

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2013, or fiscal year beginning JUL 1, 2013, and ending JUN 30, 2014**2013**Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**▶ **Information about Form 8879-EO and its instructions is at** www.irs.gov/form8879eo

Name of exempt organization

Employer identification number

THE LEGAL AID SOCIETY**13-5562265**

Name and title of officer

SEYMOUR W JAMES**ATTORNEY-IN-CHIEF****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

| | | |
|---|---|-------------------------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b <u>224,721,646.</u> |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) | 5b _____ |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only☒ I authorize MCGLADREY LLP

ERO firm name

to enter my PIN 13556Enter five numbers, but
do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

26003603613

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ MCGLADREY LLP

Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2013)323051
10-01-13

10180202 759915 6846726

2013.05040 THE LEGAL AID SOCIETY

68467261

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2013Open to Public
Inspection**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

| | | | |
|---|---|------------|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization THE LEGAL AID SOCIETY | | D Employer identification number 13-5562265 |
| | Doing Business As | | E Telephone number 212-577-3300 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 226,037,984. |
| | 199 WATER STREET | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10038 | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |
| F Name and address of principal officer: SEYMOUR W. JAMES SAME AS C ABOVE | | | H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: ▶ WWW.LEGAL-AID.ORG | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation: 1876 M State of legal domicile: NY |

Part I Summary

| | | | |
|------------------------------------|---|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE QUALITY LEGAL REPRESENTATION TO LOW-INCOME NEW YORKERS | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 53 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 53 |
| | 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) | 5 | 1916 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 3417 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |
| Revenue | 8 Contributions and grants (Part VII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VII, line 1g) | 217,227,15. | 224,418,923. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 144,315. | 202,595. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 186,788. | 194,827. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | -155,673. | -94,699. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 217,798,145. | 224,721,646. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 14,292. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 175,955,062. | 185,815,278. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 938,404. | 108,335. | 93,686. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 33,132,206. | 38,122,175. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 209,195,603. | 224,045,431. |
| Net Assets or Fund Balances | 19 Revenue less expenses. Subtract line 18 from line 12 | 8,602,542. | 676,215. |
| | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 66,885,317. | 66,079,860. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 104,724,839. | 105,491,432. |
| | | -37,839,522. | -39,411,572. |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | |
|-------------------------------|---|--------------------------------|---|
| Sign Here | Signature of officer | | Date |
| | SEYMOUR W. JAMES, ATTORNEY-IN-CHIEF | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date |
| | MARTIN GREIF | | |
| | Firm's name ▶ MCGLADREY LLP | Firm's EIN ▶ 42-0714325 | Check if self-employed <input type="checkbox"/> PTIN P00029738 |
| | Firm's address ▶ 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036-2602 | Phone no. 212-372-1000 | |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

THE LEGAL AID SOCIETY IS A PRIVATE, NOT-FOR-PROFIT LEGAL SERVICES ORGANIZATION, THE OLDEST AND LARGEST IN THE NATION, DEDICATED SINCE 1876 TO PROVIDING QUALITY LEGAL REPRESENTATION TO LOW-INCOME NEW YORKERS. IT IS DEDICATED TO ONE SIMPLE BUT POWERFUL BELIEF:

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 136,089,666. including grants of \$) (Revenue \$)
 CRIMINAL PRACTICE - REPRESENTED NYC INDIGENT CLIENTS INVOLVING CRIMINAL DEFENSE TRIAL, APPELLATE, POST-CONVICTION AND PAROLE REVOCATION DEFENSE MATTERS. IT IS ESTIMATED THAT THE CRIMINAL PRACTICE HANDLED SOME 235,000 NEW CLIENT MATTERS THIS YEAR.

4b (Code:) (Expenses \$ 40,641,050. including grants of \$) (Revenue \$)
 JUVENILE RIGHTS PRACTICE - REPRESENTED CHILDREN AND YOUNG ADULTS WHO ARE THE SUBJECT OF ABUSE AND NEGLECT, DELINQUENCY AND OTHER MATTERS IN THE NYC FAMILY COURT. IT IS ESTIMATED THAT THE JUVENILE RIGHTS PRACTICE HANDLED SOME 33,000 ONGOING CLIENT MATTERS THIS YEAR.

4c (Code:) (Expenses \$ 33,290,701. including grants of \$ 14,292.) (Revenue \$ 202,595.)
 CIVIL PRACTICE - PROVIDED CIVIL LEGAL ASSISTANCE TO LOW-INCOME NEW YORKERS AND HANDLED SOME 46,000 CLIENT MATTERS THIS YEAR. (INCLUDING NEW MATTERS AND MATTERS THAT WERE ACCEPTED FOR ASSISTANCE LAST YEAR AND RESOLVED THIS YEAR).

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **210,021,417.**

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)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | 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? <i>If "Yes," complete Schedule C, Part II</i> | X | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part I</i> | | 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? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part IV</i> | X | |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c 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? <i>If "Yes," complete Schedule D, Part VIII</i> | | 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? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | X | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |

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Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-------------|----|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If so, complete Schedule L, Part II</i> | 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? <i>If "Yes," complete Schedule L, Part III</i> | 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): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 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? <i>If "Yes," complete Schedule R, Part I</i> | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 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 | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 38 X | |

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

| | | Yes | No |
|------------|--|------|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 291 | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 0 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | X |
| 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 | 1916 | |
| 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) | 2b | X |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | 3b | |
| 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 account)? | 4a | X |
| b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | X |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 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. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | |

Form 990 (2013)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section 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 53 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 53 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 | | X |
| 6 Did the organization have members or stockholders? 6 | X | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a | X | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? 8a | X | |
| b Each committee with authority to act on behalf of the governing body? 8b | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | Yes | No |
|--|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? 10a | | X |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a | X | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a | X | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b | X | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c | X | |
| 13 Did the organization have a written whistleblower policy? 13 | X | |
| 14 Did the organization have a written document retention and destruction policy? 14 | X | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a 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 similar arrangement with a taxable entity during the year? 16a | | X |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b | | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NY, NJ, CT**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
SANDRA SCOTT - 212-577-3283
199 WATER STREET, NEW YORK, NY 10038

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

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

☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****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 related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) RICHARD J. DAVIS CHAIRMAN OF THE BOARD OF DIRECTORS | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (2) BLAINE (FIN) V. FOGG PRESIDENT | 20.00 | X | | X | | | | 0. | 0. | 0. |
| (3) DOUGLAS F. CURTIS VICE CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (4) MARK P. GOODMAN VICE CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (5) MEL M. IMMERGUT VICE CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (6) DANIEL F. KOLB VICE CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (7) RANDY MASTRO VICE CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (8) EUGENE F. ASSAF DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) FRANCIS P. BARRON DIRECTOR (THRU 11/2013) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) STUART J. BASKIN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) PETER A. BICKS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) STEVEN M. BIERMAN DIRECTOR (FROM 12/2013) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) NICHOLAS M. CANNELLA DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) WILLIAM F. CAVANAUGH, JR. DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) THOMAS M. CERABINO DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) CHRISTOPHER P. CONNIFF DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) DAVID A. CRICLOW DIRECTOR (THRU 11/2013) | 1.00 | X | | | | | | 0. | 0. | 0. |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) WILLIAM R. DOUGHERTY DIRECTOR (FROM 4/2014) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) DIMITRIOS T. DRIVAS DIRECTOR (THRU 11/2013) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) MARCY ENGEL DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) ERIC J. FRIEDMAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) MATTHEW S. FURMAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) STUART GOLD DIRECTOR (THRU 11/2013) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) WILLIS J. GOLDSMITH DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) MORTON E. GROSZ DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) NOAH J. HANFT DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 2,063,779. | 0. | 765,433. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,063,779. | 0. | 765,433. |

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

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

| | Yes | No |
|---|-----|----|
| 3 | | X |
| 4 | X | |
| 5 | | X |

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 |
|--|------------------------------------|---------------------|
| SIGNATURE CLEANING SERVICES 231 W 29TH STREET, NEW YORK, NY 10001 | CLEANING SERVICES | 301,719. |
| ADP PO BOX 842875, BOSTON, MA 02284-2875 | PAYROLL PROCESSING FEES/HR FEES | 297,251. |
| MCGLADREY LLP 5155 PAYSHERE CIRCLE, CHICAGO, IL 60674 | AUDIT & TAX SERVICES | 154,079. |
| MERCER HEALTH & BENEFITS LLC PO BOX 13793, NEWARK, NJ 07188-0793 | BENEFITS CONSULTING | 147,500. |
| BUCK CONSULTANTS LLC PO BOX 202617, DALLAS, TX 75320-2617 | BENEFITS CONSULTING/ACTUARY | 123,803. |

