

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

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning JUL 1, 2017, and ending JUN 30, 2018**2017**Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

THE LEGAL AID SOCIETY**13-5562265**

Name and title of officer

EZRA MILLER**CFO****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>289,626,203.</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, line 3c)	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 2017 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 acknowledgment 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 2017 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 2017 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.

04891903616**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2017 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 ▶ _____ Date ▶ _____

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

EXTENDED TO MAY 15, 2019

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2017
Open to Public
Inspection**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ 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)

199 WATER STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10038**F** Name and address of principal officer: **RICHARD J. DAVIS**
SAME AS C ABOVE**D** Employer identification number**13-5562265****E** Telephone number**212-577-3300****G** Gross receipts \$ **321,456,425.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.LEGAL-AID.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1876** **M** State of legal domicile: **NY****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE QUALITY LEGAL REPRESENTATION TO LOW-INCOME NEW YORKERS
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 54
	4	Number of independent voting members of the governing body (Part VI, line 1b) 54
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a) 2204
	6	Total number of volunteers (estimate if necessary) 4419
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, line 34 1,032,056.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 265,998,357.
	9	Program service revenue (Part VIII, line 1g) 216,154.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 327,468.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -196,736.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 265,646,743.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 233,193,879.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 98,095.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,121,768.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 36,145,859.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 269,437,833.
19	Revenue less expenses. Subtract line 18 from line 12 -3,791,090.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 91,196,958.
	21	Total liabilities (Part X, line 26) 127,733,008.
	22	Net assets or fund balances. Subtract line 21 from line 20 -36,536,050.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	EZRA MILLER, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name LYNNE JOHNSON	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00757336
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325	Phone no. 617-912-9000		
	Firm's address ▶ 4 TIMES SQUARE NEW YORK, NY 10036				

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

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

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

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 148,818,652. 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 APPROXIMATELY 198,000 CLIENT MATTERS THIS YEAR.

4b (Code:) (Expenses \$ 43,515,132. 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 APPROXIMATELY 38,000 ONGOING CLIENT MATTERS THIS YEAR.

4c (Code:) (Expenses \$ 61,294,437. including grants of \$) (Revenue \$ 278,010.)

CIVIL PRACTICE - PROVIDED CIVIL LEGAL ASSISTANCE TO LOW-INCOME NEW YORKERS AND WORKED ON APPROXIMATELY 52,500 CLIENT MATTERS THIS YEAR.

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

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

4e Total program service expenses **253,628,221.**

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? Note. All Form 990 filers are required to complete Schedule O	X	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	404
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2204
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	54			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		54		
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?		
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	
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?		

Section C. Disclosure

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

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: **EZRA MILLER - 212-577-3338**
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	10.00	X		X				0.	0.	0.
(2) BLAINE (FIN) V. FOGG PRESIDENT	30.00	X		X				0.	0.	0.
(3) THOMAS M. CERABINO VICE CHAIR	1.00	X		X				0.	0.	0.
(4) DOUGLAS F. CURTIS VICE CHAIR	1.00	X		X				0.	0.	0.
(5) MARK P. GOODMAN VICE CHAIR	1.00	X		X				0.	0.	0.
(6) DANIEL F. KOLB VICE CHAIR	1.00	X		X				0.	0.	0.
(7) RANDY MASTRO VICE CHAIR	1.00	X		X				0.	0.	0.
(8) SARA E. MOSS VICE CHAIR	1.00	X		X				0.	0.	0.
(9) BRADLEY I. RUSKIN VICE CHAIR	1.00	X		X				0.	0.	0.
(10) STEWART D. AARON DIRECTOR (THRU 11/29/2017)	1.00	X						0.	0.	0.
(11) DEBORAH N. ARCHER DIRECTOR	1.00	X						0.	0.	0.
(12) EUGENE F. ASSAF DIRECTOR (THRU 11/29/2017)	1.00	X						0.	0.	0.
(13) STUART J. BASKIN DIRECTOR (THRU 11/29/2017)	1.00	X						0.	0.	0.
(14) CHRISTOPHER D. BELELIEU DIRECTOR	1.00	X						0.	0.	0.
(15) STEVEN M. BIERMAN DIRECTOR	1.00	X						0.	0.	0.
(16) BARRAY A. BOHRER DIRECTOR	1.00	X						0.	0.	0.
(17) BRADLEY J. BUTWIN DIRECTOR	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) NICHOLAS M. CANNELLA DIRECTOR (THRU 11/29/2017)	1.00	X						0.	0.	0.
(19) JUAN CARTAGENA DIRECTOR	1.00	X						0.	0.	0.
(20) SARAH L. CAVE DIRECTOR	1.00	X						0.	0.	0.
(21) ALEX V. CHACHKES DIRECTOR	1.00	X						0.	0.	0.
(22) CHRISTOPHER P. CONNIFF DIRECTOR	1.00	X						0.	0.	0.
(23) MATTHEW DILLER DIRECTOR	1.00	X						0.	0.	0.
(24) JUNE S. DIPCHAND DIRECTOR (FROM 11/29/2017)	1.00	X						0.	0.	0.
(25) WILLIAM R. DOUGHERTY DIRECTOR	1.00	X						0.	0.	0.
(26) SCOTT A. EDELMAN DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,206,240.	0.	514,136.
d Total (add lines 1b and 1c)								2,206,240.	0.	514,136.

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

538

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
L&M CONSTRUCTION 1079 YONKERS AVENUE, YONKERS, NY 10704	CONSTRUCTION SERVICES	1,444,479.
ADP P.O. BOX 842875, BOSTON, MA 02284	PAYROLL PROCESSING FEES/HR FEES	691,528.
STAR CONSORTIAM CORP. 20 MICIELI PLACE, BROOKLYN, NY 11218	CONSTRUCTION SERVICES	548,450.
IRON MOUNTAIN P.O. BOX 27128, NEW YORK, NY 10087	STORAGE SERVICES	543,418.
AMERICAN MAINTENANCE & JANITORIAL SERVICES 101 WEST 23RD ST. #133, NEW YORK, NY 10011	CLEANING SERVICES	501,637.

