Section A. Officers, Directors,	Trustees, Ke	y Em	plo	yee	es,	and I	lig	hest Compensat	ed Employees (continue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted	box, office	unles er and	Pos neck ss pe	rson	e than of is both cor/trust employe	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fr org	(F) stimated nount of other pensation the anization dependence of the state of the	f on n
	line)	Individual trustee or director	Institutional trustee		ployee	Highest compensated employee				1	anizatior	
15) BARBARA KAGAN	1.00							0.	0.			0
BOARD MEMBER 16) DIONNE LOMAX	1.00	X						0.	0.			0.
BOARD MEMBER		X						0.	0.			0.
17) JOHN NANNES	1.00	- 1						0.	0.			
BOARD MEMBER		X						0.	0.			0.
18) MICHAEL NANNES	1.00	- 21						0.	0.			
BOARD MEMBER		Х						0.	0.			0.
19) DEANNE OTTAVIANO	1.00							0.	0.			
BOARD MEMBER		X						0.	0.			0.
20) MARY LOU SOLLER	1.00											
BOARD MEMBER		Х						0.	0.			0.
21) ALON VOGEL	1.00											
BOARD MEMBER		Х						0.	0.			0.
22) KURT RICHTER	1.00											
BOARD MEMBER		Х						0.	0.			0.
23) GERALD HARTMAN	1.00											
BOARD MEMBER		X						0.	0.			0.
24) JOHN HEINTZ	1.00											
BOARD MEMBER		X						0.	0.			0.
25) PETER SPIVACK	1.00											
BOARD MEMBER		X						0.	0.			0.
1b Sub-total								0.	0.			0.
c Total from continuation sheets to Part VII	, Section A							487,384.	0.		26,0	
d Total (add lines 1b and 1c)							<u> </u>	487,384.	0.		26,0	15.
Total number of individuals (including but n reportable compensation from the organiza		hose 4	liste 1	d al	oov	e) who	o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former o employee on line 1a? If "Yes," complete Sch										3		Х
4 For any individual listed on line 1a, is th	e sum of rer	ortab	ole c	:om	ner	satio	า ลเ	nd other compen	sation from the			
organization and related organizations	greater than	\$15	0,0	00?	lf	"Yes	s,"	complete Schedu	le J for such			
individual										4	Х	
5 Did any person listed on line 1a receive for services rendered to the organization? If	or accrue co	mpen	sati	on f	fron	n any	un	related organizati	on or individual	5		Х
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 ▶ 0.

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JSA 5E1055 1.000

Part VII Section A. Officers, Directors, Tru		y⊏n	ibic			and F	ııgı	1		ontinue		
(A) Name and title	Average hours per week (list any hours for related	box,	unles er and	heck ss pe	osition ck more than one person is both an a director/trustee)			(D) Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	am com fre	(F) stimated nount of other pensation om the anization	of ion
	organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)		and	anizatio	d
26) REBECCA TROTH	1.00											
BOARD MEMBER		X						0.	0.			0
27) SCOTT WINKLEMAN	1.00											
BOARD MEMBER		Х						0.	0.			0
28) PETER D. SHIELDS	1.00											
BOARD MEMBER		X						0.	0.			0
29) RONALD J TENPAS	1.00											
BOARD MEMBER	1 00	X						0.	0.			0 .
30) SARAH L. WILSON	1.00								_			0
BOARD MEMBER	1 00	X						0.	0.			0
31) NORA E GARROTE BOARD MEMBER	1.00	X						0.	0.			0
32) MICHAEL PAUL REED	1.00	Λ						0.	0.			0 .
BOARD MEMBER	1.00	X						0.	0.			0 .
33) BETH A. LEVENE	1.00	Λ.						0.	0.			
BOARD MEMBER		Х						0.	0.			0
34) JENNIFER LEVY	1.00											
BOARD MEMBER		Х						0.	0.			0
35) BRADLEY S. LUI	1.00											
BOARD MEMBER		Х						0.	0.			0
36) PHILLIP BARTZ	1.00											
BOARD MEMBER		X						0.	0.			0
1b Sub-total							\blacktriangleright					
c Total from continuation sheets to Part VII, S	ection A						>					
d Total (add lines 1b and 1c)							<u> </u>					
2 Total number of individuals (including but not reportable compensation from the organization				d al	bov	e) who	o re	eceived more than	\$100,000 of			
Teportable compensation from the organization			1								Yes	Nia
2 Did the appropriation list any famous office			4								res	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede	ule J for su	ch ind	livid	ual						3		Х
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	. If	"Yes	5,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? <i>If "Ye</i>										5		Х
Section B. Independent Contractors												
Complete this table for your five highest common compensation from the organization. Report of the compensation from the organization.												

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, Directo		y ⊑n	ipic			and H	ııgr			· ·
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per	(do i	not cl		ition more	e than or	ne	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any	box,	unles	ss pe	rson	is both a	an	from	related	other
	hours for					tor/truste	_	the	organizations	compensation
	related organizations	ndiv	nstit	Officer	е́у є	ligh.	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	dua	utior	er	mpl	est c	<u>е</u>	(W-2/1099-WISC)		and related
	line)	Individual trustee or director	nal tı		Key employee) mp				organizations
		stee	Institutional trustee		U	ens				
			ě			Highest compensated employee				
37) DEAN BUNCH	1.00									
TREASURER SINCE 6/15		X		Х				0.	0.	0
88) ANNEMARGARET CONNOLLY	1.00									
BOARD MEMBER		X						0.	0.	0
39) SAMUEL FEDER	1.00	4								
BOARD MEMBER		X						0.	0.	0
0) ALEX YOUNG K. OH	1.00							•		
BOARD MEMBER	1 00	X				\vdash		0.	0.	0
1) JONICE GRAY TUCKER	1.00							0	0	0
BOARD MEMBER 2) CATHERINE ZIOBRO	1.00	X						0.	0.	0
BOARD MEMBER		X						0.	0.	0
3) PETER THOMAS	1.00					\vdash		0.	0.	0
BOARD MEMBER		X						0.	0.	0
4) KAMI QUINN	1.00								<u> </u>	
BOARD MEMBER		Х						0.	0.	0
5) KIMBERLY PARKER	1.00									
BOARD MEMBER		Х						0.	0.	0
6) KELSI BROWN CORKRAN	1.00									
BOARD MEMBER		X						0.	0.	0
7) ALAN DIAL	1.00									
BOARD MEMBER		X						0.	0.	0
1b Sub-total										
c Total from continuation sheets to Part										
d Total (add lines 1b and 1c)										
2 Total number of individuals (including b reportable compensation from the organ				d at	bov	e) who	re	ceived more than	\$100,000 of	
reportable compensation from the organ	nization 🚩		4							Vac No
2 Did the consciention list and former				4 _						Yes No
3 Did the organization list any forme employee on line 1a? If "Yes," complete										3 X
										3 1
4 For any individual listed on line 1a, is organization and related organization										
individual										4 X
5 Did any person listed on line 1a rece										
for services rendered to the organization										5 X
Section B. Independent Contractors										
1 Complete this table for your five higher										
compensation from the organization. R	eport compensati	on for	r the	cal	lend	dar yea	ar e	nding with or with	nin the organization	n's tax
year.										

