

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning JUL 1, 2014, and ending JUN 30, 2015

2014

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 JR
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>241,157,423.</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 2014 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 RSM US LLP to enter my PIN 13556
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2014 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 2014 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 2014 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 ▶ RSM US LLP Date ▶ _____

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

Form **990**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE LEGAL AID SOCIETY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 199 WATER STREET City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10038 F Name and address of principal officer: SEYMOUR W. JAMES, JR. SAME AS C ABOVE	D Employer identification number 13-5562265 E Telephone number 212-577-3300 G Gross receipts \$ 241,987,756. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) 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

	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.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	56
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	56
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	2068
	6	Total number of volunteers (estimate if necessary)	6	3059
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 1g)	214,118,923.	241,032,980.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	202,595.	140,277.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	194,827.	188,740.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-94,699.	-204,574.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	224,721,646.	241,157,423.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	14,292.	0.
	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)	185,815,278.	204,480,253.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 839,093.	93,686.	92,749.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	38,122,175.	31,410,499.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	224,045,431.	235,983,501.
	19	Revenue less expenses. Subtract line 18 from line 12	676,215.	5,173,922.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	66,079,860.	68,407,869.
	22	Net assets or fund balances. Subtract line 21 from line 20	105,491,432.	107,893,422.
			-39,411,572.	-39,485,553.

CLIENT COPY

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 SEYMOUR W. JAMES, JR., ATTORNEY-IN-CHIEF Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name MARTIN GREIF	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00029738
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325			
	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 Accomplishments

Check 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 [X] 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 [X] 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 \$ 142,042,734. 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 WORKED ON SOME 239,000 CLIENT MATTERS THIS YEAR.

4b (Code:) (Expenses \$ 40,947,554. 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 WORKED ON SOME 34,000 ONGOING CLIENT MATTERS THIS YEAR.

4c (Code:) (Expenses \$ 38,486,555. including grants of \$) (Revenue \$ 140,277.) CIVIL PRACTICE - PROVIDED CIVIL LEGAL ASSISTANCE TO LOW-INCOME NEW YORKERS AND WORKED ON SOME 49,000 CLIENT MATTERS THIS YEAR.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 221,476,843.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	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>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 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>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
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>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	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>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	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>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	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>	17 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>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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>	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>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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>		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 "Yes," complete Schedule L, Part II</i>		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>		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>		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>		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>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes, and No. Includes rows for backup withholding, employee counts, foreign accounts, and charitable contributions.

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 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.		
	1a 56		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 56		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	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?	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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization	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?		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, address, and telephone number of the person who possesses the organization's books and records: **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) DANIEL F. KOLB VICE CHAIR	1.00	X		X				0.	0.	0.
(6) RANDY MASTRO VICE CHAIR	1.00	X		X				0.	0.	0.
(7) PAMELA MILLER VICE CHAIR	1.00	X		X				0.	0.	0.
(8) BRADLEY I. RUSKIN VICE CHAIR	1.00	X		X				0.	0.	0.
(9) EUGENE F. ASSAF DIRECTOR	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	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) MATTHEW DILLER DIRECTOR (FROM 11/2014)	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	1.00	X						0.	0.	0.
(19) MARCY ENGEL DIRECTOR	1.00	X						0.	0.	0.
(20) ERIC J. FRIEDMAN DIRECTOR	1.00	X						0.	0.	0.
(21) MATTHEW S. FURMAN DIRECTOR	1.00	X						0.	0.	0.
(22) DAVID J. GREENWALD DIRECTOR (FROM 11/2014)	1.00	X						0.	0.	0.
(23) WILLIS J. GOLDSMITH DIRECTOR (THRU 11/2014)	1.00	X						0.	0.	0.
(24) MORTON E. GROSZ DIRECTOR (THRU 11/2014)	1.00	X						0.	0.	0.
(25) NOAH J. HANFT DIRECTOR	1.00	X						0.	0.	0.
(26) JAMES D. HERSCHLEIN DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,032,311.	0.	534,734.
d Total (add lines 1b and 1c)								2,032,311.	0.	534,734.