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

5

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2013)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) JAMES D. HERSCHLEIN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (28) TRACY RICHELLE HIGH DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (29) DAVID G. HILLE DIRECTOR (FROM 1/2014) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (30) MICHELE HIRSHMAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (31) VICTOR L. HOU DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (32) MATTHEW W.D. INGBER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (33) DAVID G. JANUSZEWSKI DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (34) JEFFREY L. KESSLER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (35) STEVEN G. KOBRE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (36) ALAN LEVINE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (37) GARY G. LYNCH DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (38) GREGORY A. MARKEL DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (39) AARON MARKS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (40) THEODORE V.H. MAYER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (41) WILLIAM MCGUINNESS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (42) ROGER MELTZER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (43) NEIL MERKL DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (44) PAMELA MILLER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (45) SARA E. MOSS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (46) MARTIN NUSSBAUM DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (47) VINCENT PAGANO, JR. DIRECTOR (THRU 11/2013) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (48) A. ROBERT PIETRZAK DIRECTOR (THRU 11/2013) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (49) RICHARD A. ROTHMAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (50) BRADLEY I. RUSKIN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (51) MILES N. RUTHBERG DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (52) JANE SHERBURNE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (53) ALAN SIEGEL DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (54) GARY STEIN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (55) JEREMY H. TEMKIN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (56) CHRISTINE A. VARNEY DIRECTOR (FROM 12/2013) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (57) PAUL F. WASHINGTON DIRECTOR (THRU 11/2013) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (58) CHARLES WEINSTEIN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (59) JONATHAN B. WHITNEY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (60) MARC WOLINSKY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (61) STEVEN BANKS ATTORNEY-IN-CHIEF (THRU 3/2014) | 35.00 | | | X | | | | 212,929. | 0. | 83,883. |
| (62) SCOTT A ROSENBERG GENERAL COUNSEL | 35.00 | | | X | | | | 161,141. | 0. | 77,575. |
| (63) SANDRA SCOTT CHIEF FINANCIAL OFFICER | 35.00 | | | X | | | | 182,945. | 0. | 37,248. |
| (64) ALLAN J. FOX CHIEF HR OFFICER | 35.00 | | | | X | | | 205,139. | 0. | 39,951. |
| (65) SEYMOUR W JAMES ATTORNEY-IN-CHIEF-CRIMINAL | 35.00 | | | | X | | | 158,234. | 0. | 107,358. |
| (66) TAMARA A STECKLER ATTORNEY-IN-CHIEF-JRP | 35.00 | | | | X | | | 172,624. | 0. | 36,611. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (67) ADRIENE L HOLDER ATTORNEY-IN-CHIEF-CIVIL | 35.00 | | | | X | | | 173,323. | 0. | 23,823. |
| (68) JUSTINE LUONGO DEPUTY ATTORNEY-IN-CHIEF-CRIMINAL | 35.00 | | | | | X | | 168,940. | 0. | 20,617. |
| (69) IRWIN SHAW ATTORNEY-IN-CHIEF | 35.00 | | | | | X | | 166,183. | 0. | 159,950. |
| (70) JOHN C NEEDHAM SUPERVISING ATTORNEY | 35.00 | | | | | X | | 156,714. | 0. | 79,372. |
| (71) EZRA M MILLER SR. DIRECTOR OF FINANCE | 35.00 | | | | | X | | 154,769. | 0. | 36,625. |
| (72) DAWN C RYAN ATTORNEY-IN-CHARGE-CRIMINAL | 35.00 | | | | | X | | 150,838. | 0. | 62,420. |
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| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | 2,063,779. | | 765,433. |

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|--|--|----------------|----------------------|---|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | 2,677. | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | 3,493,555. | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 203,865,506. | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 17,057,185. | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | 271,427. | | | |
| | h | Total. Add lines 1a-1f | | 224,418,923. | | | |
| Program Service Revenue | 2 a | COURT AWARDS | Business Code | 900099 | 202,595. | 202,595. | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 202,595. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 111,245. | | | 111,245. |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6 a | Gross rents | (i) Real | (ii) Personal | | | |
| | b | Less: rental expenses | | | | | |
| | c | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | b | Less: cost or other basis and sales expenses | | | | | |
| | c | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | | | 83,582. | | 83,582. |
| | 8 a | Gross income from fundraising events (not including \$ 3,493,555. of contributions reported on line 1c). See Part IV, line 18 | a | 158,340. | | | |
| | b | Less: direct expenses | b | 264,566. | | | |
| | c | Net income or (loss) from fundraising events | | -106,226. | | | -106,226. |
| | 9 a | Gross income from gaming activities. See Part IV, line 19 | a | | | | |
| | b | Less: direct expenses | b | | | | |
| | c | Net income or (loss) from gaming activities | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | a | | | | | |
| b | Less: cost of goods sold | b | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| 11 a | MISC. INCOME | 900099 | 11,527. | | | 11,527. | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | 11,527. | | | | |
| 12 | Total revenue. See instructions. | | 224,721,646. | 202,595. | 0. | 100,128. | |

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | 14,292. | 14,292. | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,641,669. | 1,562,561. | 73,881. | 5,227. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 127,083,943. | 120,948,477. | 5,728,106. | 407,360. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 19,499,414. | 18,568,573. | 870,831. | 60,010. |
| 9 Other employee benefits | 26,938,882. | 25,652,856. | 1,203,109. | 82,917. |
| 10 Payroll taxes | 10,651,370. | 10,142,883. | 475,701. | 32,786. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 126,291. | | 126,291. | |
| d Lobbying | 58,500. | | 58,500. | |
| e Professional fundraising services. See Part IV, line 17 | 93,686. | | | 93,686. |
| f Investment management fees | 19,349. | | 19,349. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 202,420. | 93,417. | 109,003. | |
| 12 Advertising and promotion | 182,468. | 70,461. | 98,199. | 13,808. |
| 13 Office expenses | 1,377,584. | 1,054,284. | 315,381. | 7,919. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 17,473,725. | 15,959,605. | 1,398,203. | 115,917. |
| 17 Travel | 667,388. | 640,775. | 26,526. | 87. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 51,101. | 19,733. | 27,501. | 3,867. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,773,755. | 1,233,047. | 540,708. | |
| 23 Insurance | 721,473. | 687,788. | 30,721. | 2,964. |
| 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.) | | | | |
| a CONTRIBUTED SOFTWARE | 5,993,235. | 5,993,235. | | |
| b EQUIP RENTAL & MAINT | 4,390,316. | 3,382,075. | 983,118. | 25,123. |
| c OTHER EXPENSES | 1,667,743. | 662,697. | 923,579. | 81,467. |
| d COMMUNICATIONS | 1,073,223. | 1,004,838. | 63,251. | 5,134. |
| e All other expenses | 2,343,604. | 2,329,820. | 13,652. | 132. |
| 25 Total functional expenses. Add lines 1 through 24e | 224,045,431. | 210,021,417. | 13,085,610. | 938,404. |
| 26 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)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 34,161,632. | 1 | 20,363,986. |
| | 2 Savings and temporary cash investments | 3,172,561. | 2 | 13,157,516. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 14,375,626. | 4 | 24,005,339. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 791,961. | 9 | 760,053. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 24,266,122. | | |
| | b Less: accumulated depreciation | 10b 19,780,763. | | |
| | | 11,511,542. | 10c | 4,485,359. |
| | 11 Investments - publicly traded securities | 2,871,995. | 11 | 3,307,607. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| 15 Other assets. See Part IV, line 11 | | 15 | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 66,885,317. | 16 | 66,079,860. | |
| Liabilities | 17 Accounts payable and accrued expenses | 27,943,974. | 17 | 29,284,055. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 8,541,684. | 19 | 6,758,345. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 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 | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 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 | 68,239,181. | 25 | 69,449,032. |
| | 26 Total liabilities. Add lines 17 through 25 | 104,724,839. | 26 | 105,491,432. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | -42,295,695. | 27 | -44,200,149. |
| | 28 Temporarily restricted net assets | 2,390,150. | 28 | 2,722,554. |
| | 29 Permanently restricted net assets | 2,066,023. | 29 | 2,066,023. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | -37,839,522. | 33 | -39,411,572. |
| | 34 Total liabilities and net assets/fund balances | 66,885,317. | 34 | 66,079,860. |

Form 990 (2013)

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 | 224,721,646. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 224,045,431. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 676,215. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | -37,839,522. |
| 5 | Net unrealized gains (losses) on investments | 5 | 313,186. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -2,561,451. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | -39,411,572. |

Part XII Financial Statements and Reporting

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

☐

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | X | |

Form 990 (2013)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

Name of the organization

THE LEGAL AID SOCIETY

Employer identification number
13-5562265

| | |
|---------------|--|
| Part I | Reason for Public Charity Status (All organizations must complete this part.) See instructions. |
|---------------|--|

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the supported organization(s).