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

13

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2017)

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) ERIC J. FRIEDMAN DIRECTOR (THRU 11/29/2017)	1.00	X						0.	0.	0.
(28) MATTHEW S. FURMAN DIRECTOR	1.00	X						0.	0.	0.
(29) CHRISTOPHER L. GARCIA DIRECTOR (FROM 11/29/2017)	1.00	X						0.	0.	0.
(30) ERIN G. GLADNEY DIRECTOR (THRU 11/29/2017)	1.00	X						0.	0.	0.
(31) LINDA C. GOLDSTEIN DIRECTOR	1.00	X						0.	0.	0.
(32) DAVID J. GREENWALD DIRECTOR	1.00	X						0.	0.	0.
(33) JASON M. HALPER DIRECTOR	1.00	X						0.	0.	0.
(34) NOAH J. HANFT DIRECTOR (THRU 11/29/2017)	1.00	X						0.	0.	0.
(35) JAMES D. HERSCHLEIN DIRECTOR	1.00	X						0.	0.	0.
(36) TRACY RICHELLE HIGH DIRECTOR	1.00	X						0.	0.	0.
(37) DAVID G. HILLE DIRECTOR	1.00	X						0.	0.	0.
(38) VICTOR L. HOU DIRECTOR	1.00	X						0.	0.	0.
(39) DAVID G. JANUSZEWSKI DIRECTOR	1.00	X						0.	0.	0.
(40) JEFFREY L. KESSLER DIRECTOR	1.00	X						0.	0.	0.
(41) ATIF KHAWAJA DIRECTOR (FROM 11/29/2017)	1.00	X						0.	0.	0.
(42) NATALIE LAMARQUE DIRECTOR (FROM 11/29/2017)	1.00	X						0.	0.	0.
(43) GILLIAN LESTER DIRECTOR	1.00	X						0.	0.	0.
(44) ADEEL A. MANGI DIRECTOR	1.00	X						0.	0.	0.
(45) AARON R. MARCU DIRECTOR	1.00	X						0.	0.	0.
(46) J. KEVIN MCCARTHY DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) ROGER MELTZER DIRECTOR	1.00	X						0.	0.	0.
(48) THOMAS C. MERIAM DIRECTOR	1.00	X						0.	0.	0.
(49) CHARLES C. PLATT DIRECTOR	1.00	X						0.	0.	0.
(50) BRIAH H. POLOVOY DIRECTOR (FROM 11/29/2017)	1.00	X						0.	0.	0.
(51) SHARYL A. REISMAN DIRECTOR	1.00	X						0.	0.	0.
(52) RICHARD A. ROTHMAN DIRECTOR (THRU 11/29/2017)	1.00	X						0.	0.	0.
(53) MILES N. RUTHBERG DIRECTOR (THRU 11/29/2017)	1.00	X						0.	0.	0.
(54) WILLIAM SAVITT DIRECTOR	1.00	X						0.	0.	0.
(55) BART R. SCHWARTZ DIRECTOR	1.00	X						0.	0.	0.
(56) WILLIAM SCHWARTZ DIRECTOR	1.00	X						0.	0.	0.
(57) AUDRA J. SOLOWAY DIRECTOR	1.00	X						0.	0.	0.
(58) JEREMY H. TEMKIN DIRECTOR	1.00	X						0.	0.	0.
(59) ANTHONY C. THOMPSON DIRECTOR (THRU 11/29/2017)	1.00	X						0.	0.	0.
(60) DINA GANZ TRAUOGT DIRECTOR	1.00	X						0.	0.	0.
(61) CHRISTINE A. VARNEY DIRECTOR	1.00	X						0.	0.	0.
(62) FRANK S. VELLUCCI DIRECTOR (THRU 11/29/2017)	1.00	X						0.	0.	0.
(63) CHARLES WEINSTEIN DIRECTOR	1.00	X						0.	0.	0.
(64) JONATHAN B. WHITNEY DIRECTOR	1.00	X						0.	0.	0.
(65) JAMIE L. WINE DIRECTOR (FROM 11/29/2017)	1.00	X						0.	0.	0.
(66) SEYMOUR W. JAMES JR. ATTORNEY-IN-CHIEF	35.00			X				224,363.	0.	70,939.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) SCOTT A. ROSENBERG GENERAL COUNSEL	35.00			X				183,723.	0.	47,729.
(68) EZRA M. MILLER CHIEF FINANCIAL OFFICER	35.00			X				184,539.	0.	55,921.
(69) TAMARA A. STECKLER CHIEF ADMINISTRATIVE OFFICER	35.00			X				198,212.	0.	55,704.
(70) ALLAN J. FOX CHIEF HR OFFICER	35.00				X			209,869.	0.	60,141.
(71) JUSTINE LUONGO ATTORNEY-IN-CHARGE-CDP	35.00				X			193,991.	0.	52,691.
(72) ADRIENE L. HOLDER ATTORNEY-IN-CHIEF-CIVIL	35.00				X			188,351.	0.	28,020.
(73) IRWIN SHAW ATTORNEY-IN-CHARGE-BOROUGH	35.00					X		177,762.	0.	-16,791.
(74) JOHN C. NEEDHAM SUPERVISING ATTORNEY	35.00					X		158,681.	0.	46,832.
(75) EDWARD D. MC CARTHY ARRAIGNMENT SUPERVISING AT	35.00					X		161,905.	0.	52,314.
(76) DAWN C. RYAN ATTORNEY-IN-CHARGE-CRIMINA	35.00					X		160,706.	0.	11,137.
(77) DAVID E. LOFTIS ATTORNEY-IN-CHARGE	35.00					X		164,138.	0.	49,499.
Total to Part VII, Section A, line 1c								2,206,240.		514,136.