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 **432**

	Yes	No
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		X
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	X	
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		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
ADP PO BOX 842875, BOSTON, MA 02284-2875	PAYROLL PROCESSING FEES/HR FEES	395,319.
SIGNATURE CLEANING SERVICES 231 W 29TH STREET, NEW YORK, NY 10001	CLEANING SERVICES	321,312.
STAR CONORTIAM CORP 20 MICIELI PLACE, BROOKLYN, NY 11218	CONSTRUCTION SERVICES	219,000.
NGL CONTRACTING LTD 1 PENN PLAZA, NEW YORK, NY 10119	CONSTRUCTION SERVICES	210,650.
VERNA MYERS CONSULTING GROUP, LLC 100 HARBORVIEW DR., BALTIMORE, MD 21230	CONSULTANTS	202,492.

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 **9**

SEE PART VII, SECTION A CONTINUATION SHEETS

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) TRACY RICHELLE HIGH DIRECTOR	1.00	X					0.	0.	0.	
(28) DAVID G. HILLE DIRECTOR	1.00	X					0.	0.	0.	
(29) MICHELE HIRSHMAN DIRECTOR	1.00	X					0.	0.	0.	
(30) VICTOR L. HOU DIRECTOR	1.00	X					0.	0.	0.	
(31) MATTHEW W.D. INGBER DIRECTOR	1.00	X					0.	0.	0.	
(32) MEL M. IMMERGUT 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) GILLIAN LESTER DIRECTOR (FROM 11/2014)	1.00	X					0.	0.	0.	
(37) ALAN LEVINE DIRECTOR	1.00	X					0.	0.	0.	
(38) GARY G. LYNCH DIRECTOR	1.00	X					0.	0.	0.	
(39) AARON R. MARCU DIRECTOR (FROM 11/2014)	1.00	X					0.	0.	0.	
(40) GREGORY A. MARKEL DIRECTOR	1.00	X					0.	0.	0.	
(41) AARON MARKS DIRECTOR	1.00	X					0.	0.	0.	
(42) THEODORE V.H. MAYER DIRECTOR	1.00	X					0.	0.	0.	
(43) WILLIAM MCGUINNESS DIRECTOR (THRU 11/2014)	1.00	X					0.	0.	0.	
(44) J. KEVIN MCCARTHY DIRECTOR (FROM 11/2014)	1.00	X					0.	0.	0.	
(45) ROGER MELTZER DIRECTOR	1.00	X					0.	0.	0.	
(46) NEIL MERKL DIRECTOR (THRU 11/2014)	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) SARA E. MOSS DIRECTOR	1.00	X					0.	0.	0.	
(48) MARTIN NUSSBAUM DIRECTOR	1.00	X					0.	0.	0.	
(49) ROBERT A. PROFUSEK DIRECTOR (FROM 11/2014)	1.00	X					0.	0.	0.	
(50) RICHARD A. ROTHMAN DIRECTOR	1.00	X					0.	0.	0.	
(51) MILES N. RUTHBERG DIRECTOR	1.00	X					0.	0.	0.	
(52) JANE SHERBURNE DIRECTOR (THRU 11/2014)	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) ANTHONY C. THOMPSON DIRECTOR (FROM 11/2014)	1.00	X					0.	0.	0.	
(57) CHRISTINE A. VARNEY DIRECTOR	1.00	X					0.	0.	0.	
(58) NANCY WACKSTEIN DIRECTOR (FROM 11/2014)	1.00	X					0.	0.	0.	
(59) CHARLES WEINSTEIN DIRECTOR	1.00	X					0.	0.	0.	
(60) JONATHAN B. WHITNEY DIRECTOR	1.00	X					0.	0.	0.	
(61) MARC WOLINSKY DIRECTOR	1.00	X					0.	0.	0.	
(62) SEYMOUR W. JAMES, JR. ATTORNEY-IN-CHIEF	35.00			X			192,238.	0.	49,676.	
(63) SCOTT A ROSENBERG GENERAL COUNSEL	35.00			X			166,112.	0.	49,511.	
(64) SANDRA SCOTT CHIEF FINANCIAL OFFICER	35.00			X			182,041.	0.	45,364.	
(65) ALLAN J. FOX CHIEF HR OFFICER	35.00				X		199,904.	0.	49,844.	
(66) JUSTINE LUONGO ATTORNEY-IN-CHIEF-CRIMINAL	35.00				X		173,673.	0.	42,742.	
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 5,082.					
	b Membership dues	1b					
	c Fundraising events	1c 3,871,710.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 220,388,476.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 16,767,712.					
	g Noncash contributions included in lines 1a-1f: \$	30,184.					
	h Total. Add lines 1a-1f	▶	241,032,980.				
Program Service Revenue	2 a COURT AWARDS	Business Code 900099	140,277.	140,277.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	▶	140,277.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	102,034.			102,034.	
	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	551,512.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	464,806.				
		c Gain or (loss)	86,706.				
	d Net gain or (loss)	▶	86,706.			86,706.	
	8 a Gross income from fundraising events (not including \$ 3,871,710. of contributions reported on line 1c). See Part IV, line 18	a 159,810.					
		b Less: direct expenses	b 365,527.				
c Net income or (loss) from fundraising events		▶	-205,717.			-205,717.	
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	1,143.			1,143.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	▶	1,143.					
12 Total revenue. See instructions.	▶	241,157,423.	140,277.	0.	-15,834.		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,625,019.	1,544,571.	76,433.	4,015.
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	140,068,520.	133,204,020.	6,518,109.	346,391.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,717,518.	19,632,618.	1,034,010.	50,890.
9 Other employee benefits	30,307,520.	28,720,387.	1,512,686.	74,447.
10 Payroll taxes	11,761,676.	11,145,784.	587,001.	28,891.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	136,900.		136,900.	
d Lobbying	73,371.		73,371.	
e Professional fundraising services. See Part IV, line 17	92,749.			92,749.
f Investment management fees	20,510.		20,510.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	498,048.	346,159.	151,032.	857.
12 Advertising and promotion	115,527.	48,905.	59,123.	7,499.
13 Office expenses	1,441,575.	1,153,015.	285,773.	2,787.
14 Information technology				
15 Royalties				
16 Occupancy	17,433,414.	15,937,978.	1,394,601.	100,835.
17 Travel	837,775.	808,663.	27,993.	1,119.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	63,427.	26,850.	32,460.	4,117.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,359,206.	1,266,616.	92,590.	
23 Insurance	752,786.	721,965.	28,280.	2,541.
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 EQUIP RENTAL & MAINT	2,873,718.	2,430,799.	415,753.	27,166.
b OTHER EXPENSES	2,170,149.	941,710.	1,138,475.	89,964.
c COMMUNICATIONS	1,243,037.	1,164,912.	73,542.	4,583.
d LAW BOOKS & REF MAT	977,027.	968,312.	8,473.	242.
e All other expenses	1,414,029.	1,413,579.	450.	
25 Total functional expenses. Add lines 1 through 24e	235,983,501.	221,476,843.	13,667,565.	839,093.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	20,363,986.	1	17,775,189.	
	2 Savings and temporary cash investments	13,157,516.	2	13,208,987.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	24,005,339.	4	28,814,309.	
	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	760,053.	9	946,311.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 24,422,036.			
	b Less: accumulated depreciation	10b 20,093,224.	4,485,359.	10c	4,328,812.
	11 Investments - publicly traded securities	3,307,607.	11	3,334,261.	
	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)	66,079,860.	16	68,407,869.		
Liabilities	17 Accounts payable and accrued expenses	29,284,055.	17	30,766,189.	
	18 Grants payable		18		
	19 Deferred revenue	6,758,345.	19	688,833.	
	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	69,449,032.	25	76,438,400.	
	26 Total liabilities. Add lines 17 through 25	105,491,432.	26	107,893,422.	
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	-44,200,149.	27	-44,349,150.	
	28 Temporarily restricted net assets	2,722,554.	28	2,797,574.	
	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	-39,411,572.	33	-39,485,553.		
34 Total liabilities and net assets/fund balances	66,079,860.	34	68,407,869.		