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

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

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Form 990 (2015)

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Part VII Section A. Officers, Directors, Tr		y En	npic			and I	Hıg			continue		
(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	erson direct	e than to the isoth tor/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	am comp fro orga and	(F) timated tount of other pensation om the anization d related anizations	
48) TRACY-GENE DURKIN	1.00											_
BOARD MEMBER		Х						0.	0.		C	Э.
49) SHELIA CHESTON	1.00											
BOARD MEMBER		Х						0.	0.		C	Э.
50) MICHAEL CALHOON	1.00											
BOARD MEMBER		Х						0.	0.		C	ο.
51) RICHARD BYRNE	1.00											
BOARD MEMBER		Х						0.	0.		C	ο.
52) THEODORE STONE	1.00											
TREASURER THROUGH 6/15		Х		Х				0.	0.		C	ο.
53) KATHERINE HAYS	40.00											
CHIEF OPERATIONS OFFICER	·			Х				109,840.	0.		9,143	3.
54) ERIC ANGEL	40.00											
EXECUTIVE DIRECTOR				Х				156,244.	0.		4,519	€.
55) GREGG KELLEY	40.00											
DIRECTOR OF DEVELOPMENT						X		110,623.	0.		9,143	3.
56) CHINH LE	40.00											
LEGAL DIRECTOR						X		110,677.	0.		3,210).
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not	Section A	hose	liste				o re	eceived more than	\$100,000 of			_
reportable compensation from the organization	on ►		4								Yes No	_
3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheoo										3	X	
organization and related organizations gr	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such							х				
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y Section B. Independent Contractors										5	Х	:
Complete this table for your five highest concompensation from the organization. Report of the compensation from the organization.												

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 VIII	Statement of Revenue
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		Check if Schedule O contains a respon	nse or note to an	ny line in this Part VII	1		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats	1a	Federated campaigns 1a	447.				
srar our	b	Membership dues					
S, G	C	Fundraising events 1c	936,487.				
gift lar	d	Related organizations	·				
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions) 1e	255,554.				
tio S z	f	All other contributions, gifts, grants,					
ibe F	'	and similar amounts not included above . 1f	3,896,327.				
d d		Noncash contributions included in lines 1a-1f: \$	62,760.				
ပ္က ၕ	g h	Total. Add lines 1a-1f		5,088,815.			
ne			Business Code	2,333,323			
ven	2a	REIMBURSED LEGAL FEES	541100	56,071.	56,071.		
Program Service Revenue	b	ALTIBORGED EDGIE 1 EDG	311100	3070721	3070711		
ice Si	C						
Ser.	d						
E	e						
gra	f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f		56,071.			
	3	Investment income (including divider					
		and other similar amounts). ATTACHMENT		69,641.			69,641.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 489,278.					
	b	Less: cost or other basis					
	"	and sales expenses 484,898.					
	С	Gain or (loss)					
	d	Net gain or (loss)		4,380.			4,380.
_	8a	Gross income from fundraising		-,,,,,,			-,
nne	l oa	events (not including \$936,487.	ATCH 4				
eve		of contributions reported on line 1c).					
يد		See Part IV, line 18	91,718.				
Other Revenue	h	Less: direct expenses b					
0	C	Net income or (loss) from fundraising events		-35,656.			
		Gross income from gaming activities.					
	""	See Part IV, line 19 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances					
	b	Less: cost of goods sold b					
	c	Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions.		5,183,251.	56,071.		74,021.

JSA 5E1051 1.000

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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).

360	ction 501(c)(3) and 501(c)(4) organizations muse. Check if Schedule O contains a resp				
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D) Fundraising
8b,	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations	0			
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	266,085.	219,419.	24,695.	21,971.
6	Compensation not included above, to disqualified	,			· · · · · · · · · · · · · · · · · · ·
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	3,182,282.	2,624,179.	295,342.	262,761.
	Pension plan accruals and contributions (include	·	·		· ·
ŭ	section 401(k) and 403(b) employer contributions)	83,275.	68,674.	7,727.	6,874.
9		264,255.	217,921.	24,519.	21,815.
10	Payroll taxes	258,988.	213,567.	24,036.	21,385.
11	Fees for services (non-employees):				
а	Management	0.			
	Legal	0.			
	Accounting	26,125.	21,543.	2,425.	2,157.
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
1	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	57,393.	47,328.	5,326.	4,739.
12	Advertising and promotion	0.			
13	Office expenses	56,932.	46,947.	5,284.	4,701.
14	Information technology	27,341.	22,547.	2,537.	2,257.
15	Royalties	0.			
16	Occupancy	540,869.	446,012.	50,197.	44,660.
17	Travel	0.			
18					
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	1,657.			1,657.
20	Interest	0.			
21	Payments to affiliates	0.	21 204	2 502	7 17 /
22	Depreciation, depletion, and amortization	37,961. 26,336.	31,304.	3,523.	3,134. 2,175.
23	Insurance	20,330.	21,/1/.	2,444.	2,1/5.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
_		21,894.	18,054.	2,032.	1,808.
_	MT CORT T ANDOLIC	41,623.	34,323.	3,863.	3,437.
	POSTAGE AND SHIPPING	19,913.	8,728.	982.	10,203.
	PRINTING AND PUBLICATIONS	60,588.	8,090.	910.	51,588.
	All other expenses	10,683.	2,050.	10,683.	
	Total functional expenses. Add lines 1 through 24e	4,984,200.	4,050,353.	466,525.	467,322.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	,,====	, ,	,	. ,
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	_			
	10110WING 301 30-2 (A30 330-120)	0.			