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	3,736.					
	b Membership dues	1b						
	c Fundraising events	1c	3,170,793.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	263,008,813.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	22,997,036.					
	g Noncash contributions included in lines 1a-1f: \$		53,620.					
	h Total. Add lines 1a-1f				289,180,378.			
Program Service Revenue	2 a COURT AWARDS	Business Code	541100	278,010.	278,010.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f				278,010.			
	3 Investment income (including dividends, interest, and other similar amounts)				328,337.		328,337.	
4 Income from investment of tax-exempt bond proceeds								
5 Royalties								
Other Revenue	6 a Gross rents	(i) Real	(ii) Personal					
	b Less: rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
	b Less: cost or other basis and sales expenses							
	c Gain or (loss)							
	d Net gain or (loss)							
	8 a Gross income from fundraising events (not including \$ 3,170,793. of contributions reported on line 1c). See Part IV, line 18	a	159,095.					
	b Less: direct expenses	b	429,974.					
	c Net income or (loss) from fundraising events							
	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	1,659.			1,659.	
	b							
c								
d All other revenue								
e Total. Add lines 11a-11d				1,659.				
12 Total revenue. See instructions.				289,626,203.	278,010.	0.	167,815.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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	2,013,395.	1,908,603.	99,450.	5,342.
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	155,311,767.	147,303,919.	7,592,939.	414,909.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,715,467.	24,305,504.	1,344,436.	65,527.
9 Other employee benefits	38,648,307.	36,529,128.	2,020,702.	98,477.
10 Payroll taxes	12,887,813.	12,181,223.	673,748.	32,842.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	135,020.		135,020.	
d Lobbying	84,464.		84,464.	
e Professional fundraising services. See Part IV, line 17	112,262.			112,262.
f Investment management fees	110,989.		110,989.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,098,705.	698,043.	391,662.	9,000.
12 Advertising and promotion	154,616.	59,828.	86,168.	8,620.
13 Office expenses	1,819,044.	1,398,513.	417,849.	2,682.
14 Information technology				
15 Royalties				
16 Occupancy	21,453,840.	19,842,359.	1,511,869.	99,612.
17 Travel	1,090,830.	1,060,834.	27,358.	2,638.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	105,483.	40,816.	58,786.	5,881.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	922,802.	833,972.	88,830.	
23 Insurance	713,869.	678,532.	33,152.	2,185.
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	2,160,261.	1,109,510.	881,298.	169,453.
b INVESTIGATIONS & EXPERT	1,805,015.	1,754,192.	50,823.	
c LAW BOOKS & REF MAT	1,340,384.	1,327,821.	9,709.	2,854.
d COMMUNICATIONS	1,036,563.	896,820.	135,459.	4,284.
e All other expenses	3,404,620.	1,698,604.	1,620,816.	85,200.
25 Total functional expenses. Add lines 1 through 24e	272,125,516.	253,628,221.	17,375,527.	1,121,768.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	23,307,504.	1	16,159,650.
	2 Savings and temporary cash investments	9,993,428.	2	10,005,726.
	3 Pledges and grants receivable, net	38,181,221.	3	41,985,598.
	4 Accounts receivable, net		4	
	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	5,563,289.	9	7,050,314.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 21,430,757.		
	b Less: accumulated depreciation	10b 15,915,963.		
	11 Investments - publicly traded securities	5,292,176.	10c	5,514,794.
	12 Investments - other securities. See Part IV, line 11	4,688,292.	11	5,080,772.
	13 Investments - program-related. See Part IV, line 11	4,171,048.	12	19,098,215.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	91,196,958.	15		
17 Accounts payable and accrued expenses	41,068,576.	16	104,895,069.	
18 Grants payable		17	35,189,121.	
19 Deferred revenue	181,030.	18		
20 Tax-exempt bond liabilities		19	513,036.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
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		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23	2,128,222.	
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	86,483,402.	24		
26 Total liabilities. Add lines 17 through 25	127,733,008.	25	81,530,795.	
27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	119,361,174.	
28 Unrestricted net assets	-42,217,546.	27	-20,144,724.	
29 Temporarily restricted net assets	3,615,473.	28	3,612,596.	
30 Permanently restricted net assets	2,066,023.	29	2,066,023.	
31 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
32 Capital stock or trust principal, or current funds		30		
33 Paid-in or capital surplus, or land, building, or equipment fund		31		
34 Retained earnings, endowment, accumulated income, or other funds		32		
35 Total net assets or fund balances	-36,536,050.	33	-14,466,105.	
36 Total liabilities and net assets/fund balances	91,196,958.	34	104,895,069.	

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	289,626,203.
2	Total expenses (must equal Part IX, column (A), line 25)	2	272,125,516.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,500,687.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-36,536,050.
5	Net unrealized gains (losses) on investments	5	32,900.
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	4,536,358.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-14,466,105.

Part XII Financial Statements and Reporting

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

☐

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

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

THE LEGAL AID SOCIETY

Employer identification number

13-5562265

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	224418923	241032980	257878230	265299857	289180378	1277810368.
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	224418923	241032980	257878230	265299857	289180378	1277810368.
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.						1277810368.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	224418923	241032980	257878230	265299857	289180378	1277810368.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	111,245.	102,034.	87,849.	227,654.	328,337.	857,119.
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.)	169,867.	160,953.	189,426.	196,665.	160,754.	877,665.
11 Total support. Add lines 7 through 10						1279545152.
12 Gross receipts from related activities, etc. (see instructions)					12	922,371.
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 2017 (line 6, column (f) divided by line 11, column (f))	14	99.86 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	99.88 %
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 or 990-EZ).</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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b 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?		
11a		
b A family member of a person described in (a) above?		
11b		
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 .		
11c		

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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

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).		
1		

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

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.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
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 .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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 (explain in Part VI.) **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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Part VI

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**MISC. INCOME****SPECIAL EVENT INCOME**

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

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

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

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

If the organization answered "Yes," on 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 campaign activity expenditures ▶ \$
- 3 Volunteer hours for political campaign activities

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) 2017

LHA

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)		98,306.	
c Total lobbying expenditures (add lines 1a and 1b)		98,306.	
d Other exempt purpose expenditures		272027210.	
e Total exempt purpose expenditures (add lines 1c and 1d)		272125516.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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	86,570.	77,456.	86,958.	98,306.	349,290.
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) 2017

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

2017**Open to Public Inspection****Name of the organization**

THE LEGAL AID SOCIETY

Employer identification number

13-5562265

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<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" on 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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on 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 on Form 990, Part VIII, line 1

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

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

a Revenue included on 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 d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
c Beginning balance	1c 517,083.
d Additions during the year	1d 1,829,456.
e Distributions during the year	1e 1,622,998.
f Ending balance	1f 723,541.

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 on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	3,874,429.	3,388,880.	3,516,970.	3,443,447.	3,014,894.
b Contributions					
c Net investment earnings, gains, and losses	269,501.	485,549.	-128,090.	73,523.	428,553.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,143,930.	3,874,429.	3,388,880.	3,516,970.	3,443,447.

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

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☒ 49.86 %
 c Temporarily restricted endowment ☒ 50.14 %

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

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

- (i) unrelated organizations ☐
 (ii) related organizations ☒

	Yes	No
3a(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" on line 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" on 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		17,317,266.	13,006,386.	4,310,880.
d Equipment		2,321,295.	1,567,875.	753,420.
e Other		1,792,196.	1,341,702.	450,494.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,514,794.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) U.S. FIXED INCOME	19,098,215.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	19,098,215.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-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" on 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" on 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	10,187,122.	
(3) ACCRUED POSTRETIREMENT BENEFITS	52,375,870.	
(4) DEFERRED LEASE OBLIGATIONS	18,967,803.	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	81,530,795.	

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	387,683,447.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	32,900.
b	Donated services and use of facilities	2b	93,634,375.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	4,500,958.
e	Add lines 2a through 2d	2e	98,168,233.
3	Subtract line 2e from line 1	3	289,515,214.
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	110,989.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	110,989.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	289,626,203.