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	241,157,423.
2	Total expenses (must equal Part IX, column (A), line 25)	2	235,983,501.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,173,922.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-39,411,572.
5	Net unrealized gains (losses) on investments	5	-70,938.
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	-5,176,965.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-39,485,553.

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?		X
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			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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	
3b	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 (2014)

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	175,339,560.	185,814,517.	217,622,715.	224,418,923.	241,032,980.	1044228695.
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	175,339,560.	185,814,517.	217,622,715.	224,418,923.	241,032,980.	1044228695.
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.						1044228695.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	175,339,560.	185,814,517.	217,622,715.	224,418,923.	241,032,980.	1044228695.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	91,211.	99,543.	111,343.	111,245.	102,034.	515,376.
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 VI.)	644,648.	758,075.	108,671.	169,867.	160,953.	1,842,214.
11 Total support. Add lines 7 through 10						1046586285.
12 Gross receipts from related activities, etc. (see instructions)					12	3,302,044.
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 2014 (line 6, column (f) divided by line 11, column (f))	14	99.77 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	99.94 %
16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <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"/>	

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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 Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI **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

SPECIAL EVENT INCOME

Multiple horizontal lines for providing supplemental information.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

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

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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) 2014

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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)	86,570.													
c	Total lobbying expenditures (add lines 1a and 1b)	86,570.													
d	Other exempt purpose expenditures	235,896,931.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	235,983,501.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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	60,192.	63,192.	62,405.	86,570.	272,359.
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) 2014

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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.