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Part X **Balance Sheet**

Cash - non-interest-bearing			Check if Schedule O contains a response o	r note	e to any line in this Pa	art X		
1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sonsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b 159, 836. 1147,025. 10c 185,549. 12 Investments - publicity traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 135,155. 17 119,462. 18 Grants payable 19 Deferred revenue 10 ATCH 7 11 County and the payable to unrelated third parties 10 Cither Isiabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 20 Tax-exempt bond liabilities not included on lines 17-24). Complete Part X of Schedule D 21 Congarizations that follow SFAS 117 (ASC 958), check here X and X			erioek ii corioadio o coritairio a resperioe o	11100		(A)		(B)
2 Savings and temporary cash investments								
2 Savings and temporary cash investments		1	Cash - non-interest-bearing					
4 Accounts receivable, net		2	Savings and temporary cash investments				2	
4 Accounts receivable, net		3	Pledges and grants receivable, net			242,397.	3	277,562.
Source Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule		4	Accounts receivable, net			0.	4	0.
Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(B) voluntary employers beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D Less: accumulated depreciation Investments - publicly traded securities ATCH 6 Notes and loans receivable, net Investments - other securities. See Part IV, line 11 Investments - other securities. See Part IV, line 11 Investments - other securities. See Part IV, line 11 Intrangible assets Other assets. See Part IV, line 11 Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Total assets. Add lines 1 through 15 (must equal line 34) Peferred revenue ATCH 7 ATCH 7 Other assets. See Part IV of Schedule D Tax-exempt bond liabilities Cannot payable and accrued expenses Tast, 15 Secured mortgages and notes payable to unrelated third parties Cannot payable should be current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D Cannot payable and accrued to unrelated third parties 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 Total liabilities, Add lines 17 through 25 Total liabilities. Add lines 17 through 25 Total liabilities. Add lines 17 through 25 Total liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities not included on lines 17-24). Comple		5	Loans and other receivables from current and t	forme	r officers, directors,			
## 4958(f/(1/f)), persons described in section 4958(c(3)(B), and contributing employers and sponsoring organizations of section 501(c(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L								
## 4958(f/(1/f)), persons described in section 4958(c(3)(B), and contributing employers and sponsoring organizations of section 501(c(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L			Complete Part II of Schedule L			0.	5	0.
and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	Loans and other receivables from other disqualified personal 4058(f)(1)), personal described in section 4058(c)(3)(B)	ons (as	defined under section			
organizations (see instructions). Complete Part II of Schedule L. 0. 6 0. 7 0. 0. 7 0. 0. 1 0. 1 0. 1 0. 1 0.								
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation	S						_	0.
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation	set	7	Notes and loans receivable, net					
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation	As	8	Inventories for sale or use				Ť	
ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation		_	· · · · · · · · · · · · · · · · · · ·			34,939.	9	74,137.
b Less: accumulated depreciation. 10b 159,836. 147,025. 10c 185,549. 11 Investments - publicly traded securities ATCH 6 2,017,364. 11 1,604,743. 12 Investments - other securities. See Part IV, line 11 0. 12 0. 13 Investments - program-related. See Part IV, line 11 0. 13 0. 14 Intangible assets. 15 Other assets. See Part IV, line 11 37,847. 15 36,942. 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,893,657. 16 3,024,292. 17 Accounts payable and accrued expenses 135,155. 17 119,462. 18 Grants payable		10 a			245 205			
11 Investments - publicly traded securities ATCH 6 2,017,364 11 1,604,743 12 Investments - other securities. See Part IV, line 11 0 12 0 13 Investments - program-related. See Part IV, line 11 0 13 0 14 Intangible assets 0 14 0 15 Other assets. See Part IV, line 11 37,847 15 36,942 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,893,657 16 3,024,292 17 Accounts payable and accrued expenses 135,155 17 119,462 18 Grants payable 0 18 0 19 Deferred revenue ATCH 7 0 19 50,000 20 Tax-exempt bond liabilities 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 0 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 22 0 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 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 337,456 25 290,732 26 Total liabilities. Add lines 17 through 25 472,611 26 460,194 Organizations that follow SFAS 117 (ASC 958), check here X and X and X X Add X X X X X X X X X						147 005		105 540
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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	"	23				0.	23	0.
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and		24	Unsecured notes and loans payable to unrelated to	third p	arties	0.	24	0.
of Schedule D 337,456. 25 290,732. 26 Total liabilities. Add lines 17 through 25 472,611. 26 460,194. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		25	· · · · · · · · · · · · · · · · · · ·					
26 Total liabilities. Add lines 17 through 25 472,611. 26 460,194. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			•		'			
Organizations that follow SFAS 117 (ASC 958), check here X and			of Schedule D					
Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Petripid carriage and surplus and property and surplus and complete lines 30 through 31.		26				472,611.	26	460,194.
Temporarily restricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Paid-in or capital surplus, or land, building, or equipment fund Patriped carriage and current surplus and complete lines 30 through 31.	Se				k here 🕨 🔼 and			
28 Temporarily restricted net assets 29 Permanently restricted net assets 30 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Posteriord corriege, and surplus assumption of the funds 32 Posteriord corriege, and surplus assumption of the funds	ğ	27				1,419,577.	27	1,594,664.
29 Permanently restricted net assets 444,307. 29 451,438. Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31	3ali						28	517,996.
Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Petriped carriage, and surplus to a surplusted income, or other funds 33 Petriped carriage, and surplus to dispare, or other funds	<u> </u>	29	Permanently restricted net assets			444,307.	29	451,438.
30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Petripod carriage, and surplus and su	or Fui		• ,					
31 Paid-in or capital surplus, or land, building, or equipment fund 31 Patriped carriage and surplus assumptions or other funds 31	ts (30	Capital stock or trust principal, or current funds				30	
¥ 33 Petained cornings and surment accomplicated income or other funds	sse	31	•	ipmer				
32 Retained earnings, endowment, accumulated income, or other funds	Į,	32	Retained earnings, endowment, accumulated inco	ome, o	or other funds		32	
	Net	33	Total net assets or fund balances			2,421,046.	33	2,564,098.
34 Total liabilities and net assets/fund balances 2,893,657. 34 3,024,292.		34	Total liabilities and net assets/fund balances	<u> </u>		2,893,657.	34	3,024,292.

Form **990** (2015)

orm 95	0 (2015)			Pa	age IZ
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	183,	251.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	984,200.		
3	Revenue less expenses. Subtract line 2 from line 1	3		199,	051.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2 ,	421,	046.
5	Net unrealized gains (losses) on investments	5		-55,	999.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2,	564,	098.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain i	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ı	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled c	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?		2 k	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi				
	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	oversigh	nt		
	of the audit, review, or compilation of its financial statements and selection of an independent acc	_		; X	
	If the organization changed either its oversight process or selection process during the tax year, e				
	Schedule O.	•			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth i	n		
	the Single Audit Act and OMB Circular A-133?		3a	1	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	dergo th	ie		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3 k)	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