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

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

1	Total expenses and losses per audited financial statements	1	365,613,502.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	93,634,375.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	93,634,375.
3	Subtract line 2e from line 1	3	271,979,127.
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	110,989.
b	Other (Describe in Part XIII.)	4b	35,400.
c	Add lines 4a and 4b	4c	146,389.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	272,125,516.

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 THE 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 2015, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PROFESSIONAL FUNDRAISING EXPENSES WITH FUNCTIONAL EXPENSES	-35,400.
PENSION-RELATED CHANGES OTHER THAN NET PERIODIC COSTS	4,536,358.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	4,500,958.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PROFESSIONAL FUNDRAISING EXPENSES	35,400.
-----------------------------------	---------

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

THE LEGAL AID SOCIETY

Employer identification number
13-5562265

Part I

Fundraising Activities.

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

- 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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			
RAIOLA CO. INC. - 1201 BROADWAY, SUITE 511, NEW	EVENT PLANNING		X	3,329,888.	35,000.	3,294,888.
ONESOURCE PRODUCTION LLC - 38590 BETTIS DRIVE, HAMILTON,	DIRECT MAILING		X	205,214.	76,862.	128,352.
Total				3,535,102.	111,862.	3,423,240.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SERVANT JUSTICE DINN (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	3,329,888.			3,329,888.
	2 Less: Contributions	3,170,793.			3,170,793.
	3 Gross income (line 1 minus line 2)	159,095.			159,095.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	257,543.			257,543.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	172,431.			172,431.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				429,974.
11 Net income summary. Subtract line 10 from line 3, column (d)				-270,879.	

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

		(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: RAIOLA CO. INC.

(I) ADDRESS OF FUNDRAISER: 1201 BROADWAY, SUITE 511, NEW YORK, NY 10001

(I) NAME OF FUNDRAISER: ONESOURCE PRODUCTION LLC

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

Part IV	Supplemental Information <i>(continued)</i>
----------------	--

[illegible]

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

THE LEGAL AID SOCIETY

Employer identification number

13-5562265

Part I Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)</td> </tr> </table>	<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 (such as, maid, chauffeur, chef)		
<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 (such as, maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2									
3 Indicate which, if any, of the following the 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. <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	X								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	X								
b Any related organization?	5b	X								
If "Yes" on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	X								
b Any related organization?	6b	X								
If "Yes" on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SEYMOUR W. JAMES JR. ATTORNEY-IN-CHIEF	(i)	224,363.	0.	0.	28,068.	42,871.	295,302.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SCOTT A. ROSENBERG GENERAL COUNSEL	(i)	183,723.	0.	0.	2,366.	45,363.	231,452.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) EZRA M. MILLER CHIEF FINANCIAL OFFICER	(i)	184,539.	0.	0.	12,526.	43,395.	240,460.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TAMARA A. STECKLER CHIEF ADMINISTRATIVE OFFICER	(i)	198,212.	0.	0.	13,884.	41,820.	253,916.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ALLAN J. FOX CHIEF HR OFFICER	(i)	209,869.	0.	0.	14,278.	45,863.	270,010.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JUSTINE LUONGO ATTORNEY-IN-CHARGE-CDP	(i)	193,991.	0.	0.	12,907.	39,784.	246,682.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ADRIENE L. HOLDER ATTORNEY-IN-CHIEF-CIVIL	(i)	188,351.	0.	0.	10,892.	17,128.	216,371.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) IRWIN SHAW ATTORNEY-IN-CHARGE-BOROUGH	(i)	177,762.	0.	0.	-59,498.	42,707.	160,971.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JOHN C. NEEDHAM SUPERVISING ATTORNEY	(i)	158,681.	0.	0.	2,626.	44,206.	205,513.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) EDWARD D. MC CARTHY ARRAIGNMENT SUPERVISING AT	(i)	161,905.	0.	0.	10,757.	41,557.	214,219.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DAWN C. RYAN ATTORNEY-IN-CHARGE-CRIMINA	(i)	160,706.	0.	0.	-6,356.	17,493.	171,843.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DAVID E. LOFTIS ATTORNEY-IN-CHARGE	(i)	164,138.	0.	0.	10,946.	38,553.	213,637.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

FORM 990, PART VII, COLUMN F & SCHEDULE J, PART II, COLUMN C

THE AMOUNTS REPORTED INCLUDE THE ESTIMATED INCREASE/DECREASE IN THE
ACTUARIAL VALUE OF THE DEFINED BENEFIT PLAN ACCRUALS.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

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	18	52,620.	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 ▶ (AUCTION ITEMS)	X	1	1,000.	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

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 isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2017

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
CONTRIBUTIONS OF NON-CASH ITEMS DURING THE YEAR.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

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 288,500 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

Name of the organization

THE LEGAL AID SOCIETY

Employer identification number

13-5562265

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 11B:

THE SOCIETY'S 2017 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. A COVERED PERSON WITH A CONFLICT OF INTEREST MAY NOT BE PRESENT AT, OR PARTICIPATE IN, A BOARD OR COMMITTEE DELIBERATION OR VOTE ON THE MATTER GIVING RISE TO SUCH CONFLICT, AND MAY NOT ATTEMPT TO INFLUENCE IMPROPERLY THE DELIBERATION OR VOTING ON THE MATTER GIVING RISE TO SUCH CONFLICT.

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,

Name of the organization

THE LEGAL AID SOCIETY

Employer identification number

13-5562265

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 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:

COPIES OF THE LEGAL AID SOCIETY'S AUDITED FINANCIAL STATEMENTS AND FORM 990 FILINGS ARE POSTED ON ITS WEBSITE, WWW.LEGAL-AID.ORG. THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CHARTER, BY-LAWS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN 6014(D).

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.

Name of the organization

THE LEGAL AID SOCIETY

Employer identification number

13-5562265

FORM 990, PART VII, COLUMN F & SCHEDULE J, PART II, COLUMN C

THE AMOUNTS REPORTED INCLUDE THE ESTIMATED INCREASE/DECREASE IN THE
ACTUARIAL VALUE OF THE DEFINED BENEFIT PLAN ACCRUALS.

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

COMPENSATION FOR THESE EMPLOYEES INCLUDE AN ANNUAL ORGANIZATION-WIDE
VACATION BUY-BACK, ONE-TIME PAYMENT, AND COST OF LIVING ADJUSTMENT.

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

PENSION-RELATED CHANGES OTHER THAN NET PERIODIC COSTS 4,536,358.