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2013

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|--------------|--------------|--------------|--------------|--------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 169,877,235. | 175,339,560. | 185,814,517. | 217,622,715. | 224,418,923. | 973,072,950. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 169,877,235. | 175,339,560. | 185,814,517. | 217,622,715. | 224,418,923. | 973,072,950. |
| 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) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 973,072,950. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|--------------|--------------|--------------|--------------|--------------|--------------|
| 7 Amounts from line 4 | 169,877,235. | 175,339,560. | 185,814,517. | 217,622,715. | 224,418,923. | 973,072,950. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 93,808. | 91,211. | 99,543. | 111,343. | 111,245. | 507,150. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 6,009. | 698. | 106,128. | 1,271. | 11,527. | 125,633. |
| 11 Total support. Add lines 7 through 10 | | | | | | 973,705,733. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 3,248,122. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---------|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.94 % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | 99.90 % |
| 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> | | |

Schedule A (Form 990 or 990-EZ) 2013

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a 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 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV

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, LINE 10, EXPLANATION FOR OTHER INCOME:

MISC. INCOME

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2013

Open to Public
Inspection

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

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

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

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

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

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

| | |
|--|---|
| Name of organization THE LEGAL AID SOCIETY | Employer identification number 13-5562265 |
|--|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$

3 Volunteer hours ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b ▶ \$

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

Schedule C (Form 990 or 990-EZ) 2013

LHA

332041
11-08-13

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals |
|--|--|----------------------------------|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | 62,405. | |
| c Total lobbying expenditures (add lines 1a and 1b) | | 62,405. | |
| d Other exempt purpose expenditures | | 223,983,026. | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | 224,045,431. | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | 1,000,000. | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | |
| Over \$17,000,000 | \$1,000,000. | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | 250,000. | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | 0. | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | 0. | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|------------|------------|------------|------------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total |
| 2a Lobbying nontaxable amount | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000. |
| c Total lobbying expenditures | 61,333. | 60,192. | 63,192. | 62,405. | 247,122. |
| d Grassroots nontaxable amount | 250,000. | 250,000. | 250,000. | 250,000. | 1,000,000. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000. |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2013

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013**Open to Public
Inspection**

Name of the organization

THE LEGAL AID SOCIETY

Employer identification number

13-5562265

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

| | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a 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.

b 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:

| | |
|--|------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ |
| (ii) Assets included in Form 990, Part X | ▶ \$ |

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

| | |
|--|------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ |
| b Assets included in Form 990, Part X | ▶ \$ |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---------------------------------|-------------|
| c Beginning balance | 1c 738,918. |
| d Additions during the year | 1d 636,810. |
| e Distributions during the year | 1e 643,596. |
| f Ending balance | 1f 732,132. |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 3,014,894. | 2,739,352. | 2,845,105. | 2,457,676. | 2,278,108. |
| b Contributions | | | | | 10,000. |
| c Net investment earnings, gains, and losses | 428,553. | 275,542. | -105,753. | 387,429. | 169,568. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 3,443,447. | 3,014,894. | 2,739,352. | 2,845,105. | 2,457,676. |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☒ 60.00 %
 c Temporarily restricted endowment ☒ 40.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

| | Yes | No |
|--------|-----|----|
| 3a(i) | | X |
| 3a(ii) | | X |
| 3b | | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 14,573,872. | 12,712,209. | 1,861,663. |
| d Equipment | | 3,861,561. | 2,699,384. | 1,162,177. |
| e Other | | 5,830,689. | 4,369,170. | 1,461,519. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 4,485,359. |

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) PENSION LIABILITY | 22,359,724. |
| (3) ACCRUED POSTRETIREMENT BENEFITS | 28,828,613. |
| (4) DEFERRED LEASE OBLIGATIONS | 18,260,695. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 69,449,032. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2013

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 316,012,570. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | 313,186. |
| b | Donated services and use of facilities | 2b | 91,042,379. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | -45,292. |
| e | Add lines 2a through 2d | 2e | 91,310,273. |
| 3 | Subtract line 2e from line 1 | 3 | 224,702,297. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 19,349. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 19,349. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 224,721,646. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|--------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 317,584,620. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 91,042,379. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 2,561,451. |
| e | Add lines 2a through 2d | 2e | 93,603,830. |
| 3 | Subtract line 2e from line 1 | 3 | 223,980,790. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 19,349. |
| b | Other (Describe in Part XIII.) | 4b | 45,292. |
| c | Add lines 4a and 4b | 4c | 64,641. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 224,045,431. |

Part XIII Supplemental Information.

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

PART IV, LINE 1B:

EXPLANATION: THE LEGAL AID SOCIETY MAINTAINS CLIENT ESCROW ACCOUNTS IN COMPLIANCE WITH THE NEW YORK STATE INTEREST ON LAWYER ACCOUNT PROGRAM. FUNDS ARE DEPOSITED IN THESE ESCROW ACCOUNTS TO SAFEGUARD CLIENT FUNDS PENDING THE RESOLUTION OF ROUTINE MATTERS.

PART V, LINE 4:

EXPLANATION: CAPITAL GAINS AND/OR INCOME GENERATED BY LEGAL AID SOCIETY ENDOWMENT FUNDS MAY BE USED, CONSISTENT WITH THE NEW YORK PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT AND THE SOCIETY'S INVESTMENT AND EXPENDITURE POLICY STATEMENT FOR THE LEGAL AID SOCIETY'S ENDOWMENT, AND TO THE EXTENT CONSISTENT WITH DONOR RESTRICTIONS, WHERE APPLICABLE, TO

Part XIII Supplemental Information (continued)

SUPPORT CIVIL LEGAL ASSISTANCE AND REPRESENTATION FOR CLIENTS OF THE SOCIETY.

PART X, LINE 2:

EXPLANATION: THE SOCIETY IS QUALIFIED AS A SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (THE IRC) AND, ACCORDINGLY, IS NOT SUBJECT TO FEDERAL INCOME TAXES. AS A NOT-FOR-PROFIT ORGANIZATION, THE SOCIETY IS ALSO EXEMPT FROM NEW YORK STATE AND NEW YORK CITY SALES AND INCOME TAXES. THE SOCIETY HAS BEEN CLASSIFIED AS A PUBLICLY SUPPORTED CHARITABLE ORGANIZATION UNDER SECTION 509(A)(1) OF THE IRC AND QUALIFIES FOR THE MAXIMUM CHARITABLE CONTRIBUTION DEDUCTION FOR DONORS.

MANAGEMENT EVALUATED THE SOCIETY'S INCOME TAX POSITIONS AND CONCLUDED THAT THE SOCIETY HAD TAKEN NO UNCERTAIN INCOME TAX POSITIONS THAT REQUIRE ADJUSTMENTS OR DISCLOSURES TO THE FINANCIAL STATEMENTS. GENERALLY, THE SOCIETY IS NOT SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2011, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PROFESSIONAL FUNDRAISING EXPENSES WITH FUNCTIONAL EXPENSES -45,292.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PENSION-RELATED CHANGES OTHER THAN NET PERIODIC COSTS 2,561,451.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PROFESSIONAL FUNDRAISING EXPENSES 45,292.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2013

Open To Public
Inspection

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

Name of the organization

THE LEGAL AID SOCIETY

Employer identification number

13-5562265

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☒ Mail solicitations **e** ☒ Solicitation of non-government grants
b ☒ Internet and email solicitations **f** ☒ Solicitation of government grants
c ☒ Phone solicitations **g** ☒ Special fundraising events
d ☒ In-person solicitations

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|----------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| PROJECTS PLUS INC. - 145 WEST 45TH STREET, SUITE 300, NEW | EVENT PLANNING | | X | 3,651,895. | 42,792. | 3,609,103. |
| ONESOURCE PRODUCTION LLC - 38590 BETTIS DRIVE, HAMILTON, | DIRECT MAILING | | X | 351,342. | 48,394. | 302,948. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | 4,003,237. | 91,186. | 3,912,051. |

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

NY, NJ, CT

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

Schedule G (Form 990 or 990-EZ) 2013

SEE PART IV FOR CONTINUATIONS

332081
09-12-13

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

| | (a) Event #1 SERVANT JUSTICE DINN | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through col. (c)) |
|---|---|--------------|---------------------------------|---|
| | (event type) | (event type) | (total number) | |
| Revenue | | | | |
| 1 Gross receipts | 3,651,895. | | | 3,651,895. |
| 2 Less: Contributions | 3,493,555. | | | 3,493,555. |
| 3 Gross income (line 1 minus line 2) | 158,340. | | | 158,340. |
| Direct Expenses | | | | |
| 4 Cash prizes | | | | |
| 5 Noncash prizes | | | | |
| 6 Rent/facility costs | 245,364. | | | 245,364. |
| 7 Food and beverages | | | | |
| 8 Entertainment | | | | |
| 9 Other direct expenses | 19,202. | | | 19,202. |
| 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 264,566. |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | -106,226. |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|--|---|---|---|---|
| Revenue | | | | |
| 1 Gross revenue | | | | |
| Direct Expenses | | | | |
| 2 Cash prizes | | | | |
| 3 Noncash prizes | | | | |
| 4 Rent/facility costs | | | | |
| 5 Other direct expenses | | | | |
| 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization operate 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? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: PROJECTS PLUS INC.