LEC	BAL	AID SOCIETY OF THE	DISTRICT OF	COLUMBIA			53-	-0196600
Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions	
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 11, ch	neck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st						
5		An organization operated	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	_					
7	X	An organization that norma	•	•	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)		· · · · · · · · · · · · · · · · · · ·				
8		A community trust describe	-		-			
9		An organization that norma						
		receipts from activities rela		•		-		
		support from gross invest						tax) from businesses
		acquired by the organizatio				-		
10		An organization organized	•	•	-			
11		An organization organized		-	-			
		one or more publicly suppo	-			-		
		the box in lines 11a through					•	=
а		Type I. A supporting orga	· ·	•	-			
		the supported organization			elect a m	najority o	f the directors or trus	tees of the supporting
		organization. You must c	-					, , , , , ,
b		Type II. A supporting org	-				· · ·	
		control or management of		=	the sam	ie persor	is that control or man	age the supported
_		organization(s). You must						les into ounce of south
С		Type III functionally integ						ly integrated with,
٦.		its supported organization		-				tad arganization(a)
d		☐ Type III non-functionally that is not functionally into a second control of the s						= ::
		that is not functionally inte	-	-	-		· ·	a an attentiveness
е		requirement (see instruct Check this box if the orga	•	•				I. Typo III
C		functionally integrated, or						і, туре ііі
f	Fn	ter the number of supported		ionally integrated sup	porting	Jigailizai		
		ovide the following information		orted organization(s).				
		ame of supported organization		(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
		· · · · · ·		(described on lines 1-9	1	ur governing	support (see	other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(A)								
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

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

Schedule A (Form 990 or 990-EZ) 2015

Page 2 Schedule A (Form 990 or 990-EZ) 2015

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,314,626.	3,850,639.	4,164,327.	4,627,024.	5,088,815.	21,045,431.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	3,314,626.	3,850,639.	4,164,327.	4,627,024.	5,088,815.	21,045,431.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4.						21,045,431.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	3,314,626.	3,850,639.	4,164,327.	4,627,024.	5,088,815.	21,045,431.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	76,829.	75,107.	93,186.	79,864.	69,641.	394,627.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	-16,910.	-35,876.	-29,906.	-20,269.	20,415.	-82,546.
11	Total support. Add lines 7 through 10						21,357,512.
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup				1		
14	Public support percentage for 2015 (lin		•		ſ	14	98.54%
15	Public support percentage from 2014					15	97.16%
16a	331/3% support test - 2015. If the o	-					.
	this box and stop here. The organization	•		-			
b	331/3% support test - 2014. If the o	•					
	check this box and stop here . The orga	•					
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					-	-
b	Part VI how the organization meets torganization						>
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization	on meets the "	facts-and-circum	stances" test	The organizatio	n qualifies as a	publicly
18	supported organization Private foundation. If the organization	did not check a	a box on line 13,	16a, 16b, 17a,	, or 17b, check	this box and see	
	instructions						<u>▶</u>

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 Page 3

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·	·	·	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
. u	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						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
40	carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
-	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	ation's first. seco	nd, third. fourth	, or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here .	•	·				` ` ` ` _
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8,			mn (f))		15	%
16	Public support percentage from 2014 Sche					16	%
	tion D. Computation of Investmen					- 1	,3
17	Investment income percentage for 2015 (lin			3, column (f))		17	%
18	Investment income percentage from 2014 S					18	%
	331/3% support tests - 2015. If the org						
	17 is not more than 331/3%, check this						
h	331/3% support tests - 2014. If the orga						
~	line 18 is not more than 331/3%, check						. \square
20	Private foundation. If the organization of		•	•			

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Schedule A (Form 990 or 990-EZ) 2015 Page 4

Supporting Organizations Part IV

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

Secti	on A. All Supporting Organizations		1	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1		
•	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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If</i> "Yes," <i>answer</i>			
- u	(b) and (c) below.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	a		
b	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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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	0-		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
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 10b below.	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 1720 to			

10b

determine whether the organization had excess business holdings.)

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scneau	lie A (Form 990 or 990-E2) 2015		- 1	Page 3
Part	Supporting Organizations (continued)		V -	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		l .	
	on or type in explorating or gaining and the		Yes	No
				110
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	_		
Casti		1		
Secti	on D. All Type III Supporting Organizations		V	NI -
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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	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	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
_				No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970. See ir	structions. All
other Type III non-functionally integrated supporting organizations must con	nplete S	ections A through E.	
Section A - Adjusted Net Income		(A) Prior Voor	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Drien Veen	(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall	y-integra	ated Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

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Schedule A (Form 990 or 990-EZ) 2015 Page 7

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount			
_ <u>i</u>	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
6	greater than zero, see instructions). Remaining underdistributions for 2015. Subtract lines 3h			
O	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
а	2.05.0500000000000000000000000000000000			
b				
c	Excess from 2013			
d	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

SCHEDULE A, PART II -	OTHER INCOM	2		:	ATTACHMENT 1	
DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
MISCELLANEOUS INCOME	103.	37.				140.
SPECIAL EVENT INCOME	-43,406.	-36,273.	-30,806.	-44,923.	-35,656.	-191,064.
REIMBURSED LEGAL FEES	26,393.	360.	900.	24,654.	56,071.	108,378.
TOTALS			-29,906.	-20,269.	20.415.	-82,546.

Schedule A (Form 990 or 990-EZ) 2015

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

Schedule of Contributors

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

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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** X 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 or 990-EZ), 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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA

Employer identification number 53-0196600

Part I Contributo	's (see instructions).	. Use duplicate copies	of Part I if additiona	I space is needed.
-------------------	-------------------------------	------------------------	------------------------	--------------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	DC GOVERNMENT		Person X
	1350 PENNSYLVANIA AVENUE, NW SUITE 327	\$ 255,554.	Payroll Noncash
	WASHINGTON, DC 20004		(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		Person X
	1420 NEW YORK AVENUE, NW, SUITE 650	\$1,352,500.	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		Person X
	JUSTICE EVENT UNDER 2%	\$936,487.	Payroll Noncash
	WASHINGTON DC, DC 20005		(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%	\$2,220,314.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	KIRKLAND & ELLIS LLP 655 FIFTEENTH STREET, NW WASHINGTON, DC 20005	\$155,753.	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
6	JONES DAY 51 LOUISIANA AVENUE, NW WASHINGTON, DC 20001	\$105,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA

Employer identification number

53-0196600

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

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

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name or o	organization LEGAL AID SOCIETY OF TH	E DISTRICT OF COLU	MBIA	Employer identification number
				53-0196600
Part III	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions.	ne year from any one c ns completing Part III, er year. (Enter this informa	ontributor. Conter the total of	mplete columns (a) through (e) and exclusively religious, charitable, etc.
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I	(1,7 11,7 11,1 11,1 11,1 11,1 11,1 11,1	(1, 1111)		(,, ,
		(e) Transfer of gi	ft	
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee
	-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gi	ft	
	Transferrale name address and	7ID . 4	Dalationah	in of two of two of two
	Transferee's name, address, and	ZIF + 4	Relationsh	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			-	
		(e) Transfer of gi	ft	
		710 4	5	
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			-	
		(e) Transfer of gi	ft	
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee
	-			

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

If the organization answered "Yes," 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.