OMB No. 1545-0047

2014

Open to Public Inspection

▶ Information about Schedule D (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 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 value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<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).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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?

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)?

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) Revenue 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 Revenue 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	732,132.
d Additions during the year	232,001.
e Distributions during the year	379,673.
f Ending balance	584,460.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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	3,443,447.	3,014,894.	2,739,352.	2,845,105.	2,457,676.
b Contributions					
c Net investment earnings, gains, and losses	73,523.	428,553.	275,542.	-105,753.	387,429.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,516,970.	3,443,447.	3,014,894.	2,739,352.	2,845,105.

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

- a Board designated or quasi-endowment 41.26 %
- b Permanent endowment 58.74 %
- c Temporarily restricted endowment _____ %

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:

	Yes	No
(i) unrelated organizations		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		15,083,510.	13,080,247.	2,003,263.
d Equipment		4,160,114.	2,930,179.	1,229,935.
e Other		5,178,412.	4,082,798.	1,095,614.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,328,812.

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	25,083,102.
(3) ACCRUED POSTRETIREMENT BENEFITS	33,633,487.
(4) DEFERRED LEASE OBLIGATIONS	17,721,811.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	76,438,400.

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

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	324,673,062.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-70,938.
b	Donated services and use of facilities	2b	83,645,391.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-38,304.
e	Add lines 2a through 2d	2e	83,536,149.
3	Subtract line 2e from line 1	3	241,136,913.
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	20,510.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	20,510.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	241,157,423.

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	324,747,043.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	83,645,391.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	5,176,965.
e	Add lines 2a through 2d	2e	88,822,356.
3	Subtract line 2e from line 1	3	235,924,687.
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	20,510.
b	Other (Describe in Part XIII.)	4b	38,304.
c	Add lines 4a and 4b	4c	58,814.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	235,983,501.

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:

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:

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 SUPPORT CIVIL

Part XIII Supplemental Information (continued)

LEGAL ASSISTANCE AND REPRESENTATION FOR CLIENTS OF THE SOCIETY.

PART X, LINE 2:

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 2012, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PROFESSIONAL FUNDRAISING EXPENSES WITH FUNCTIONAL EXPENSES	-38,304.
--	----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PENSION-RELATED CHANGES OTHER THAN NET PERIODIC COSTS	5,176,965.
---	------------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PROFESSIONAL FUNDRAISING EXPENSES	38,304.
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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.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

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
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 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	4,031,520.	38,304.	3,993,216.
ONESOURCE PRODUCTION LLC - 38590 BETTIS DRIVE, HAMILTON,	DIRECT MAILING		X	309,183.	54,445.	254,738.
Total				4,340,703.	92,749.	4,247,954.

- 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

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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SERVANT JUSTICE DINNER (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	4,031,520.		4,031,520.
	2	Less: Contributions	3,871,710.		3,871,710.
	3	Gross income (line 1 minus line 2)	159,810.		159,810.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	313,366.		313,366.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	52,161.		52,161.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-205,717.

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 conducts gaming activities: _____
 a Is the organization licensed to conduct 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 conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted 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 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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LEGAL AID SOCIETY

Employer identification number

13-5562265

Part I Questions Regarding Compensation

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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <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

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?