(I) ADDRESS OF FUNDRAISER:

145 WEST 45TH STREET, SUITE 300, NEW YORK, NY 10036

(I) NAME OF FUNDRAISER: ONESOURCE PRODUCTION LLC

(I) ADDRESS OF FUNDRAISER: 38590 BETTIS DRIVE, HAMILTON, VA 20158

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

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

▶ Attach to Form 990.

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

Name of the organization

THE LEGAL AID SOCIETY

| | |
|--------|--|
| Part I | General Information on Grants and Assistance |
|--------|--|

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

| Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. |
|---------|---|
| | |

[illegible]

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2013)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For 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.** ▶ **See separate instructions.**

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

THE LEGAL AID SOCIETY

Employer identification number
13-5562265

Part I 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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | |
| <input type="checkbox"/> First-class or charter travel | | |
| <input type="checkbox"/> Travel for companions | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | | |
| <input type="checkbox"/> Discretionary spending account | | |
| <input type="checkbox"/> Housing allowance or residence for personal use | | |
| <input type="checkbox"/> Payments for business use of personal residence | | |
| <input type="checkbox"/> Health or social club dues or initiation fees | | |
| <input type="checkbox"/> 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 reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked 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. | | |
| <input checked="" type="checkbox"/> Compensation committee | | |
| <input type="checkbox"/> Written employment contract | | |
| <input type="checkbox"/> Independent compensation consultant | | |
| <input checked="" type="checkbox"/> Compensation survey or study | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | | |
| <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| a Receive a severance payment or change-of-control payment? | 4a | X |
| 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. | | |
| Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. | | |
| 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |
| If "Yes" to line 5a or 5b, describe in Part III. | | |
| 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | |
| a The organization? | 6a | X |
| b Any related organization? | 6b | X |
| If "Yes" to line 6a or 6b, describe in Part III. | | |
| 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | X |
| 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | X |
| 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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

Schedule J (Form 990) 2013

| | |
|----------|--------------------------|
| Part III | Supplemental Information |
|----------|--------------------------|

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.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public
Inspection

- ▶ **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**

Name of the organization

THE LEGAL AID SOCIETY

Employer identification number
13-5562265

Part I 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 | (d) Method of determining noncash contribution amounts |
|---|-------------------------------|---|--|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 13 | 238,347. | FMV WHEN TRANSFERRED |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (OTHER) | X | 3 | 20,580. | FMV |
| 26 Other ▶ (IPADS) | X | 1 | 12,500. | FMV WHEN TRANSFERRED |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

| | Yes | No |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) (2013)

Part II

Supplemental Information. 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.

SCHEDULE M, PART I, COLUMN (B):

EXPLANATION: THE NUMBER OF CONTRIBUTORS ABOVE REPRESENTS THE NUMBER OF
DONORS OF NON-CASH ITEMS DURING THE YEAR.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

THE LEGAL AID SOCIETY

Employer identification number
13-5562265

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THAT NO NEW YORKER SHOULD BE DENIED ACCESS TO JUSTICE BECAUSE OF
POVERTY.

THE SOCIETY HANDLES MORE THAN 310,000 INDIVIDUAL CASES AND MATTERS
ANNUALLY AND PROVIDES A COMPREHENSIVE RANGE OF LEGAL SERVICES IN THREE
AREAS: THE CIVIL, CRIMINAL AND JUVENILE RIGHTS PRACTICES. UNLIKE THE
SOCIETY'S CRIMINAL AND JUVENILE RIGHTS PRACTICES, WHICH ARE LEGALLY
MANDATED AND SUPPORTED BY THE GOVERNMENT, THE CIVIL PRACTICE RELIES
HEAVILY ON PRIVATE CONTRIBUTIONS.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: THE LEGAL AID SOCIETY IS MADE UP OF CLASSES OF MEMBERS
CONSISTING OF INDIVIDUALS, LAW FIRMS, CORPORATE MEMBERS, AND LAW STUDENTS,
WHICH ARE BASED ON CONTRIBUTION AMOUNTS THAT ARE DOCUMENTED IN THE BY-LAWS.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: EACH MEMBER REGISTERED ON THE LEGAL AID SOCIETY'S RECORDS
FIFTY DAYS PRIOR TO A MEETING OF THE MEMBERS IS ENTITLED TO ONE VOTE ON
EACH ISSUE PRESENTED AT SUCH MEETING. IN ADDITION TO ANY OTHER RIGHTS
PROVIDED BY LAW, THE MEMBERS MAY APPROVE, BUT ARE NOT REQUIRED TO APPROVE,
DECISIONS TO (1) ELECT THE DIRECTORS OF THE LEGAL AID SOCIETY AT THE ANNUAL
MEMBERS MEETING; (2) FILL ANY INTERIM VACANCIES OF THE BOARD OF DIRECTORS;
(3) DETERMINE THE NUMBER OF DIRECTORS ON THE BOARD OF DIRECTORS; AND (4)
AMEND THE BY-LAWS OF THE LEGAL AID SOCIETY. UNDER THE NEW YORK
NOT-FOR-PROFIT CORPORATION LAW, THE MEMBERS OF A NOT-FOR-PROFIT CORPORATION
ARE REQUIRED TO APPROVE CERTAIN MAJOR DECISIONS, SUCH AS A DECISION TO

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization

THE LEGAL AID SOCIETY

Employer identification number

13-5562265

DISSOLVE THE CORPORATION OR MERGE IT WITH ANOTHER ENTITY, BUT THE SOCIETY DOES NOT BELIEVE THAT SUCH MAJOR DECISIONS THAT REQUIRE A VOTE OF THE MEMBERS AS A MATTER OF STATE LAW INVOLVE "GOVERNANCE DECISIONS" WITHIN THE MEANING OF QUESTION 7B.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE SOCIETY'S 2013 FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE. IT WAS THEN DISTRIBUTED TO THE EXECUTIVE COMMITTEE AND TO THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS WERE GIVEN AN OPPORTUNITY TO COMMENT BEFORE IT WAS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE ORGANIZATION CIRCULATES THE CONFLICT OF INTEREST POLICY ONCE PER YEAR, INQUIRES IF THERE ARE ANY CONFLICTS, AND COLLECTS RESPONSES FROM EACH NEW AND EXISTING BOARD MEMBER, OFFICER AND KEY EMPLOYEE. BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES ARE ADVISED IN THE POLICY TO KEEP THE ORGANIZATION APPRISED OF ANY CHANGES OR CONFLICTS THAT ARISE DURING THE COURSE OF THE YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE SOCIETY TAKES THE FOLLOWING STEPS WHEN DETERMINING THE APPROPRIATE LEVEL OF COMPENSATION FOR ITS TOP MANAGEMENT OFFICIALS, OFFICERS AND KEY EMPLOYEES:

1. THE LEGAL AID SOCIETY'S HUMAN RESOURCES DEPARTMENT REVIEWS OUTSIDE REPORTS AND SURVEYS, SUCH AS THOSE AVAILABLE FROM SALARY.COM AND GUIDESTAR, TO DETERMINE THE AVERAGE COMPENSATION AND RANGE OF COMPENSATION CURRENTLY BEING PAID TO PERSONS IN SIMILAR POSITIONS IN THE NEW YORK CITY AREA.

2. THE HUMAN RESOURCES DEPARTMENT SUBMITS ITS FINDINGS AND SUGGESTS

Name of the organization

THE LEGAL AID SOCIETY

Employer identification number

13-5562265

COMPENSATION AMOUNTS TO THE PRESIDENT AND ATTORNEY-IN-CHIEF OF THE LEGAL AID SOCIETY FOR THEIR REVIEW AND APPROVAL, WHO IN TURN CONSULT WITH THE COMPENSATION SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE.

3. THE COMPENSATION SUBCOMMITTEE APPROVES THE FINAL COMPENSATION DECISION. NOTWITHSTANDING THE PROCEDURES OUTLINED ABOVE, THE ATTORNEY-IN-CHIEF IS NOT INVOLVED IN DECIDING HIS OWN LEVEL OF COMPENSATION. THE PRESIDENT OF THE ORGANIZATION WAS NOT COMPENSATED FOR HIS SERVICES.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE LEGAL AID SOCIETY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. COPIES OF THE LEGAL AID SOCIETY'S AUDITED FINANCIAL STATEMENTS AND FORM 990 FILINGS ARE POSTED ON ITS WEBSITE, WWW.LEGAL-AID.ORG, WHILE COPIES OF ITS CHARTER, BY-LAWS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART VII

EXPLANATION: THE ORGANIZATION, IN FULL TRANSPARENCY TO REPORTING, IS REPORTING ALL BENEFITS IN FULL IN PART VII, COLUMN F AND NOT APPLYING THE \$10,000 PER ITEM EXCEPTION FOR CERTAIN BENEFITS.