	e organization answered "Yes," (see separate instructions), ther	on Form 990, Part IV, line 5 (Proxy	rax) (see separate in	structions) or Form 990-E	Z, Part V, line 35c (Pro
•	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Nam	e of organization			Employer idea	ntification number
LEG		HE DISTRICT OF COLUMBIA		53-019	
Par	rt I-A Complete if the c	organization is exempt under	section 501(c) or i	s a section 527 orgar	nization.
1	Provide a description of the	organization's direct and indirect p	olitical campaign ac	tivities in Part IV.	
2	Political expenditures			▶ \$	
3	Volunteer hours				
Par		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
b	If "Yes," describe in Part IV.				
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3).
1	Enter the amount directly e	expended by the filing organization	for section 527 ex	cempt function	
2		ng organization's funds contributed			
		es			
3		enditures. Add lines 1 and 2. En			
	line 17b			▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5		and employer identification numb s. For each organization listed, en			
		tributions received that were prom			
		nd or a political action committee (F			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(0)	(3) 123 222	(0) =	filing organization's	contributions received an
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization. If
					none, enter -0
(4)					,
(1)					
(2)					
(2)					
(2)					
(3)					
(4)					
(4)					
(5)					
(3)					
(6)					
(0)					

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

Schedule C (Form 990 or 990-EZ) 2015

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Page	4

Sch	redule C (Form 990 or 990-EZ) 2015	LEGAL	AID SOCI	ETY OF THE DI	STRICT OF CO	JEOMBIA 23-0	196600 Page ∠
Pa	art II-A Complete if the org	ganizati	on is exen	npt under sectior	501(c)(3) and	filed Form 5768 (ele	ction under
Α				o an affiliated grou I share of excess l		rt IV each affiliated g litures).	roup member's
В	Check ► if the filing orga	nization	checked I	oox A and "limited	control" provision	ons apply.	
	Limits	on Lobb	ying Expen	ditures		(a) Filing	(b) Affiliated
	(The term "expendit	ures" me	eans amour	nts paid or incurred.)	organization's totals	group totals
1a	a Total lobbying expenditures to	influence	public opini	ion (grass roots lobb	ying)		
	b Total lobbying expenditures to						
	Total lobbying expenditures (ad						
	d Other exempt purpose expendi				_		
	Total exempt purpose expendit						
	Lobbying nontaxable amount.						
	columns.			•			
	If the amount on line 1e, column (a	a) or (b) is:	The lobbyir	ng nontaxable amount	is:		
	Not over \$500,000			amount on line 1e.			
	Over \$500,000 but not over \$1,000	0,000	\$100,000 pl	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,5	500,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17	,000,000	\$225,000 pl	us 5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000		\$1,000,000	•			
Q	g Grassroots nontaxable amount	(enter 25	5% of line 1f)			
h	h Subtract line 1g from line 1a. If	zero or le	ess, enter -0				
i	Subtract line 1f from line 1c. If	zero or le	ss, enter -0-				
j	i If there is an amount other the	nan zero	on either I	ine 1h or line 1i, c	lid the organizat	tion file Form 4720	
	reporting section 4911 tax for t	his year?			<u> </u>		Yes No
				raging Period Unde			
	(Some organizations that						nns below.
		See	the separa	te instructions for I	ines 2a through	2f.)	
		Lobk	ying Expe	nditures During 4-Ye	ear Averaging Pe	riod	I
	Calendar year (or fiscal year beginning in)	(a)	2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	a Lobbying nontaxable amount						
b	b Lobbying ceiling amount (150% of line 2a, column (e))						
	Total lobbying expenditures						
	d Grassroots nontaxable amount						
	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2015

JSA

5E1265 1.000 70493S C021 V 15-5F 45115 PAGE 30

	(a	1)		(b)	
or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed escription of the lobbying activity.	Yes	No	ı	Mount	
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:					
a Volunteers?	X				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X				
c Media advertisements?		Х			
d Mailings to members, legislators, or the public?	X				
e Publications, or published or broadcast statements?		X			
f Grants to other organizations for lobbying purposes?	—	Х		- 11	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X	37		11	.,96
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
Other activities?		Х		11	.,96
Total. Add lines 1c through 1i		х			.,9
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
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? art III-A Complete if the organization is exempt under section 501(c)(4), section 501	(a)(E)		aatian		
501(c)(6).	(0)(0)	, OI S	ection		
				Yes	N
Were substantially all (90% or more) dues received nondeductible by members?				1	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?			• • •	2	
					_
Did the organization agree to carry over lobbying and political expenditures from the prior year?				3	
Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501				3	
art III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"	(c)(5)	or s	ection		<u> </u>
art III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	(c)(5)	or s	ection rt III-A, I		<u> </u>
art III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members	(c)(5) OR (l	o) Pa	ection		3
Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo	(c)(5) OR (l	o) Pa	ection rt III-A, I		3
Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid).	(c)(5) OR (l	o) Pa	ection rt III-A, I		3
Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year	(c)(5) OR (l	of, or s	ection rt III-A, I		S
art III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year	(c)(5) OR (l	of, or s	ection rt III-A, I		3
Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	(c)(5) OR (I	of	ection rt III-A, I 1 2a 2b 2c		S
Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	(c)(5) OR (l	of	ection rt III-A, I		3
Complete if the organization is exempt under section 501(c)(4), section 501 (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	(c)(5) OR (li unts c	of e	ection rt III-A, I 1 2a 2b 2c		3
Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du 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 I	(c)(5) OR (li unts c	of e	ection rt III-A, I 1 2a 2b 2c		3
Complete if the organization is exempt under section 501(c)(4), section 501 (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	(c)(5), OR (I	of solution of	ection rt III-A, I 2a 2b 2c 3		3
Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du 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 I and political expenditure next year?	(c)(5), OR (I	of solution of	ection rt III-A, I 2a 2b 2c 3		3
Complete if the organization is exempt under section 501(c)(4), section 501 (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du 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 I and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	es of thoobyin	of sports	ection rt III-A, I 2a 2b 2c 3	ine 3, is	
Complete if the organization is exempt under section 501(c)(4), section 501 (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du 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 I and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated)	es of thoobyin	of sports	ection rt III-A, I 2a 2b 2c 3	ine 3, is	
Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dulif 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 I and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.	es of thoobyin	of sports	ection rt III-A, I 2a 2b 2c 3	ine 3, is	
Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dulif 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 I and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.	es of thoobyin	of sports	ection rt III-A, I 2a 2b 2c 3	ine 3, is	

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 Page 4

Part IV Supplemental Information (continued)

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

LEGAL AID ENDEAVORS TO MAKE JUSTICE REAL IN INDIVIDUAL AND SYSTEMIC WAYS. ONE SMALL PORTION OF OUR ADVOCACY INVOLVES DIRECT AND GRASSROOTS LOBBYING ON ISSUES OF IMPORTANCE TO OUR CLIENT COMMUNITY WITH RESPECT TO BOTH LEGISLATIVE AND REGULATORY ACTIVITY. IN 2015, FOR INSTANCE, OUR LOBBY EFFORTS WERE PRIMARILY DEVOTED TO ADVOCATING FOR ACCESS TO JUSTICE FUNDING, REVISIONS TO THE FORECLOSURE PROCESS, IMPLEMENTATION OF HEALTH CARE REFORM, AND THE PRESERVATION AND PROPER ADMINISTRATION OF MAJOR PUBLIC BENEFITS PROGRAMS IN THE DISTRICT, PARTICULARLY TEMPORARY ASSISTANCE FOR NEEDY FAMILIES, OR TANF.