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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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), 501(c)(4), and 501(c)(29) 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SEYMOUR W. JAMES, JR. ATTORNEY-IN-CHIEF	(i)	192,238.	0.	0.	14,252.	35,424.	241,914.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SCOTT A ROSENBERG GENERAL COUNSEL	(i)	166,112.	0.	0.	12,774.	36,737.	215,623.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SANDRA SCOTT CHIEF FINANCIAL OFFICER	(i)	182,041.	0.	0.	12,410.	32,954.	227,405.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ALLAN J. FOX CHIEF HR OFFICER	(i)	199,904.	0.	0.	13,732.	36,112.	249,748.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JUSTINE LUONGO ATTORNEY-IN-CHIEF-CRIMINAL	(i)	173,673.	0.	0.	12,049.	30,693.	216,415.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TAMARA A STECKLER ATTORNEY-IN-CHIEF-JRP	(i)	171,770.	0.	0.	11,701.	33,475.	216,946.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ADRIENE L HOLDER ATTORNEY-IN-CHIEF-CIVIL	(i)	172,469.	0.	0.	12,106.	14,151.	198,726.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) IRWIN SHAW ATTORNEY-IN-CHIEF	(i)	164,363.	0.	0.	30,510.	34,021.	228,894.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JOHN C NEEDHAM SUPERVISING ATTORNEY	(i)	151,875.	0.	0.	10,038.	38,988.	200,901.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) EZRA M MILLER SR. DIRECTOR OF FINANCE	(i)	154,879.	0.	0.	10,638.	33,777.	199,294.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) EDWARD D MCCARTHY ARRAIGNMENT SUPERVISING ATTY	(i)	153,890.	0.	0.	10,925.	33,205.	198,020.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DAWN C RYAN ATTORNEY-IN-CHARGE-CRIMINA	(i)	149,097.	0.	0.	10,070.	13,992.	173,159.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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	11	29,882.	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	302.	FMV WHEN TRANSFERRED
26 Other ()				
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 through 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) (2014)

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):

THE NUMBER OF CONTRIBUTIONS ABOVE REPRESENTS THE NUMBER OF DONORS OF
NON-CASH ITEMS DURING THE YEAR.

Multiple horizontal lines for data entry.

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

2014

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.

DURING THE YEAR, THE SOCIETY HANDLED MORE THAN 322,000 INDIVIDUAL CASES
AND MATTERS AND PROVIDED 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:

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:

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. AT EACH ANNUAL MEETING OF THE MEMBERS, THE MEMBERS ARE
REQUIRED TO ELECT A CLASS OF DIRECTORS. THE MEMBERS MAY, BUT ARE NOT
REQUIRED TO, APPROVE THE FOLLOWING GOVERNANCE DECISIONS: (1) FILL ANY
VACANCY ON THE BOARD OF DIRECTORS; (2) DETERMINE THE NUMBER OF DIRECTORS ON
THE BOARD OF DIRECTORS; AND (3) 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 DISSOLVE THE CORPORATION OR MERGE IT WITH ANOTHER

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

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

THE SOCIETY'S 2014 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:

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:

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 STATE AREA.
2. THE HUMAN RESOURCES DEPARTMENT SUBMITS ITS FINDINGS AND SUGGESTS COMPENSATION AMOUNTS TO THE PRESIDENT AND ATTORNEY-IN-CHIEF OF THE LEGAL

Name of the organization THE LEGAL AID SOCIETY	Employer identification number 13-5562265
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AID SOCIETY FOR THEIR REVIEW AND APPROVAL, WHO IN TURN CONSULT WITH THE COMPENSATION SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE.

3. THE COMPENSATION SUBCOMMITTEE RECOMMENDS, TO THE BOARD OF DIRECTORS, THE ANNUAL COMPENSATION OF THE OFFICERS OF THE SOCIETY AND ANY KEY EMPLOYEE, WHO RECEIVES A SALARY OF GREATER THAN \$199,000 PER YEAR, AND OVERSEES THE SETTING OF COMPENSATION FOR THE OTHER KEY EMPLOYEES. THE BOARD OF DIRECTORS DETERMINES THE ANNUAL COMPENSATION OF THE OFFICERS OF THE SOCIETY AND ANY KEY EMPLOYEE WHO RECEIVES A SALARY OF GREATER THAN \$199,000 PER YEAR.

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:

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

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 WHICH IS AVAILABLE FOR CERTAIN BENEFITS.

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

COMPENSATION FOR THESE EMPLOYEES INCLUDES AN ANNUAL ORGANIZATION-WIDE

Name of the organization THE LEGAL AID SOCIETY	Employer identification number 13-5562265
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VACATION BUY-BACK AND A COST OF LIVING ADJUSTMENT.

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

PENSION-RELATED CHANGES OTHER THAN NET PERIODIC COSTS	-5,176,965.
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Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

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

- 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.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. 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) 01

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 16, 2016**, 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, 2014**, and ending **JUN 30, 2015**

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

STATE OF CONNECTICUT
RENEWAL APPLICATION FOR CONNECTICUT CHARITABLE ORGANIZATION

FOR THE YEAR ENDING

JUNE 30, 2015

Prepared for	THE LEGAL AID SOCIETY 199 WATER STREET NEW YORK, NY 10038
Prepared by	RSM US LLP 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036-2602
Mail tax return to	PUBLIC CHARITIES UNIT, C/O DEPARTMENT OF CONSUMER PROTECTION 165 CAPITOL AVENUE HARTFORD, CT 06106-1630
Return must be mailed on or before	MAY 31, 2016
Special Instructions	CONNECTICUT RENEWAL APPLICATION MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ENCLOSE A CHECK FOR \$50, MADE PAYABLE TO TREASURER, STATE OF CONNECTICUT. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER ON THE REMITTANCE.