FORM 990, PART VII, SECTION A & SCHEDULE J, PART II

EXPLANATION: COMPENSATION FOR THESE EMPLOYEES INCLUDES AN ANNUAL ORGANIZATION-WIDE VACATION BUY-BACK AND A ONE-TIME ORGANIZATION-WIDE PAYMENT. AS OF THE CLOSE OF CALENDAR YEAR 2013, THERE HAD NOT BEEN A COST OF LIVING ADJUSTMENT SINCE 2008.

Name of the organization

THE LEGAL AID SOCIETY

Employer identification number

13-5562265

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION-RELATED CHANGES OTHER THAN NET PERIODIC COSTS -2,561,451.

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or print | Name of exempt organization or other filer, see instructions. | Enter filer's identifying number |
|--|--|---|
| | THE LEGAL AID SOCIETY | Employer identification number (EIN) or 13-5562265 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 199 WATER STREET | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10038 | |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

SANDRA SCOTT

- The books are in the care of ► 199 WATER STREET - NEW YORK, NY 10038

Telephone No. ► 212-577-3283

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or

► ☒ tax year beginning JUL 1, 2013, and ending JUN 30, 2014

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

| | | | |
|--|----|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CRI-300R

FOR THE YEAR ENDING

JUNE 30, 2014

| | |
|--|---|
| Prepared for | THE LEGAL AID SOCIETY 199 WATER STREET NEW YORK, NY 10038 |
| Prepared by | MCGLADREY LLP 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036-2602 |
| Amount due or refund | NOT APPLICABLE |
| Make check payable to | NOT APPLICABLE |
| Mail tax return and check (if applicable) to | NEW JERSEY DIVISION OF CONSUMER AFFAIRS CHARITIES REGISTRATION & INVESTIGATION P.O. BOX 45021 NEWARK, NJ 07101 |
| Return must be mailed on or before | JUNE 30, 2015 |
| Special Instructions | THE NEW JERSEY RETURN SHOULD BE SIGNED AND DATED BY THE REQUIRED INDIVIDUAL(S). |

New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section
124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101
(973) 504-6215

**Form CRI-300R
Long-Form Renewal Registration/Verification Statement**

(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

| | |
|--|--|
| 1. This statement contains the facts and financial information for the fiscal year ending: <u>06/30/2014</u> <small>month day year</small> | |
| 2. Federal ID Number (EIN) <u>13-5562265</u> | 2a. N.J. Charities Registration Number: CH- <u>0483800</u> |
| 3. Full legal name of the registering organization: <u>THE LEGAL AID SOCIETY</u> In care of: (if necessary, otherwise leave this line blank) _____ | |
| 4. Mailing Address: <u>199 WATER STREET, NEW YORK, NY 10038</u> <input type="checkbox"/> Change of Address <small>Street Address City State ZIP Code</small> | |
| <i>NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.</i> | |
| 5. The principal street address of the registering organization _____ <input checked="" type="checkbox"/> Same as Mailing Address <small>Street Address City State ZIP Code</small> | |

6. Does the organization have any offices in New Jersey in addition to the one listed above? ☐ Yes ☒ No
If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.

SANDRA SCOTT 199 WATER STREET, NEW YORK, NY 10038
Contact person Street address City State ZIP Code
212-577-3283
Telephone number (include area code) Fax number (include area code)

7. Organization's contact information:

212-577-3300 Telephone number (include area code) Fax number (include area code)
SSCOTT@LEGAL-AID.ORG WWW.LEGAL-AID.ORG
E-mail address Web site

8. Type of organization (check one):

☒ Nonprofit corporation ☐ Foundation ☐ Individual ☐ Association ☐ Society
☐ Partnership ☐ Trust ☐ Other (Specify) _____

9. Where and when was the organization legally established?

Date: 03/21/1876 State: NY

As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form?

☐ Yes ☒ No

If "Yes," indicate all of the other names used: _____

11. Does the organization intend to solicit contributions from the general public?

☒ Yes ☐ No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions?

☒ Yes ☐ No

If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.

CONNECTICUT, CT CHARITIES REGISTRATION NUMBER: 4743-03772

NEW YORK, NY STATE REGISTRATION NUMBER: 00-64-91

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey?

☐ Yes ☒ No

If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.

THE LEGAL AID SOCIETY PROVIDES LEGAL SERVICES TO THE INDIGENT OF NEW YORK CITY THROUGH THREE OPERATING PRACTICES: CRIMINAL DEFENSE, JUVENILE RIGHTS AND CIVIL.

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.

-SEE STATEMENT 1

15. Does the organization use an independent paid fund-raiser or fund-raising counsel?

☒ Yes ☐ No

If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds?

☐ Yes ☒ No

If "Yes," please describe the situation.

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported?

☐ Yes ☒ No

If "Yes," please explain: _____

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)?

☒ Yes ☐ No

a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed.

☐ Yes ☒ No

b. Has a tax exemption been granted under another I.R.S. code?

☐ Yes ☒ No

If "Yes," advise which one: _____

c. Has an I.R.S. tax exemption been refused, changed or revoked?

☐ Yes ☒ No

If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity? ☐ Yes ☒ No
If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.
19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer? ☐ Yes ☒ No
If "Yes," please attach to this registration the relevant document.
20. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction? ☐ Yes ☒ No
If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.
21. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction. ☐ Yes ☒ No
22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets. ☐ Yes ☒ No
If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.

23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

| Name | Business address | Telephone number (include area code) | Title | Salary |
|-----------------|------------------|---|-------|--------|
| SEE STATEMENT 3 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

CRI-300R Long-Form Registration Renewal Financial Statement

Note: If the financial value of a line item = 0, place a zero in the space provided.

Please report all figures as GROSS, not NET.

Full legal name and street address of the organization

Full legal name: THE LEGAL AID SOCIETY

Fiscal year-end being reported: 06/30/2014
month day year

Federal ID Number (EIN) 13-5562265

Mailing address:

199 WATER STREET, NEW YORK, NY 10038

Mailing Address

P.O. Box Number or Suite

City

State

ZIP Code

Street address of the registering organization: 199 WATER STREET, NEW YORK, NY 10038

Street Address

City

State

ZIP Code

New Jersey Charities Registration number: CH 0483800

-00 Telephone number: 212-577-3300

(include area code)

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$500,000. Note: If the organization received gross revenue of less than \$500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

☒ In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

A. Receipts

Line A1a. Direct Public Support received from the following sources:

- | | | |
|------|---|--|
| (1) | Direct mail | |
| (2) | Telephone solicitation | |
| (3) | Commercial co-venture | |
| (4) | Gross receipts from fund-raising events | |
| (5) | Canisters, counter cards, door to door etc | |
| (6) | Corporations and other businesses | |
| (7) | Foundations and trusts | |
| (8) | Donated land, buildings, property, equipment and materials | |
| (9) | Legacies and bequests | |
| (10) | Membership dues solely resulting from solicitations | |
| (11) | Other support (specify) | |

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11))

Line A1c. Indirect Public Support received from the following sources:

- | | | |
|-----|--|--|
| (1) | Federated fund-raising organization | |
| (2) | From an affiliated organization | |
| (3) | From another fund-raising organization | |

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3))

Line A1e. Total Gross Contributions (add lines A1b and A1d)

Line A2. Government grants including purchase of service contracts (specify agency)

a. _____
b. _____
c. _____
d. _____

Line A2e. Total Government Grants (add lines 2a thru 2d) _____

Line A3. Other Support

a. Bona fide membership _____
b. Program service revenue _____
c. Professional services rendered by volunteers _____
d. Miscellaneous income (specify) _____

Line A3e. Total Other Support (add the total of lines A3a thru A3d) _____

Line A4. Total Gross Revenue (add lines A1e, A2e and A3e) _____

B. Expenses

Line B1. Program expenses _____
Line B2. Management and general expenses _____
Line B3. Fund-raising expenses _____
Line B4. Payments to state/national affiliates (if applicable) _____
Line B5. Total Expenses (add the totals of line B1 thru B4) _____

C. Excess or Deficit

For the fiscal year-end (subtract line B5 from line A4) _____

D. Fund Balance

Line D1. Net assets or fund balances at beginning of year _____
Line D2. Other changes in net assets or fund balances (attach explanation) _____
Line D3. Net assets or fund balances at end of year (Combine line C, D1 and D2) _____

Please Note: The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>.

**Long-Form Renewal Registration Statement
Form CRI-300RC
Confidential Information**

Organization's Name: THE LEGAL AID SOCIETY

N.J. Charities Registration Number: CH- 0483800 -00

Federal ID Number (EIN) 13-5562265

Fiscal Year-End being reported: 06/30/2014
month day year

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:

- a. each other? ☐ Yes ☒ No
- b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? ☐ Yes ☒ No
- c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? ☐ Yes ☒ No
- d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.