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at** www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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 <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. THE LEGAL AID SOCIETY	Employer identification number (EIN) or 13-5562265
	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)

0	1
---	---

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

EZRA MILLER

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

Telephone No. ► **212-577-3338**

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 6-month extension of time until **MAY 15, 2019**, 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, 2017**, and ending **JUN 30, 2018** .

- 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

FORM 990-T

FOR THE YEAR ENDING

JUNE 30, 2018

PREPARED FOR:

THE LEGAL AID SOCIETY
199 WATER STREET
NEW YORK, NY 10038

PREPARED BY:

RSM US LLP
4 TIMES SQUARE
NEW YORK, NY 10036

AMOUNT DUE OR REFUND:

OVERPAYMENT OF \$71,133. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.

MAKE CHECK PAYABLE TO:

NO AMOUNT IS DUE.

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

RETURN MUST BE MAILED ON OR BEFORE:

MAY 15, 2019

SPECIAL INSTRUCTIONS:

THE RETURN SHOULD BE SIGNED AND DATED.

Form **990-W**
(Worksheet)**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(and on Investment Income for Private Foundations) FORM 990-T

Department of the Treasury
Internal Revenue Service

- Go to www.irs.gov/F990W for instructions and the latest information.
► Keep for your records. Do not send to the Internal Revenue Service.

2018

1	Unrelated business taxable income expected in the tax year	1	2,065,112.
2	Tax on the amount on line 1. See instructions for tax computation	2	433,674.
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	433,674.
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	433,674.
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	433,674.
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	433,674.
b	Enter the tax shown on the 2017 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	284,367.
c	2018 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	433,680.

		(a)	(b)	(c)	(d)	
11	Installment due dates. See instructions	11	10/15/18	12/17/18	03/15/19	06/17/19
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12	71,092.	145,748.	108,420.	108,420.
13	2017 Overpayment. See instructions	13	71,092.	41.		
14	Payment due (Subtract line 13 from line 12)	14		145,707.	108,420.	108,420.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2018)

ESTIMATED TAX	433,680.
OVERPAYMENT APPLIED	71,133.
AMOUNT DUE	362,547.

EXTENDED TO MAY 15, 2019

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2017For calendar year 2017 or other tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**▶ Go to **www.irs.gov/Form990T** for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		THE LEGAL AID SOCIETY	13-5562265
Number, street, and room or suite no. If a P.O. box, see instructions. 199 WATER STREET		E Unrelated business activity codes (See instructions.)	
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10038			900099
C Book value of all assets at end of year 104,895,069.		F Group exemption number (See instructions.) ▶	
		G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. ▶ **TAXABLE QUALIFIED TRANSPORTATION FRINGE****I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶**J** The books are in care of ▶ **EZRA MILLER** Telephone number ▶ **212-577-3338**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule) STATEMENT 1		12 1,033,056.		1,033,056.
13 Total. Combine lines 3 through 12		13 1,033,056.		1,033,056.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule)		18	
19 Taxes and licenses		19	
20 Charitable contributions (See instructions for limitation rules)		20	
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule)		28	
29 Total deductions. Add lines 14 through 28		29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	1,033,056.
31 Net operating loss deduction (limited to the amount on line 30)		31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	1,033,056.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	1,032,056.

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 **SEE STATEMENT 2** **35c** 284,367.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:Tax rate schedule or Schedule D (Form 1041) **36****37 Proxy tax.** See instructions **37****38 Alternative minimum tax** **38****39 Tax on Non-Compliant Facility Income.** See instructions **39****40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies **40** 284,367.**Part IV Tax and Payments****41a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **41a****b** Other credits (see instructions) **41b****c** General business credit. Attach Form 3800 **41c****d** Credit for prior year minimum tax (attach Form 8801 or 8827) **41d****e** **Total credits.** Add lines 41a through 41d **41e****42** Subtract line 41e from line 40 **42** 284,367.**43** Other taxes. Check if from: Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **43****44** **Total tax.** Add lines 42 and 43 **44** 284,367.**45a** Payments: A 2016 overpayment credited to 2017 **45a****b** 2017 estimated tax payments **45b****c** Tax deposited with Form 8868 **45c** 392,900.**d** Foreign organizations: Tax paid or withheld at source (see instructions) **45d****e** Backup withholding (see instructions) **45e****f** Credit for small employer health insurance premiums (Attach Form 8941) **45f****g** Other credits and payments: Form 2439 **45g**Form 4136 Other Total **45g****46** **Total payments.** Add lines 45a through 45g **46** 392,900.**47** Estimated tax penalty (see instructions). Check if Form 2220 is attached **47****48** **Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed **48****49** **Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid **49** 108,533.**50** Enter the amount of line 49 you want: Credited to 2018 estimated tax 108,533. Refunded **50** 0.**Part V Statements Regarding Certain Activities and Other Information** (see instructions)**51** At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes** **No** **X****52** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. **Yes** **No** **X****53** Enter the amount of tax-exempt interest received or accrued during the tax year **\$****Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer Date **CFO** TitleMay the IRS discuss this return with the preparer shown below (see instructions)? **X** **Yes** **No****Paid Preparer Use Only**Print/Type preparer's name Preparer's signature Date Check if PTIN
LYNNE JOHNSON 3/14/2019 self-employed P00757336
Firm's name **RSM US LLP** Firm's EIN **42-0714325**
Firm's address **4 TIMES SQUARE**
NEW YORK, NY 10036 Phone no. **617-912-9000**Form **990-T** (2017)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)

(2)

(3)

(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)**(b) Total deductions.**

Enter here and on page 1, Part I, line 6, column (B) ...

0.**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

Form 990-T (2017)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form **990-T** (2017)

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No. 1545-0123

2017

Name THE LEGAL AID SOCIETY		Employer identification number 13-5562265
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
1	Taxable income or (loss) before net operating loss deduction	1,032,056.
2	Adjustments and preferences:	
a	Depreciation of post-1986 property	
b	Amortization of certified pollution control facilities	
c	Amortization of mining exploration and development costs	
d	Amortization of circulation expenditures (personal holding companies only)	
e	Adjusted gain or loss	
f	Long-term contracts	
g	Merchant marine capital construction funds	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	
i	Tax shelter farm activities (personal service corporations only)	
j	Passive activities (closely held corporations and personal service corporations only)	
k	Loss limitations	
l	Depletion	
m	Tax-exempt interest income from specified private activity bonds	
n	Intangible drilling costs	
o	Other adjustments and preferences	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	1,032,056.
4	Adjusted current earnings (ACE) adjustment:	
a	ACE from line 10 of the ACE worksheet in the instructions	1,032,056.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	0.
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)	
e	ACE adjustment.	
	<ul style="list-style-type: none"> If line 4b is zero or more, enter the amount from line 4c If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	1,032,056.
6	Alternative tax net operating loss deduction. See instructions	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	1,032,056.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
a	Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	
b	Multiply line 8a by 25% (0.25)	
c	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	0.
9	Subtract line 8c from line 7. If zero or less, enter -0-	1,032,056.
10	Multiply line 9 by 20% (0.20)	206,411.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	
12	Tentative minimum tax. Subtract line 11 from line 10 STMT 3 BLENDED RATE	104,054.
13	Regular tax liability before applying all credits except the foreign tax credit	284,367.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	0.