Schedule C (Form 990 or 990-EZ) 2015

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

OMB No. 1545-0047

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

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

▶ \$ Schedule D (Form 990) 2015

	rt Organizations Maintaini	ing Collections of	Art Historical T	roseuros	or Othe	ar Similar Ass	ate (contin	Page Z		
3	Using the organization's acquisiti									
•	collection items (check all that app		1000140, 011601	. any or the		at alo a sig	ount ust			
а	Public exhibition									
b	Scholarly research									
С	Preservation for future gene	erations								
4	Provide a description of the orga		and explain how	they further	the orga	anization's exemp	ot purpose	in Part		
	XIII.		•	,	3	·				
5	During the year, did the organizati	on solicit or receive d	onations of art, hist	orical treasu	ures, or o	ther similar				
	assets to be sold to raise funds rat	ther than to be mainta	nined as part of the	organizatior	n's collect	ion?	Yes	No		
	art IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1 a	Is the organization an agent, trust									
	included on Form 990, Part X?						Yes	No		
b	If "Yes," explain the arrangement	in Part XIII and comp	lete the following tab	ole:	1					
						Amount				
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
f	Ending balance				lotodial a	account liability?	Vaa	No		
	Did the organization include an ar						Yes	No		
	If "Yes," explain the arrangement t V Endowment Funds.	III Part Alli. Check ne	ere ii trie explanation	rnas been p	rovided o	II Pait Aiii				
rai	Endowment Funds. Complete if the organiza	ition answered "Ves	" on Form 990 P:	art IV line	10					
	Complete if the organiza	(a) Current year	(b) Prior year	(c) Two year		(d) Three years back	(e) Four ye	ars hack		
	Danis dan afasan balansa	464,026.	394,066.		,378.	292,925.		0,450.		
	Beginning of year balance	20.050	68,750.		,250.	35,500.		2,000.		
	Contributions	,			,					
C	Net investment earnings, gains, and losses	-3,076.	18,137.	41	,059.	25,446.	1	4,159.		
ч	Grants or scholarships									
	Other expenditures for facilities									
·	and programs	19,719.	16,927.	14	,621.	12,493.	1	3,684.		
f	Administrative expenses									
q	End of year balance	172 101	464,026.	394	,066.	341,378.	29	2,925.		
2	Provide the estimated percentage		end balance (line 1g,	column (a))	held as:					
С	Board designated or quasi-endowment ►									
Ja	organization by:	i ale possession of the	o organization that	are neiu all	a aumini	CICION IOI LIIC	Ye	s No		
	(i) unrelated organizations						3a(i)	X		
	(ii) related organizations						3a(ii)	X		
b	If "Yes" on line 3a(ii), are the relati						3b			
4	Describe in Part XIII the intended	uses of the organization	tion's endowment fu	nds.						
Par	rt VI Land, Buildings, and Equ	uipment.	o" on Form 000 F	Oart IV/ line	110 80	o Form 000 Da	rt V ling 1	0		
	Complete if the organization of property	(a) Cost or	other basis (b) Cost of	or other basis other)	(c) Accu	imulated	(d) Book value			
1a	Land									
b	Buildings									
С	Leasehold improvements			164,762.	4	2,459.	122	,303.		
d	Equipment		1	180,623.	11	.7,377.	63	,246.		
	Other									
Tota	al. Add lines 1a through 1e. (Colum	n (d) must equal Forn	n 990, Part X, colum	n (B), line 10	Oc.)	▶	185	,549.		
						Sche	dule D (Form	990) 2015		

Schedule D (Form 990) 2015 Page 3

Part VII	Investments - Other Securities.		
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	-held equity interests		
(3) Other_			
<u>(A)</u>			
(B)			
<u>(C)</u>			
<u>(D)</u>			
(E)			
(F)			
<u>(G)</u>			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII			
Part VIII		d "Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-vear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
-		escription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
_(6)			
_(7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (B)	line 15.)	<u></u>
Part X	Other Liabilities. Complete if the organization answered line 25.	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	e
(1) Feder	ral income taxes		
	RRED LEASE OBLIGATION	290,	732.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 290,	732.
			the organization's financial statements that reports the

Scheau	e D (Form 990) 2015		Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	า.	
1	Total revenue, gains, and other support per audited financial statements	1	22,826,254.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	0-	17 515 620
е	Add lines 2a through 2d	2e 3	17,515,629. 5,310,625.
3	Subtract line 2e from line 1	3	3,310,023.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	-127,374.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,183,251.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	22,683,202.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	2e	17,699,002.
e	Add lines 2a through 2d	3	4,984,200.
3 4	Subtract line 2e from line 1		1,701,2001
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,984,200.
	Supplemental Information.		4.5 (V.)
Provid 2: Pari	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art v, II nation	ne 4; Part X, line
	PAGE 5		
	TAGE 3		

Schedule D (Form 990) 2015

5E1271 1.000

JSA

Part XIII Supplemental Information (continued)

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

EXPENSES FOR FUNDRAISING EVENTS NETTED AGAINST REVENUES.

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

EXPENSES FOR FUNDRAISING EVENTS NETTED AGAINST REVENUES.

SCHEDULE D, PART V, Q4

BARBARA MCDOWELL ENDOWMENT FUND

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

SCHEDULE D, PART V, Q4

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

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

CASH PRIZE TO AN ATTORNEY WHO HAS DEMONSTRATED OUTSTANDING VOLUNTEER

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

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

RECOGNITION EVENT AND UNDERWRITING THE COST OF TRAINING FOR LEGAL

ATTORNEYS.