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 Public Charities
 165 Capitol Avenue
 Hartford, CT 06106
 Email: dcp.publiccharities@ct.gov
 Web site: www.ct.gov/dcp



For Official Use Only

Charitable Organization Renewal Notice

- The Charitable Organization Registration number you wish to renew must be entered on this form.
- **Attach the IRS Form 990, 990N, 990EZ or 990PF required for this renewal period.**
- A current Audit Report is required if the IRS Form 990 reported more than \$500,000 in gross revenue.
- A fee of **\$50.00** must accompany this notice. Checks should be made payable to "Treasurer, State of CT." Add an additional \$25.00 for each month the renewal notice is received after the expiration date.
- Return this signed renewal notice and applicable attachments with the fee to the above address.
- **Only** completed renewal notices with all required attachments will be processed. **Do not** submit partial or incomplete documents.

Registration Number

Public Charity Registration Number to be Renewed	Expiration Date of Registration
4743-03772	05/31/2016

Organization Information

Name of Charitable Organization THE LEGAL AID SOCIETY				
Street Address 199 WATER STREET		City NEW YORK	State NY	Zip Code 10038
FEIN 13-5562265	Fiscal Year End 06/30/2015	Email Address SSCOTT@LEGAL-AID.ORG		
Mailing Address (if different than above)				
Name				
Street Address		City	State	Zip Code

Certification

Two persons authorized by the organization must sign this renewal notice. By signing this renewal notice, the two authorized officers of the organization certify that the statements and documentation are true and correct to the best of their knowledge.

_____ Signature	SEYMOUR W. JAMES, JR. Printed Name	_____ Date
_____ Signature	SANDRA SCOTT Printed Name	_____ Date

TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CRI-300R

FOR THE YEAR ENDING

JUNE 30, 2015

Prepared for	THE LEGAL AID SOCIETY 199 WATER STREET NEW YORK, NY 10038
Prepared by	RSM US LLP 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036-2602
Mail tax return 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, 2016
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: 06/30/2015
month day year

2. Federal ID Number (EIN) 13-5562265 2a. N.J. Charities Registration Number: CH- 0483800

3. Full legal name of the registering organization: THE LEGAL AID SOCIETY
In care of: (if necessary, otherwise leave this line blank) _____

4. Mailing Address: 199 WATER STREET, NEW YORK, NY 10038 Change of Address
Street Address City State ZIP Code

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.

5. The principal street address of the registering organization _____
 Same as Mailing Address Street Address City State ZIP Code

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.

<i>Full legal name and street address of the organization</i>				
Full legal name: <u>THE LEGAL AID SOCIETY</u>				
Fiscal year-end being reported: <u>06/30/2015</u>		Federal ID Number (EIN) <u>13-5562265</u>		
month day year				
Mailing address:				
<u>199 WATER STREET, NEW YORK, NY 10038</u>				
Mailing Address	P.O. Box Number or Suite	City	State	ZIP Code
Street address of the registering organization: _____				
Street Address		City	State	ZIP Code
New Jersey Charities Registration number: CH <u>0483800</u>		-00 Telephone number: <u>212-577-3300</u>		
		<i>(include area code)</i>		

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: 06/30/2015
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, JR. 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.

THE LEGAL AID SOCIETY
EIN: 13-5562265
FOR THE YEAR ENDED 06/30/2015

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 worked on some 239,000 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 worked on some ongoing 34,000 client matters this year.
3. Civil Practice – Provided civil legal assistance to low-income New Yorkers and worked on some 49,000 client matters this year.

ALL OF THE ABOVE PROGRAMS ALREADY EXIST.