25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? ☐ Yes ☒ No

If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature _____ Name SEYMOUR W. JAMES Title ATTORNEY-IN-CHIEF Date _____

Signature _____ Name SANDRA SCOTT Title CFO Date _____

This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.

Note: Form CRI-300RC must be filed with Form CRI-300R.

Line A2. Government grants including purchase of service contracts (specify agency)

- a. _____
- b. _____
- c. _____
- d. _____

Line A2e. Total Government Grants (add lines 2a thru 2d) _____

Line A3. Other Support

- a. Bona fide membership _____
- b. Program service revenue _____
- c. Professional services rendered by volunteers _____
- d. Miscellaneous income (specify) _____

Line A3e. Total Other Support (add the total of lines A3a thru A3d) _____

Line A4. Total Gross Revenue (add lines A1e, A2e and A3e) _____

B. Expenses

- Line B1. Program expenses _____
- Line B2. Management and general expenses _____
- Line B3. Fund-raising expenses _____
- Line B4. Payments to state/national affiliates (if applicable) _____
- Line B5. Total Expenses (add the totals of line B1 thru B4) _____

C. Excess or Deficit

For the fiscal year-end (subtract line B5 from line A4) _____

D. Fund Balance

- Line D1. Net assets or fund balances at beginning of year _____
- Line D2. Other changes in net assets or fund balances (attach explanation) _____
- Line D3. Net assets or fund balances at end of year (Combine line C, D1 and D2) _____

Please Note: The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>.

Long-Form Renewal Registration Statement
Form CRI-300RC
Confidential Information

Organization's Name: THE LEGAL AID SOCIETY

N.J. Charities Registration Number: CH- 0483800 -00

Federal ID Number (EIN) 13-5562265

Fiscal Year-End being reported: 06/30/2014
month day year

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:

- a. each other? ☐ Yes ☒ No
- b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? ☐ Yes ☒ No
- c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? ☐ Yes ☒ No
- d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.

25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? ☐ Yes ☒ No

If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature _____ Name SEYMOUR W. JAMES Title IN-CHIEF Date _____

Signature _____ Name SANDRA SCOTT Title CFO Date _____

This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.

Note: Form CRI-300RC must be filed with Form CRI-300R.

THE LEGAL AID SOCIETY
EIN: 13-5562265
FOR THE YEAR ENDED 06/30/2014

FORM CRI-300R, LINE 14A, PROGRAM SERVICE ACCOMPLISHMENTS

1. Criminal Practice – Represented NYC indigent clients involving criminal defense trial, appellate, post-conviction and parole revocation defense matters. It is estimated that the Criminal Practice handled some 235,000 new client matters this year.
2. Juvenile Rights Practice – Represented children and young adults who are the subject of abuse and neglect, delinquency and other matters in the NYC Family Court. It is estimated that the Juvenile Rights Practice handled some ongoing 33,000 client matters this year.
3. Civil Practice – Provided civil legal assistance to low-income New Yorkers and handled some 46,000 client matters this year (including new matters and matters that were accepted for assistance last year and resolved this year).

ALL OF THE ABOVE PROGRAMS ALREADY EXIST.

THE LEGAL AID SOCIETY
EIN: 13-5562265
FOR THE YEAR ENDED 06/30/2014

FORM CRI-300R, LINE 15, PROFESSIONAL FUND-RAISER

PROFESSIONAL FUNDRAISERS:

1. ONESOURCE PRODUCTION LLC

ADDRESS: 38590 BETTIS DRIVE, HAMILTON, VA 20158

PHONE #: 540-338-9788

FAX #: 540-322-1845

CONTACT NAME: KEITH BALDERSON

2. PROJECTS PLUS, INC.

ADDRESS: 145 WEST 45TH STREET, SUITE 300, NEW YORK, NY 10036

PHONE #: 212-997-0187

FAX #: 212-997-0188

CONTACT NAME: PAT DE SIBIO

THE LEGAL AID SOCIETY
 EIN: 13-5562265
 FOR THE YEAR ENDED 06/30/2014

**FORM CRI-300R, LINE 23 - CURRENT OFFICERS, DIRECTORS, TRUSTEES AND
 FIVE MOST-HIGHLY COMPENSATED EMPLOYEES**

| NAME AND ADDRESS | TITLE AND TIME DEVOTED TO POSITION | TELEPHONE NUMBER | COMPENSATION |
|--|--|---------------------|--------------|
| BLAINE (FIN) V. FOGG 199 WATER STREET NEW YORK, NY 10038 | PRESIDENT 20 HRS/WK | (212) 577-3300 | NONE |
| STEVEN BANKS (THRU 3/2014) 199 WATER STREET NEW YORK, NY 10038 | ATTORNEY-IN-CHIEF 35 HRS/WK | (212) 577-3300 | \$ 187,545 |
| SCOTT A ROSENBERG 199 WATER STREET NEW YORK, NY 10038 | GENERAL COUNSEL 35 HRS/WK | (212) 577-3300 | \$ 166,276 |
| SANDRA SCOTT 199 WATER STREET NEW YORK, NY 10038 | CHIEF FINANCIAL OFFICER 35 HRS/WK | (212) 577-3300 | \$ 182,348 |
| ALLAN J. FOX 199 WATER STREET NEW YORK, NY 10038 | CHIEF HR OFFICER 35 HRS/WK | (212) 577-3300 | \$ 202,634 |
| SEYMOUR W JAMES 199 WATER STREET NEW YORK, NY 10038 | ATTORNEY-IN-CHIEF-CRIMINAL 35 HRS/WK | (212) 577-3300 | \$ 177,140 |
| TAMARA A. STECKLER 199 WATER STREET NEW YORK, NY 10038 | ATTORNEY-IN-CHIEF-JRP 35 HRS/WK | (212) 577-3300 | \$ 171,931 |
| ADRIENE L. HOLDER 199 WATER STREET NEW YORK, NY 10038 | ATTORNEY-IN-CHIEF-CIVIL 35 HRS/WK | (212) 577-3300 | \$ 171,931 |
| JUSTINE LUONGO 199 WATER STREET NEW YORK, NY 10038 | DEPUTY ATTORNEY-IN-CHIEF-CRIMINAL 35 HRS/WK | (212) 577-3300 | \$ 166,723 |

COMPENSATION FOR THESE EMPLOYEES INCLUDES AN ANNUAL ORGANIZATION-WIDE
 VACATION BUY-BACK AND A ONE-TIME ORGANIZATION-WIDE PAYMENT. AS OF THE CLOSE
 OF CALENDAR YEAR 2013, THERE HAD NOT BEEN A COST OF LIVING ADJUSTMENT SINCE 2008.