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626	1	1,032,056.
2	ACE depreciation adjustment:		
a	AMT depreciation	2a	
b	ACE depreciation:		
(1)	Post-1993 property	2b(1)	
(2)	Post-1989, pre-1994 property	2b(2)	
(3)	Pre-1990 MACRS property	2b(3)	
(4)	Pre-1990 original ACRS property	2b(4)	
(5)	Property described in sections 168(f)(1) through (4)	2b(5)	
(6)	Other property	2b(6)	
(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)	
c	ACE depreciation adjustment. Subtract line 2b(7) from line 2a	2c	
3	Inclusion in ACE of items included in earnings and profits (E&P):		
a	Tax-exempt interest income	3a	
b	Death benefits from life insurance contracts	3b	
c	All other distributions from life insurance contracts (including surrenders)	3c	
d	Inside buildup of undistributed income in life insurance contracts	3d	
e	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e	
f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e	3f	
4	Disallowance of items not deductible from E&P:		
a	Certain dividends received	4a	
b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19, 2014, 128 Stat. 4043)	4b	
c	Dividends paid to an ESOP that are deductible under section 404(k)	4c	
d	Nonpatronage dividends that are paid and deductible under section 1382(c)	4d	
e	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e	
f	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e	4f	
5	Other adjustments based on rules for figuring E&P:		
a	Intangible drilling costs	5a	
b	Circulation expenditures	5b	
c	Organizational expenditures	5c	
d	LIFO inventory adjustments	5d	
e	Installment sales	5e	
f	Total other E&P adjustments. Combine lines 5a through 5e	5f	
6	Disallowance of loss on exchange of debt pools	6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts	7	
8	Depletion	8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property	9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626	10	1,032,056.

THE LEGAL AID SOCIETY

13-5562265

FORM 990-T

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

TAXABLE QUALIFIED TRANSPORTATION FRINGE

1,033,056.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

1,033,056.

FORM 990-T		LINE 35C TAX COMPUTATION	STATEMENT 2
1.	TAXABLE INCOME	1,032,056	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .	50,000	
3.	LINE 1 LESS LINE 2	982,056	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .	25,000	
5.	LINE 3 LESS LINE 4	957,056	
6.	INCOME SUBJECT TO 34% TAX RATE	957,056	
7.	INCOME SUBJECT TO 35% TAX RATE	0	
8.	15 PERCENT OF LINE 2	7,500	
9.	25 PERCENT OF LINE 4	6,250	
10.	34 PERCENT OF LINE 6	325,399	
11.	35 PERCENT OF LINE 7	0	
12.	ADDITIONAL 5% SURTAX	11,750	
13.	ADDITIONAL 3% SURTAX	0	
14.	TOTAL INCOME TAX		350,899
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	216,732	
		DAYS	
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017	184	176,892
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018	181	107,475
18.	TOTAL TAX PRORATED	365	284,367

TENTATIVE MINIMUM TAX (TMT) PRORATION

STATEMENT 3

TENTATIVE MINIMUM TAX FOR THE ENTIRE YEAR . . .	206,411.	
TMT IN EFFECT BEFORE 01/01/2018	206,411.	
TMT IN EFFECT AFTER 12/31/2017	0.	
DAYS		
TMT PRORATED FOR NUMBER OF DAYS IN 2017 . . 184	104,054.	
TMT PRORATED FOR NUMBER OF DAYS IN 2018 . . 181	0.	
TMT PRORATED 365		104,054.

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at** www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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 <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. THE LEGAL AID SOCIETY	Employer identification number (EIN) or 13-5562265
	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)

0	7
---	---

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

EZRA MILLER

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

Telephone No. ► **212-577-3338**

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 6-month extension of time until **MAY 15, 2019**, 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, 2017**, and ending **JUN 30, 2018**.

- 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	\$	426,592.
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	\$	71,092.
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	\$	355,500.

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

TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CRI-300R

FOR THE YEAR ENDING

JUNE 30, 2018

Prepared for	THE LEGAL AID SOCIETY 199 WATER STREET NEW YORK, NY 10038
Prepared by	RSM US LLP 4 TIMES SQUARE NEW YORK, NY 10036
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THE NEW JERSEY FORM CRI-300R SHOULD BE FILED VIA THE WEB AT: HTTPS://NJCONSUMERAFFAIRS.STATE.NJ.US/SIGN-IN/
Return must be mailed on or before	JULY 1, 2019
Special Instructions	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

RETURN MUST BE FILED ONLINE.
This form cannot be paper filed - this
copy is for informational purposes only.

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: 06/30/2018
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 _____
Street Address City State ZIP Code
☒ Same as Mailing Address

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.

EZRA MILLER 199 WATER STREET, NEW YORK, NY 10038
Contact person Street address City State ZIP Code
212-577-3338
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)

EMMILLER@LEGAL-AID.ORG
E-mail address

WWW.LEGAL-AID.ORG
Web site

8. Type of organization (check one):

☒ Nonprofit corporation
☐ Partnership

☐ Foundation
☐ Trust

☐ Individual
☐ Other (Specify) _____

☐ Association

☐ Society

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 ATTACHED STATEMENT

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 1				

CRI-300R Long-Form Registration Renewal Financial Statement

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

Please report all figures as GROSS, not NET.