Schedule D (Form 990) 2015

JSA 5E1226 1.000

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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Ivaille	of the organization					Linployer identification	on number
LEG	AL AID SOCIETY OF THE DIST					53-0196600	
Part	Fundraising Activities. Con				l "Yes" on Form	990, Part IV, line	17.
_ ai	TOTTI 990-EZ IIIEIS ATE HOL	<u> </u>					
1	Indicate whether the organization raise	sed funds through a	any of the	following	activities. Check	all that apply.	
а	Mail solicitations	е	Solid	itation of	non-government o	grants	
b	Internet and email solicitations	f	Solid	itation of	government grant	S	
С	Phone solicitations	g	Spec	cial fundra	ising events		
d	In-person solicitations						
2a	Did the organization have a written o	r oral agreement w	ith any ind	dividual (in	ncluding officers. o	directors, trustees	
	or key employees listed in Form 990						Yes No
b	If "Yes," list the ten highest paid ind						fundraiser is to be
	compensated at least \$5,000 by the	organization.	•	, .	•		
			(iii) Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual	(ii) Activity		or control of	(iv) Gross receipts	(or retained by) fundraiser listed in	(or retained by)
	or entity (fundraiser)		contrib	outions?	from activity	col. (i)	organization
			Yes	No			
1							
2							
3							
4							
-5							
6							
7							
8							
9							
10							
		•					
Total							
3	List all states in which the organiza				contributions or	has been notified	it is exempt from
	registration or licensing.	J					•

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

Schedule G (Form 990 or 990-EZ) 2015

Schedule G (Form 990 or 990-EZ) 2015

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

		gross receipts greater than \$5,00	JO.			
			(a) Event #1 SERVANT OF JUST	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne			, ,,,		· · · · · · · · · · · · · · · · · · ·	
Revenue	1	Gross receipts	1,028,205.			1,028,205
_	2	Less: Contributions	936,487.			936,487
		Gross income (line 1 minus				
		line 2)	91,718.			91,718
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs				
t Expe	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	127,374.			127,374
	10	Direct expense summary. Add lines 4	through 9 in column (d)		•	127,374
	11	Net income summary. Subtract line 1	0 from line 3, column (d))		-35,656
Pa		Gaming. Complete if the orga	anization answered "Y			orted more
		than \$15,000 on Form 990-E	Z, line 6a.			
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				ggg-		
Ϋ́	1	Gross revenue				
es	2	Cash prizes				
xbens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
Ц	5	Other direct expenses				
		Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary. Add lines 2	through 5 in column (d)			
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)		
9	Ε.	nter the state(s) in which the organizat	ion conducts gaming ac	tivities:		
a	IS If	the organization licensed to conduct g	gaming activities in each	of these states?		Yes No
i.	, 11	"No," explain:				
	_					
		Vere any of the organization's gaming I	icenses revoked, suspe	nded or terminated durir	ng the tax year?	Yes No
b	lf	"Yes," explain:				
	_					

Schedule G (Form 990 or 990-EZ) 2015

LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA

Sched	lule G (Form 990 or 990-EZ) 2015
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?
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
b	revenue?
	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	
.	retain the state gaming license?
b	or spent in the organization's own exempt activities during the tax year > \$
Par	

Schedule G (Form 990 or 990-EZ) 2015

JSA 5E1503 1.000

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA

Employer identification number 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 (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or réimbursement 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 in line			
	1a?	2		
3	Indicate which, if any, of the following the filing 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			
•	organization or a related organization: Receive a severance payment or change-of-control payment?	4a		Х
a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		21
	The real territor to any or miles to the percent and provide the applicable amounts for each term in rate in			
	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:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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 non-fixed			7.7
•	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
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			77
	in Part III	8		X
9	Regulations section 53.4958-6(c)?	9		
	100 galaciono 000 cion 00.7000 0(0): 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	J		1

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

Schedule J (Form 990) 2015

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Schedule J (Form 990) 2015

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 are not listed on Form 990, Part VII.

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ERIC ANGEL	(i)	156,244.	0.	0.	4,519.		160,763.	
1EXECUTIVE DIRECTOR	(ii)	0.	0.	0.				
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
44	(i) (ii)							
14								
45	(i) (ii)							
15								
40	(i) (ii)							
16	(11)							

Schedule J (Form 990) 2015

JSA 5E1291 1.000

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Schedule J (Form 990) 2015 Page 3

Part | Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2015

JSA 5E1505 1.000

70493S C021 V 15-5F 45115

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2015

Open To Public Inspection

Employer identification number

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

	(-) NI (-1:1: C1	(b) Relationship between disqualified person and	(a) December of the extra	(d) C	orrected?
•	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by	the organization managers or disqualified p	ersons during the year	•	
	under section 4958		> \$		
3	Enter the amount of tax, if any, on li	ne 2, above, reimbursed by the organization.			

Part | Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In o	lefault?	(h) Ap by bo comm	ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Part | Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2015

Schedule L (Form 990 or 990-EZ) 2015

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
(1) JENNIFER K JOSEPH	DAUGHTER OF BOARD MEMBER	52,591.	WAGES		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

70493S C021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA

Employer identification number 53-0196600

	AL AID SOCIETI OF THE DIS	JIKICI OI	COLUMBIA		33-0190000	<u>, </u>		
Par	Types of Property							
		(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 noncash cont			
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	X		17.015	TDN 45.7			
9	Securities - Publicly traded	X		17,215.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
14	structures							
14	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 ►(ATCH 1)			45,545.				
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for				
	which the organization completed F		•		29			
							Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			i
	28, that it must hold for at least th	ree years fr	om the date of the initial c	contribution, and which is	not required			
	to be used for exempt purposes for	the entire h	olding period?			30a		X
b	If "Yes," describe the arrangement in	n Part II.						
31	Does the organization have a	gift accept	ance policy that require	s the review of any r	ion-standard			
	contributions?					31		Х
32a	Does the organization hire or use	third parti	es or related organization	s to solicit, process, or s	sell noncash			
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization did not report ar	amount in	column (c) for a type of pro	perty for which column (a) is checked,			
	describe in Part II.							

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

Schedule M (Form 990) (2015)

45115

53-0196600 Schedule M (Form 990) (2015)

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

45,545.

Page 2

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

(D) METHOD OF (B) NUMBER OF (C) REVENUES DESCRIPTION (A) CHECK CONTRIBUTIONS REPORTED DETERMINING 45,545. COMPUTER EQUIPMENT Χ FMV

Schedule M (Form 990) (2015) JSA

5E1508 1.000

TOTALS

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2015
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990 or 990-EZ.

Employer identification number

53-0196600

LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA

FORM 990, PART VI, LINE 11B

THE EXECUTIVE DIRECTOR, CHIEF OPERATING OFFICER, AND CONTROLLER REVIEW

THE FORM 990, WHICH IS PREPARED BY AN INDEPENDENT CPA FIRM, BEFORE

DISSEMINATING TO BOARD MEMBERS AND FILING WITH THE IRS.