THE LEGAL AID SOCIETY
EIN: 13-5562265
FOR THE YEAR ENDED 06/30/2014

FORM CRI-300B, LINE 23 - CURRENT OFFICERS, DIRECTORS, TRUSTEES AND
FIVE MOST-HIGHLY COMPENSATED EMPLOYEES

| NAME AND ADDRESS | TITLE AND TIME DEVOTED TO POSITION | TELEPHONE NUMBER | COMPENSATION |
|--|---------------------------------------|---------------------|--------------|
| <u>THE BOARD OF DIRECTORS OF THE LEGAL AID SOCIETY</u> | | | |
| RICHARD J. DAVIS | CHAIRMAN OF THE BOARD OF DIRECTORS | (212) 577-3300 | NONE |
| DOUGLAS F. CURTIS | VICE CHAIR | (212) 577-3300 | NONE |
| MARK P. GOODMAN | VICE CHAIR | (212) 577-3300 | NONE |
| MEL M. IMMERGUT | VICE CHAIR | (212) 577-3300 | NONE |
| DANIEL F. KOLB | VICE CHAIR | (212) 577-3300 | NONE |
| RANDY MASTRO | VICE CHAIR | (212) 577-3300 | NONE |
| EUGENE F. ASSAF | DIRECTOR | (212) 577-3300 | NONE |
| FRANCIS P. BARRON | DIRECTOR (THRU 11/2013) | (212) 577-3300 | NONE |
| STUART J. BASKIN | DIRECTOR | (212) 577-3300 | NONE |
| PETER A. BICKS | DIRECTOR | (212) 577-3300 | NONE |
| STEVEN M. BIERMAN | DIRECTOR (FROM 12/2013) | (212) 577-3300 | NONE |
| NICHOLAS M. CANNELLA | DIRECTOR | (212) 577-3300 | NONE |
| WILLIAM F. CAVANAUGH, JR. | DIRECTOR | (212) 577-3300 | NONE |
| THOMAS M. CERABINO | DIRECTOR | (212) 577-3300 | NONE |
| CHRISTOPHER P. CONNIFF | DIRECTOR | (212) 577-3300 | NONE |
| DAVID A. CRICHLAW | DIRECTOR (THRU 11/2013) | (212) 577-3300 | NONE |
| WILLIAM R. DOUGHERTY | DIRECTOR (FROM 4/2014) | (212) 577-3300 | NONE |
| DIMITRIOS T. DRIVAS | DIRECTOR (THRU 11/2013) | (212) 577-3300 | NONE |
| MARCY ENGEL | DIRECTOR | (212) 577-3300 | NONE |
| ERIC J. FRIEDMAN | DIRECTOR | (212) 577-3300 | NONE |
| MATTHEW S. FURMAN | DIRECTOR | (212) 577-3300 | NONE |
| STUART GOLD | DIRECTOR (THRU 11/2013) | (212) 577-3300 | NONE |
| WILLIS J. GOLDSMITH | DIRECTOR | (212) 577-3300 | NONE |
| MORTON E. GROSZ | DIRECTOR | (212) 577-3300 | NONE |
| NOAH J. HANFT | DIRECTOR | (212) 577-3300 | NONE |
| JAMES D. HERSCHLEIN | DIRECTOR | (212) 577-3300 | NONE |
| TRACY RICHELLE HIGH | DIRECTOR | (212) 577-3300 | NONE |
| DAVID G. HILLE | DIRECTOR (FROM 1/2014) | (212) 577-3300 | NONE |
| MICHELE HIRSHMAN | DIRECTOR | (212) 577-3300 | NONE |
| VICTOR L. HOU | DIRECTOR | (212) 577-3300 | NONE |
| MATTHEW W.D. INGBER | DIRECTOR | (212) 577-3300 | NONE |
| DAVID G. JANUSZEWSKI | DIRECTOR | (212) 577-3300 | NONE |
| JEFFREY L. KESSLER | DIRECTOR | (212) 577-3300 | NONE |
| STEVEN G. KOBRE | DIRECTOR | (212) 577-3300 | NONE |
| ALAN LEVINE | DIRECTOR | (212) 577-3300 | NONE |
| GARY G. LYNCH | DIRECTOR | (212) 577-3300 | NONE |
| GREGORY A. MARKEL | DIRECTOR | (212) 577-3300 | NONE |
| AARON MARKS | DIRECTOR | (212) 577-3300 | NONE |
| THEODORE V.H. MAYER | DIRECTOR | (212) 577-3300 | NONE |
| WILLIAM MCGUINNESS | DIRECTOR | (212) 577-3300 | NONE |
| ROGER MELTZER | DIRECTOR | (212) 577-3300 | NONE |
| NEIL MERKL | DIRECTOR | (212) 577-3300 | NONE |
| PAMELA MILLER | DIRECTOR | (212) 577-3300 | NONE |
| SARA E. MOSS | DIRECTOR | (212) 577-3300 | NONE |
| MARTIN NUSSBAUM | DIRECTOR | (212) 577-3300 | NONE |

THE LEGAL AID SOCIETY
EIN: 13-5562265
FOR THE YEAR ENDED 06/30/2014

FORM CRI-300R, LINE 23 - CURRENT OFFICERS, DIRECTORS, TRUSTEES AND
FIVE MOST-HIGHLY COMPENSATED EMPLOYEES

| NAME AND ADDRESS | TITLE AND TIME DEVOTED TO POSITION | TELEPHONE NUMBER | COMPENSATION |
|---------------------|---------------------------------------|---------------------|--------------|
| VINCENT PAGANO, JR. | DIRECTOR (THRU 11/2013) | (212) 577-3300 | NONE |
| A. ROBERT PIETRZAK | DIRECTOR (THRU 11/2013) | (212) 577-3300 | NONE |
| RICHARD A. ROTHMAN | DIRECTOR | (212) 577-3300 | NONE |
| BRADLEY I. RUSKIN | DIRECTOR | (212) 577-3300 | NONE |
| MILES N. RUTHBERG | DIRECTOR | (212) 577-3300 | NONE |
| JANE SHERBURNE | DIRECTOR | (212) 577-3300 | NONE |
| ALAN SIEGEL | DIRECTOR | (212) 577-3300 | NONE |
| GARY STEIN | DIRECTOR | (212) 577-3300 | NONE |
| JEREMY H. TEMKIN | DIRECTOR | (212) 577-3300 | NONE |
| CHRISTINE A. VARNEY | DIRECTOR (FROM 12/2013) | (212) 577-3300 | NONE |
| PAUL F. WASHINGTON | DIRECTOR (THRU 11/2013) | (212) 577-3300 | NONE |
| CHARLES WEINSTEIN | DIRECTOR | (212) 577-3300 | NONE |
| JONATHAN B. WHITNEY | DIRECTOR | (212) 577-3300 | NONE |
| MARC WOLINSKY | DIRECTOR | (212) 577-3300 | NONE |

ALL BOARD MEMBERS DEVOTE APPROXIMATELY 1 HR/WEEK TO THE ORGANIZATION.

ALL BOARD MEMBERS CAN BE REACHED AT THE ORGANIZATION'S ADDRESS
199 WATER STREET
NEW YORK, NY 10038

New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section
124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101
(973) 504-6215

Form CRI-400

(Revised April 2008)

Application for an Extension of Time to File the Annual Renewal Registration Statement and Financial Report for a Charitable Organization

All questions must be answered.

Important: Effective July 9, 2006, changes were made to the Charitable Registration and Investigation Act.
Carefully review the attached instructions before completing and submitting this form.

Short-form filers, which take in \$10,000 or less per year in gross contributions, will no longer be granted an extension of time to file their renewal registration, pursuant to changes in the Charitable Registration and Investigation Act effective July 9, 2006, for fiscal years ending January 31, 2006, and after. Please Note: Extensions of time to file cannot be granted for Initial Registrations.

Date fiscal year ends: 06/30/14 Date of this application: _____ N.J. Charities Registration Number: CH- 0483800

| | | | |
|---|---------|---|----------------|
| Charity's Full Legal Name: <u>THE LEGAL AID SOCIETY</u> | | | |
| Other Names Used (d.b.a.) _____ | | | |
| Mailing Address: | | | |
| <u>199 WATER STREET, NEW YORK, NY 10038</u> | | | |
| In care of: | Address | City | State ZIP Code |
| Street Address: | | | |
| _____ | | | |
| _____ | | | |
| <input type="checkbox"/> Check this box to flag a change of address or other vital information. | | | |
| Contact Person: <u>SANDRA SCOTT</u> | | Phone Number: <u>212-577-3300</u> <small>(include area code)</small> | |
| E-mail: <u>SSCOTT@LEGAL-AID.ORG</u> | | Federal Tax ID (EIN): <u>13-5562265</u> | |
| Web site: <u>WWW.LEGAL-AID.ORG</u> | | Fax Number: _____ <small>(include area code)</small> | |

1. A six-month extension of time to file the Renewal Statement and Financial Report(s), for the fiscal year-end shown above, is hereby requested for the following reason(s):

ADDITIONAL TIME IS NECESSARY IN ORDER TO FILE A COMPLETE AND
ACCURATE RETURN.

2. Has the organization filed all renewal registration statements for years prior to the fiscal year ending on the date shown on the first page of this application? ☒ Yes ☐ No
If "No," please stop: if any prior years' filings are delinquent, the extension request will be denied. Please bring the renewal registration filings for all previous years up to date before submitting a request for an extension on a more current year.

3. Has the organization submitted all previous years' registration fees and/or penalties owed to the Charities Registration Section of the Division of Consumer Affairs? ☒ Yes ☐ No

4. Has the organization previously filed an initial registration with the Charities Registration Section? ☒ Yes ☐ No
If "No," please stop: You must immediately file an initial registration for which an extension of time to file cannot be granted.

5. Final Check List - please review and check off each of the five items below as they are confirmed and accomplished.

- ☒ I have read the instructions for the extension of time to file the Registration Statement and Financial Report(s).
- ☒ All of the questions on this application have been answered.
- ☒ The charity has filed all previous renewal registrations and required documents.
- ☒ The charity has paid all previous years' fees and penalties owed to the Division.
- ☒ Payment of the registration fee due for the fiscal year being requested on this application is enclosed and has been made payable to the "New Jersey Division of Consumer Affairs."

We hereby certify that all of the above statements are true. I further certify that the organization has filed all previous years' reports, has paid all fines and penalties owed to the Division, and that this extension request contains true and accurate information. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature _____ Title ATTORNEY-IN-CHI. Date _____

Signature _____ Title CFO Date _____

This form must be signed by at least one (1) officer of the charity.

Should you have questions regarding charities registration in New Jersey, please visit our Web site at <http://www.njconsumeraffairs.gov/ocp/charities.htm> where registration information, instructions, forms and a fee schedule may be viewed and/or downloaded. After reading through all of the information on our Web site, if you have further questions, please contact the Charities Registration Section at our hotline number (973)-504-6215 during regular business hours.