Full legal name and street address of the organization

Full legal name: THE LEGAL AID SOCIETY

Fiscal year-end being reported: 06/30/2018 Federal ID Number (EIN) 13-5562265
month day year

Mailing address:

199 WATER STREET, NEW YORK, NY 10038

Mailing Address

P.O. Box Number or Suite

City

State

ZIP Code

Street address of the registering organization:

Street Address

City

State

ZIP Code

New Jersey Charities Registration number: CH 0483800 -00 Telephone number: 212-577-3300

(include area code)

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

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

A. Receipts

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

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

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

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

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

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

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

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

a. _____

b. _____

c. _____

d. _____

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

Line A3. Other Support

a. Bona fide membership _____

b. Program service revenue _____

c. Professional services rendered by volunteers _____

d. Miscellaneous income (specify) _____

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

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

B. Expenses

Line B1. Program expenses _____

Line B2. Management and general expenses _____

Line B3. Fund-raising expenses _____

Line B4. Payments to state/national affiliates (if applicable) _____

Line B5. Total Expenses (add the totals of line B1 thru B4) _____

C. Excess or Deficit

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

D. Fund Balance

Line D1. Net assets or fund balances at beginning of year _____

Line D2. Other changes in net assets or fund balances (attach explanation) _____

Line D3. Net assets or fund balances at end of year (Combine line C, D1 and D2) _____

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

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

Organization's Name: THE LEGAL AID SOCIETY

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

Federal ID Number (EIN) 13-5562265

Fiscal Year-End being reported: 06/30/2018
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 EZRA MILLER Title CFO Date _____

Signature _____ Name SCOTT A. ROSENBERG Title GENERAL COUNSEL 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 06/30/2018

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 approximately 198,000 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 approximately 38,000 ongoing client matters this year.
3. Civil Practice – Provided civil legal assistance to low-income New Yorkers and worked on approximately 52,500 client matters this year.

ALL OF THE ABOVE PROGRAMS ALREADY EXIST.

THE LEGAL AID SOCIETY
EIN: 13-5562265
FOR THE YEAR ENDED 06/30/2018

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. RAIOLA CO. INC.
ADDRESS: 1201 BROADWAY, SUITE 511, NEW YORK, NY 10001
PHONE #: 646-233-4895
FAX #: N/A
CONTACT NAME: KIMBERLEE CONSALES

FORM CRI-300R

LIST OF OFFICERS, DIRECTORS, TRUSTEES
AND FIVE MOST HIGHLY PAID EMPLOYEES

STATEMENT 1

NAME OF INDIVIDUALTITLETELEPHONE NO.

BLAINE (FIN) V. FOGG

PRESIDENT

(212) 577-3300

ADDRESS199 WATER STREET
NEW YORK, NY 10038SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

SEYMOUR W. JAMES JR.

ATTORNEY-IN-CHIEF

(212) 577-3300

ADDRESS199 WATER STREET
NEW YORK, NY 10038SALARY

230,223.

NAME OF INDIVIDUALTITLETELEPHONE NO.

SCOTT A. ROSENBERG

GENERAL COUNSEL

(212) 577-3300

ADDRESS199 WATER STREET
NEW YORK, NY 10038SALARY

192,707.

THE LEGAL AID SOCIETY

13-5562265

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

EZRA M. MILLER

CHIEF FINANCIAL
OFFICER

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

192,707.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

TAMARA A. STECKLER

CHIEF ADMINISTRATIVE
OFFICER

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

213,596.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ALLAN J. FOX

CHIEF HR OFFICER

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

219,664.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JUSTINE LUONGO

ATTORNEY-IN-CHARGE-
-CDP

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

198,567.

THE LEGAL AID SOCIETY

13-5562265

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ADRIENE L. HOLDER

ATTORNEY-IN-CHIEF-
-CIVIL

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

192,707.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

RICHARD J. DAVIS

CHAIR OF THE BOARD

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

THOMAS M. CERABINO

VICE CHAIR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

DOUGLAS F. CURTIS

VICE CHAIR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

THE LEGAL AID SOCIETY

13-5562265

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MARK P. GOODMAN

VICE CHAIR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

DANIEL F. KOLB

VICE CHAIR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

RANDY MASTRO

VICE CHAIR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

SARA E. MOSS

VICE CHAIR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

THE LEGAL AID SOCIETY

13-5562265

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

BRADLEY I. RUSKIN

VICE CHAIR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

STEWART D. AARON

DIRECTOR (THRU
11/29/2017)

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

DEBORAH N. ARCHER

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

EUGENE F. ASSAF

DIRECTOR (THRU
11/29/2017)

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

THE LEGAL AID SOCIETY

13-5562265

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

STUART J. BASKIN

DIRECTOR (THRU
11/29/2017)

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

CHRISTOPHER D. BELELIEU

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

STEVEN M. BIERMAN

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

BARRAY A. BOHRER

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

THE LEGAL AID SOCIETY

13-5562265

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

BRADLEY J. BUTWIN

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

NICHOLAS M. CANNELLA

DIRECTOR (THRU
11/29/2017)

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JUAN CARTAGENA

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

SARAH L. CAVE

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

THE LEGAL AID SOCIETY

13-5562265

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ALEX V. CHACHKES

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

CHRISTOPHER P. CONNIFF

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MATTHEW DILLER

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JUNE S. DIPCHAND

DIRECTOR (FROM
11/29/2017)

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

THE LEGAL AID SOCIETY

13-5562265

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

WILLIAM R. DOUGHERTY

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

SCOTT A. EDELMAN

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ERIC J. FRIEDMAN

DIRECTOR (THRU
11/29/2017)

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MATTHEW S. FURMAN

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

THE LEGAL AID SOCIETY

13-5562265

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

CHRISTOPHER L. GARCIA

DIRECTOR (FROM
11/29/2017)

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ERIN G. GLADNEY

DIRECTOR (THRU
11/29/2017)

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

LINDA C. GOLDSTEIN

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

DAVID J. GREENWALD

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

THE LEGAL AID SOCIETY

13-5562265

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JASON M. HALPER

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

NOAH J. HANFT

DIRECTOR (THRU
11/29/2017)

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JAMES D. HERSCHLEIN

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

TRACY RICHELLE HIGH

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

THE LEGAL AID SOCIETY

13-5562265

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

DAVID G. HILLE

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

VICTOR L. HOU

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

DAVID G. JANUSZEWSKI

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JEFFREY L. KESSLER

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

THE LEGAL AID SOCIETY

13-5562265

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ATIF KHAWAJA

DIRECTOR (FROM
11/29/2017)

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

NATALIE LAMARQUE

DIRECTOR (FROM
11/29/2017)

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

GILLIAN LESTER

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ADEEL A. MANGI

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

THE LEGAL AID SOCIETY

13-5562265

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

AARON R. MARCU

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

J. KEVIN MCCARTHY

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ROGER MELTZER

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

THOMAS C. MERIAM

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

THE LEGAL AID SOCIETY

13-5562265

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

CHARLES C. PLATT

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

BRIAH H. POLOVOY

DIRECTOR (FROM
11/29/2017)

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

SHARYL A. REISMAN

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

RICHARD A. ROTHMAN

DIRECTOR (THRU
11/29/2017)