FORM 990, PART VI, LINE 15

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

FORM 990, PART VI, LINE 12C

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

FORM 990, PART VI, LINE 19

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

FORM 990, PART VI, LINE 2

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

Name of the organization
LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA

Employer identification number

53-0196600

ATTACHMENT 1

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

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

ATTACHMENT 2

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

THE LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA WORKS TO ENSURE THAT FAMILIES, INDIVIDUALS AND COMMUNITIES LIVING IN POVERTY HAVE EQUAL AND MEANINGFUL ACCESS TO JUSTICE. LEGAL AID PROVIDES ADVICE, BRIEF ASSISTANCE, REPRESENTATION, AND REFERRALS TO THOUSANDS OF CLIENTS EACH YEAR. IN ADDITION TO DIRECT CLIENT SERVICES, LEGAL AID STAFF ADVOCATE FOR SYSTEMIC CHANGE ON MATTERS THAT GROW DIRECTLY OUT OF OUR INDIVIDUAL CASES. WHILE THE DEMAND FAR OUTSTRIPS OUR CAPACITY, WE ATTEMPT TO TAKE THOSE CASES IN WHICH AN ATTORNEY CAN MAKE THE MOST DIFFERENCE. OUR CORE

Name of the organization

LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA

Employer identification number 53-0196600

ATTACHMENT 2 (CONT'D)

PRIORITIES INCLUDE: KEEPING PEOPLE HOUSED: HUNDREDS OF TENANTS EACH YEAR AVOID EVICTION OR HAVE SERIOUS HOUSING CONDITIONS CORRECTED AS A RESULT OF LEGAL AID'S WORK. OUR HOUSING LAWYERS DEFEND AGAINST IMPROPER EVICTIONS IN COURT, ASSIST PUBLIC HOUSING TENANTS TO PRESERVE SUBSIDIES, FIGHT ILLEGAL RENT INCREASES, AND WORK TO ENSURE THAT TENANTS ARE NOT IMPROPERLY DISPLACED BY DEVELOPMENT. SECURING ACCESS TO HEALTH CARE AND PUBLIC BENEFITS: LEGAL AID ASSISTS CLIENTS WHO HAVE BEEN WRONGFULLY DENIED ENROLLMENT, IMPROPERLY TERMINATED, OR UNJUSTLY DENIED SERVICES. THROUGH DIRECT REPRESENTATION IN ADMINISTRATIVE LITIGATION, TRAINING OF CLIENTS TO ADVOCATE ON THEIR OWN BEHALF, AND ADVOCACY WITH AGENCY OFFICIALS TO ACHIEVE REFORM, LEGAL AID WORKS TO ENSURE THAT NECESSARY BENEFITS AND SERVICES ARE AVAILABLE TO ALL WHO QUALIFY. SECURING SAFETY FROM DOMESTIC VIOLENCE AND FINDING FAMILY STABILITY: POVERTY HAS A PROFOUND EFFECT ON FAMILIES. NOT SUPRISINGLY, MOST CASES HANDLED BY LEGAL AID TOUCH ON THE LIVES OF CHILDREN IN SOME WAY, EITHER BECAUSE THEY DIRECTLY INVOLVE ISSUES OF FAMILY VIOLENCE, CUSTODY AND CHILD SUPPORT, OR BECAUSE THEY ADDRESS CONDITIONS IN A CHILD'S HOME OR INCOME FOR A CHILD'S FAMILY. LEGAL AID GIVES PRIORITY TO THOSE ISSUES MOST SEVERELY BURDENING POOR FAMILIES. DOMESTIC VIOLENCE, CHILD CUSTODY, VISITATION RIGHTS AND CHILD SUPPORT MAKE UP THE CORE OF OUR FAMILY LAW PRACTICE. CONSUMER LAW: LEGAL AID PROVIDES MUCH-NEEDED REPRESENTATION TO HOMEOWNERS FACING FORECLOSURE AND TO PERSONS FACING ABUSIVE DEBT COLLECTION PRACTICES. APPELLATE: LEGAL AID

Name of the organization LEGAL AID SOCIETY OF THE DISTRI	CT OF COLUMBIA		Employer identificatio	
			ATTACHMENT 2	
				(601/1 2)
HAS A NATIONALLY-RECOGNIZED AP	PPELLATE PROGRAM, THE B	ARBARA		
MCDOWELL APPELLATE ADVOCACY PR	ROGRAM, WHICH LITIGATES	POVERTY LAW		
CASES BEFORE THE DISTRICT OF C	COLUMBIA'S HIGHEST COUR	т.		
FORM OOD DARK WITH THEREMEN	III. TNGOME		ATTACHMENT 3	
<u> FORM 990, PART VIII - INVESTMEN</u>	NI INCOME			
	(A) TOTAL	(B) RELATED OR	(C) UNRELATED	(D) EXCLUDE
DESCRIPTION		EMPT REVENUE	BUSINESS REV.	REVENUE
INTEREST	69,641.			69,641
TOTALS	69,641.		_	69,641
			=	
			=	
			=	
FORM 990, PART VIII - EXCLUDED			ATTACHMENT 4	
			ATTACHMENT 4	
DESCRIPTION	CONTRIBUTIONS		ATTACHMENT 4	
DESCRIPTION SPECIAL EVENT	CONTRIBUTIONS AMOUNT 936,487.		ATTACHMENT 4	
DESCRIPTION SPECIAL EVENT	CONTRIBUTIONS AMOUNT		ATTACHMENT 4	
DESCRIPTION SPECIAL EVENT	CONTRIBUTIONS AMOUNT 936,487.		ATTACHMENT 4	
FORM 990, PART VIII - EXCLUDED DESCRIPTION SPECIAL EVENT TOTAL	CONTRIBUTIONS AMOUNT 936,487.			
DESCRIPTION SPECIAL EVENT	<u>AMOUNT</u> 936,487.		ATTACHMENT 4 ATTACHMENT 5	
DESCRIPTION SPECIAL EVENT FOTAL	AMOUNT 936,487. 936,487.	DIDEGE		
DESCRIPTION SPECIAL EVENT TOTAL FORM 990, PART VIII - FUNDRAISI	<u>AMOUNT</u> 936,487.	DIRECT EXPENSE	ATTACHMENT 5	NET INCOME
DESCRIPTION SPECIAL EVENT FOTAL	CONTRIBUTIONS AMOUNT 936,487. 936,487. ING EVENTS GROSS	EXPENSE	ATTACHMENT 5	NET

ATTACHMENT 6

Schedule O (Form 990 or 990-EZ) 2015				Page 2
Name of the organization				Employer identification number
LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA				53-0196600
			ATT	ACHMENT 6 (CONT'D)
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES				
	BEG	INNING	E	NDING
DESCRIPTION		K VALUE		K VALUE
EXCHANGE-TRADED FUNDS		631,541.		629,220.
FIXED INCOME SECURITIES	1	,364,436.		959,597.
COMMON STOCK		21,387.		15,926.
COMMON STOCK		21,307.		13,320.
TOTA	ALS2	,017,364.		1,604,743.
			-	
			É	ATTACHMENT 7

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION

DEFERRED REVENUE

TOTALS

ENDING
BOOK VALUE

50,000.