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

JUNE 30, 2014

| | |
|--|--|
| Prepared for | THE LEGAL AID SOCIETY 199 WATER STREET NEW YORK, NY 10038 |
| Prepared by | MCGLADREY LLP 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036-2602 |
| Mail tax return to | NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271 |
| Return must be mailed on or before | MAY 15, 2015 |
| Special Instructions | NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED. ENCLOSE A CHECK FOR \$50 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER ON THE REMITTANCE. |

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

2013
**Open to Public
Inspection**

1. General Information

| | | |
|---|---|--|
| For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2013 and Ending (mm/dd/yyyy) 06/30/2014 | | |
| Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending | Name of Organization: THE LEGAL AID SOCIETY | Employer Identification Number (EIN): 13-5562265 |
| | Mailing Address: 199 WATER STREET | NY Registration Number: 00-64-91 |
| | City / State / ZIP: NEW YORK, NY 10038 | Telephone: 212 577-3300 |
| | Website: WWW.LEGAL-AID.ORG | Email: SSCOTT@LEGAL-AID.ORG |
| | Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT Find your registration category in the Charities Registry at www.CharitiesNYS.com | |

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

| | | |
|---------------------------------------|-------------------------|--------------------------|
| President or Authorized Officer: | <u>SEYMOUR W. JAMES</u> | <u>ATTORNEY-IN-CHIEF</u> |
| | Signature | Title Date |
| Chief Financial Officer or Treasurer: | <u>SANDRA SCOTT</u> | <u>CFO</u> |
| | Signature | Title Date |

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under the category (7A and EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- ☐ 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).
- ☐ 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

| | | |
|--|---|---|
| See the following page for a checklist of schedules and attachments to complete your filing. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a. |
| | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 4b. Did the organization receive government grants? If yes, complete Schedule 4b. |

5. Fee

| | | | | |
|---|----------------|------------------|---------------|--|
| See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here: | 7A filing fee: | EPTL filing fee: | Total fee: | Make a single-check or money order payable to: "Department of Law" |
| | \$ <u>25.</u> | \$ <u>25.</u> | \$ <u>50.</u> | |

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- ☒ If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- ☒ If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- ☒ IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- ☒ All additional IRS Form 990 Schedules including Schedule B (Schedule of Contributors).
- ☐ IRS Form 990-T if applicable

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- ☐ Review Report if you received total revenue and support greater than \$250,000 and up to \$500,000.
- ☒ Audit Report if you received total revenue and support greater than \$500,000
- ☐ No Review Report or Audit Report is required because total revenue and support is less than \$250,000

Note: The Audit and Review requirements are set to change in 2017 and 2021 in accordance with the Non Profit Revitalization Act of 2013.

For more details, visit www.CharitiesNYS.com.**Calculate Your Fee**

For 7A and DUAL filers, calculate the 7A fee:

- ☐ \$0, if you marked the 7A exemption in Part 3a
- ☒ \$25, if you did not mark the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- ☐ \$0, if you marked the EPTL exemption in Part 3b
- ☒ \$25, if the NET WORTH is less than \$50,000
- ☐ \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- ☐ \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- ☐ \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- ☐ \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- ☐ \$1500, if the NET WORTH is \$50,000,000 or more

Is my organization a 7A, EPTL or DUAL filer?

- 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
- EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
- DUAL filers are registered under both 7A and EPTL.

Check your registration category and learn more about NY law at www.CharitiesNYS.comWhere do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers
www.CharitiesNYS.com

2013

**Open to Public
Inspection**

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

| | |
|-----------------------|-------------------------|
| Name of Organization: | NY Registration Number: |
| THE LEGAL AID SOCIETY | 00-64-91 |

2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

| | | |
|--|--------------------------|-------------------------|
| Fund Raising Professional type: | Name of FRP: | NY Registration Number: |
| <input checked="" type="checkbox"/> Professional Fund Raiser | ONESOURCE PRODUCTION LLC | |
| <input type="checkbox"/> Fund Raising Counsel | Mailing Address: | Telephone: |
| <input type="checkbox"/> Commercial Co-Venturer | 38590 BETTIS DRIVE | 540-338-9788 |
| | City / State / ZIP: | |
| | HAMILTON, VA 20158 | |

3. Contract Information

| | |
|----------------------|--------------------|
| Contract Start Date: | Contract End Date: |
| 07/01/13 | 06/30/14 |

4. Description of Services

Services provided by FRP:
DIRECT MAIL SOLICITATIONS, PACKAGE CREATION AND PRODUCTION, MAILING LIST SERVICES

5. Description of Compensation

| | |
|---|--------------------------------|
| Compensation arrangement with FRP: FIXED FEE | Amount Paid to FRP: 48,394. |
|---|--------------------------------|

6. Commercial Co-Venturer (CCV) Report

☐ Yes ☐ No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?

Definitions

A **Professional Fund Raiser (PFR)**, in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4).
A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).
A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers
www.CharitiesNYS.com

2013

**Open to Public
Inspection**

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

| | |
|-----------------------|-------------------------|
| Name of Organization: | NY Registration Number: |
| THE LEGAL AID SOCIETY | 00-64-91 |

2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

| | | |
|--|---------------------------------|-------------------------|
| Fund Raising Professional type: | Name of FRP: | NY Registration Number: |
| <input checked="" type="checkbox"/> Professional Fund Raiser | PROJECTS PLUS INC. | 32-50-44 |
| <input type="checkbox"/> Fund Raising Counsel | Mailing Address: | Telephone: |
| <input type="checkbox"/> Commercial Co-Venturer | 145 WEST 45TH STREET, SUITE 300 | 212-997-0187 |
| | City / State / ZIP: | |
| | NEW YORK, NY 10036 | |

3. Contract Information

| | |
|----------------------|--------------------|
| Contract Start Date: | Contract End Date: |
| 10/01/2013 | 06/30/2014 |

4. Description of Services

Services provided by FRP:

EVENT FACILITATION AND MANAGEMENT INCLUDING STRATEGY CREATION,
PREPARATION FOR EVENTS, IMPLEMENTATION OF EVENT

5. Description of Compensation

| | |
|------------------------------------|---------------------|
| Compensation arrangement with FRP: | Amount Paid to FRP: |
| FIXED FEE | 42,792. |

6. Commercial Co-Venturer (CCV) Report

☐ Yes ☐ No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?

Definitions

A **Professional Fund Raiser (PFR)**, in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4).
A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).
A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2013

**Open to Public
Inspection**

If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

| | |
|-----------------------|-------------------------|
| Name of Organization: | NY Registration Number: |
| THE LEGAL AID SOCIETY | 00-64-91 |

2. Government Grants

| Name of Government Agency | Amount of Grant |
|---|-----------------|
| 1.CENTER FOR NYC NEIGHBORHOODS | 1. 131,670. |
| 2.COMMUNITY SERVICE SOCIETY | 2. 3,437. |
| 3.NYC DEPT FOR THE AGING | 3. 640,603. |
| 4.NYC DEPT OF HOMELESS SERVICES | 4. 2,625,000. |
| 5.NYS DEPT OF HEALTH | 5. 333,482. |
| 6.NYC DEPT OF YOUTH & COMMUNITY DEVELOPMENT | 6. 865,036. |
| 7.FEDERAL - INTERNAL REVENUE SERVICE | 7. 92,572. |
| 8.GODDARD RIVERSIDE OPTIONS CENTER | 8. 22,000. |
| 9.NYC DEPT OF HOUSING RESERVATION & DEVELOPMENT | 9. 713,888. |
| 10.NYS INTEREST ON LAWYER ACCOUNT | 10. 3,310,000. |
| 11.NYS AG HOPP | 11. 23,262. |
| 12.NYS OFFICE OF TEMPORARY & DISABILITY ASSISTANCE | 12. 493,231. |
| 13.PHS - PUBLIC HEALTH SOLUTIONS | 13. 358,036. |
| 14.SOFA - NY STATE OFFICE FOR THE AGING | 14. 119,825. |
| 15.DCJS - NYS DIVISION OF CRIMINAL JUSTICE SERVICES | 15. 7,127,050. |
| Total Government Grants: | Total: |

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2013

**Open to Public
Inspection**

If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

| | |
|-----------------------|-------------------------|
| Name of Organization: | NY Registration Number: |
| THE LEGAL AID SOCIETY | 00-64-91 |

2. Government Grants

| Name of Government Agency | Amount of Grant |
|--|---------------------|
| 1.OCA - NYS OFFICE OF COURT ADMINISTRATION | 1. 82,248,072. |
| 2.OCJC - NYC OFFICE OF CRIMINAL JUSTICE CO-ORDINATOR | 2. 104,194,212. |
| 3.NYS OFFICE OF THE ATTORNEY GENERAL | 3. 564,130. |
| 4. | 4. |
| 5. | 5. |
| 6. | 6. |
| 7. | 7. |
| 8. | 8. |
| 9. | 9. |
| 10. | 10. |
| 11. | 11. |
| 12. | 12. |
| 13. | 13. |
| 14. | 14. |
| 15. | 15. |
| Total Government Grants: | Total: 203,865,506. |