**THE LEGAL AID SOCIETY
EIN: 13-5562265
FOR THE YEAR ENDED 06/30/2015**

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 06/30/2015

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND TIME DEVOTED TO POSITION</u>	<u>TELEPHONE NUMBER</u>	<u>COMPENSATION</u>
BLAINE (FIN) V. FOGG 199 WATER STREET NEW YORK, NY 10038	PRESIDENT 20 HRS/WK	(212) 577-3300	NONE
SEYMOUR W. JAMES, JR. 199 WATER STREET NEW YORK, NY 10038	ATTORNEY-IN-CHIEF 35 HRS/WK	(212) 577-3300	\$ 219,264
SCOTT A ROSENBERG 199 WATER STREET NEW YORK, NY 10038	GENERAL COUNSEL 35 HRS/WK	(212) 577-3300	\$ 175,836
SANDRA SCOTT 199 WATER STREET NEW YORK, NY 10038	CHIEF FINANCIAL OFFICER 35 HRS/WK	(212) 577-3300	\$ 190,930
ALLAN J. FOX 199 WATER STREET NEW YORK, NY 10038	CHIEF HR OFFICER 35 HRS/WK	(212) 577-3300	\$ 211,268
JUSTINE LUONGO 199 WATER STREET NEW YORK, NY 10038	ATTORNEY-IN-CHIEF-CRIMINAL 35 HRS/WK	(212) 577-3300	\$ 185,370
TAMARA A. STECKLER 199 WATER STREET NEW YORK, NY 10038	ATTORNEY-IN-CHIEF-JRP 35 HRS/WK	(212) 577-3300	\$ 180,020
ADRIENE L. HOLDER 199 WATER STREET NEW YORK, NY 10038	ATTORNEY-IN-CHIEF-CIVIL 35 HRS/WK	(212) 577-3300	\$ 180,020
IRWIN SHAW 199 WATER STREET NEW YORK, NY 10038	DEPUTY ATTORNEY-IN-CHIEF 35 HRS/WK	(212) 577-3300	\$ 172,377

COMPENSATION FOR THESE EMPLOYEES INCLUDES AN ANNUAL ORGANIZATION-WIDE VACATION BUY-BACK AND A COST OF LIVING ADJUSTMENT.

THE LEGAL AID SOCIETY
EIN: 13-5562265
FOR THE YEAR ENDED 06/30/2015

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND TIME DEVOTED TO POSITION</u>	<u>TELEPHONE NUMBER</u>	<u>COMPENSATION</u>
<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
DANIEL F. KOLB	VICE CHAIR	(212) 577-3300	NONE
RANDY MASTRO	VICE CHAIR	(212) 577-3300	NONE
PAMELA MILLER	VICE CHAIR	(212) 577-3300	NONE
BRADLEY I. RUSKIN	VICE CHAIR	(212) 577-3300	NONE
EUGENE F. ASSAF	DIRECTOR	(212) 577-3300	NONE
STUART J. BASKIN	DIRECTOR	(212) 577-3300	NONE
PETER A. BICKS	DIRECTOR	(212) 577-3300	NONE
STEVEN M. BIERMAN	DIRECTOR	(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
MATTHEW DILLER	DIRECTOR (FROM 11/2014)	(212) 577-3300	NONE
WILLIAM R. DOUGHERTY	DIRECTOR	(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
DAVID J. GREENWALD	DIRECTOR (FROM 11/2014)	(212) 577-3300	NONE
WILLIS J. GOLDSMITH	DIRECTOR (THRU 11/2014)	(212) 577-3300	NONE
MORTON E. GROSZ	DIRECTOR (THRU 11/2014)	(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	(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
MEL M. IMMERGUT	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
GILLIAN LESTER	DIRECTOR (FROM 11/2014)	(212) 577-3300	NONE
ALAN LEVINE	DIRECTOR	(212) 577-3300	NONE
GARY G. LYNCH	DIRECTOR	(212) 577-3300	NONE
AARON R. MARCU	DIRECTOR (FROM 11/2014)	(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 (THRU 11/2014)	(212) 577-3300	NONE
J. KEVIN MCCARTHY	DIRECTOR (FROM 11/2014)	(212) 577-3300	NONE
ROGER MELTZER	DIRECTOR	(212) 577-3300	NONE
NEIL MERKL	DIRECTOR (THRU 11/2014)	(212) 577-3300	NONE

THE LEGAL AID SOCIETY
EIN: 13-5562265
FOR THE YEAR ENDED 06/30/2015

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND TIME DEVOTED TO POSITION</u>	<u>TELEPHONE NUMBER</u>	<u>COMPENSATION</u>
SARA E. MOSS	DIRECTOR	(212) 577-3300	NONE
MARTIN NUSSBAUM	DIRECTOR	(212) 577-3300	NONE
ROBERT A. PROFUSEK	DIRECTOR (FROM 11/2014)	(212) 577-3300	NONE
RICHARD A. ROTHMAN	DIRECTOR	(212) 577-3300	NONE
MILES N. RUTHBERG	DIRECTOR	(212) 577-3300	NONE
JANE SHERBURNE	DIRECTOR (THRU 11/2014)	(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
ANTHONY C. THOMPSON	DIRECTOR (FROM 11/2014)	(212) 577-3300	NONE
CHRISTINE A. VARNEY	DIRECTOR	(212) 577-3300	NONE
NANCY WACKSTEIN	DIRECTOR (FROM 11/2014)	(212) 577-3300	NONE
CHARLES WEINSTEIN	DIRECTOR	(212) 577-3300	NONE
JONATHAN B. WHITNEY	DIRECTOR	(212) 577-3300	NONE
MARC WOLINSKY	DIRECTOR		

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: 06/30/15 Date of this application: 11/03/15 N.J. Charities Registration Number: CH- 0483800

Charity's Full Legal Name: THE LEGAL AID SOCIETY

Other Names Used (d.b.a.) _____

Mailing Address:

199 WATER STREET, NEW YORK, NY 10038

In care of: _____ Address _____ City _____ State _____ ZIP Code _____

Street Address:

Street Address _____ City _____ State _____ ZIP Code _____

Check this box to flag a change of address or other vital information.

Contact Person: _____ Phone Number: 212-577-3300
(include area code)

E-mail: SSCOTT@LEGAL-AID.ORG Federal Tax ID (EIN): 13-5562265

Web site: WWW.LEGAL-AID.ORG Fax Number: _____
(include area code)

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, 2015

Prepared for	THE LEGAL AID SOCIETY 199 WATER STREET NEW YORK, NY 10038
Prepared by	RSM US 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 16, 2016
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

2014

Open to Public
Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2014 and Ending (mm/dd/yyyy) 06/30/2015		
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, JR.</u>	Print Name and Title	Date
	Signature	<u>ATTORNEY-IN-CHIEF</u>	
Chief Financial Officer or Treasurer:	<u>SANDRA SCOTT</u>	Print Name and Title	Date
	Signature	<u>CFO</u>	

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: \$ <u>25.</u>	EPTL filing fee: \$ <u>25.</u>	Total fee: \$ <u>50.</u>	Make a single-check or money order payable to: "Department of Law"
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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.com

Where 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

2014

**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: THE LEGAL AID SOCIETY	NY Registration Number: 00-64-91
---	--

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

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

3. Contract Information

Contract Start Date: 07/01/2014	Contract End Date: 06/30/2015
---	---

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: 54,445.
--	---------------------------------------

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

2014

**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: THE LEGAL AID SOCIETY	NY Registration Number: 00-64-91
---	--

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

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

3. Contract Information

Contract Start Date: 10/01/2014	Contract End Date: 06/30/2015
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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: FIXED FEE	Amount Paid to FRP: 38,304.
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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

2014

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: THE LEGAL AID SOCIETY	NY Registration Number: 00-64-91
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2. Government Grants

Name of Government Agency		Amount of Grant
1.CENTER FOR NYC NEIGHBORHOODS	1.	128,955.
2.COMMUNITY SUPPORT SERVICES	2.	145,281.
3.NYC DEPT FOR THE AGING	3.	681,902.
4.NYS DEPT OF HEALTH	4.	371,820.
5.NYC DEPT OF YOUTH & COMMUNITY DEVELOPMENT	5.	349,861.
6.FEDERAL - INTERNAL REVENUE SERVICE	6.	116,831.
7.HRA - NYC HUMAN RESOURCES ADMINISTRATION	7.	12,067,758.
8.NYS INTEREST ON LAWYER ACCOUNT	8.	3,310,000.
9.NYS OFFICE OF THE ATTORNEY GENERAL	9.	506,866.
10.NYS OFFICE OF TEMPORARY & DISABILITY ASSISTANCE	10.	567,713.
11.PHS - PUBLIC HEALTH SOLUTIONS	11.	323,785.
12.SOFA - NY STATE OFFICE FOR THE AGING	12.	101,194.
13.DCJS - NYS DIVISION OF CRIMINAL JUSTICE SERVICES	13.	7,340,249.
14.OCA - NYS OFFICE OF COURT ADMINISTRATION	14.	91,331,626.
15.OCJC - NYC OFFICE OF CRIMINAL JUSTICE CO-ORDINATOR	15.	103,044,635.
Total Government Grants:	Total:	220,388,476.