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

THE LEGAL AID SOCIETY

13-5562265

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MILES N. RUTHBERG

DIRECTOR (THRU
11/29/2017)

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

WILLIAM SAVITT

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

BART R. SCHWARTZ

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

WILLIAM SCHWARTZ

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

THE LEGAL AID SOCIETY

13-5562265

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

AUDRA J. SOLOWAY

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JEREMY H. TEMKIN

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ANTHONY C. THOMPSON

DIRECTOR (THRU
11/29/2017)

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

DINA GANZ TRAUGOT

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

THE LEGAL AID SOCIETY

13-5562265

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

CHRISTINE A. VARNEY

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

FRANK S. VELLUCCI

DIRECTOR (THRU
11/29/2017)

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

CHARLES WEINSTEIN

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JONATHAN B. WHITNEY

DIRECTOR

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

THE LEGAL AID SOCIETY

13-5562265

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JAMIE L. WINE

DIRECTOR (FROM
11/29/2017)

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

IRWIN SHAW

ATTORNEY-IN-CHARGE-
-BOROUGH

(212) 577-3300

ADDRESS

199 WATER STREET
NEW YORK, NY 10038

SALARY

180,992.

RETURN MUST BE FILED ONLINE.
This form cannot be paper filed - this
copy is for informational purposes only.

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: 06/30/18 Date of this application: 11/28/18 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: _____

(include area code)

E-mail: EMMILLER@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 CFO _____ Date _____

Signature _____ Title GENERAL COUNSEL _____ 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, 2018

PREPARED FOR:

THE LEGAL AID SOCIETY
199 WATER STREET
NEW YORK, NY 10038

PREPARED BY:

RSM US LLP
4 TIMES SQUARE
NEW YORK, NY 10036

AMOUNT OF TAX:

BALANCE DUE OF \$50

MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL
CHARITIES BUREAU REGISTRATION SECTION
28 LIBERTY STREET
NEW YORK, NY 10005

RETURN MUST BE MAILED ON OR BEFORE:

MAY 15, 2019

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED
INDIVIDUAL(S).

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED
AND DATED.

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
28 Liberty Street
New York, NY 10005

2017
**Open to Public
Inspection**

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) **07/01/2017** and Ending (mm/dd/yyyy) **06/30/2018**

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: EMMILLER@LEGAL-AID.

Check your organization's registration category: ☐ 7A only ☐ EPTL only ☒ DUAL (7A & EPTL) ☐ EXEMPT* Confirm 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. The certification requires two signatories.

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:	SCOTT A. ROSENBERG		
	Signature	Print Name and Title	Date
		GENERAL COUNSEL	
Chief Financial Officer or Treasurer:	EZRA MILLER		
	Signature	Print Name and Title	Date
		CFO	

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or 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.
- ☐ 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"
---	---------------------------------	-----------------------------------	-----------------------------	--

CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

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 you 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). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- ☐ Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

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 \$750,000.
- ☒ Audit Report if you received total revenue and support greater than \$750,000
- ☐ No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- ☐ We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

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

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

For EPTL and DUAL filers, calculate the EPTL fee:

- ☐ \$0, if you checked 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

Send Your Filing

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

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

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.**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.Confirm 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)).

CHAR500

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

2017

**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. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

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).

Professional fund raising does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

1. Organization Information

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

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

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

3. Contract Information

Contract Start Date:	Contract End Date:
09/14/2017	06/30/2018

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:	Amount Paid to FRP:
FIXED FEE	76,862.

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?

CHAR500

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

2017

**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. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

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).

Professional fund raising does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

1. Organization Information

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

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

Fund Raising Professional type:	Name of FRP:	NY Registration Number:
<input checked="" type="checkbox"/> Professional Fund Raiser	RAIOLA CO. INC.	
<input type="checkbox"/> Fund Raising Counsel	Mailing Address:	Telephone:
<input type="checkbox"/> Commercial Co-Venturer	1201 BROADWAY, SUITE 511	646-233-4895
	City / State / ZIP:	
	NEW YORK, NY 10001	

3. Contract Information

Contract Start Date:	Contract End Date:
09/01/2017	06/10/2018

4. Description of Services

Services provided by FRP:

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

5. Description of Compensation

Compensation arrangement with FRP:	Amount Paid to FRP:
FIXED FEE	35,000.

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?

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2017

**Open to Public
Inspection**

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

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

2. Government Grants

Name of Government Agency	Amount of Grant
1. NYS DEPT OF HEALTH	1. 402,087.
2. UNITED STATES DEPARTMENT OF JUSTICE	2. 212,646.
3. INTERNAL REVENUE SERVICE	3. 93,274.
4. NYS INTEREST ON LAWYER ACCOUNT	4. 4,849,544.
5. NEW YORK STATE ATTORNEY GENERAL	5. 599,945.
6. NYC DEPT FOR THE AGING	6. 661,404.
7. NYS OFFICE OF TEMPORARY & DISABILITY ASSISTANCE	7. 1,077,351.
8. PUBLIC HEALTH SOLUTIONS	8. 182,643.
9. NY STATE OFFICE FOR THE AGING	9. 75,550.
10. CENTER FOR NYC NEIGHBORHOODS	10. 77,964.
11. OILS	11. 764,738.
12. QUEENS BOROUGH PRESIDENT	12. 3,000.
13. DOCTOR ACROSS NEW YORK	13. 20,250.
14. CITY	14. 4,354,638.
15. NYS DIVISION OF CRIMINAL JUSTICE SERVICES	15. 7,673,166.
Total Government Grants:	Total:

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2017

**Open to Public
Inspection**

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

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

2. Government Grants

Name of Government Agency	Amount of Grant
1. NYS OFFICE OF COURT ADMINISTRATION	1. 97,215,239.
2. NYC OFFICE OF CRIMINAL JUSTICE CO-ORDINATOR	2. 110,477,094.
3. HUMAN RESOURCES ADMINISTRATION	3. 34,268,280.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 263,008,813.

TAX RETURN FILING INSTRUCTIONS

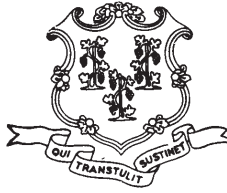
STATE OF CONNECTICUT RENEWAL APPLICATION FOR CONNECTICUT CHARITABLE ORGANIZATION

FOR THE YEAR ENDING

JUNE 30, 2018

Prepared for	THE LEGAL AID SOCIETY 199 WATER STREET NEW YORK, NY 10038
Prepared by	RSM US LLP 4 TIMES SQUARE NEW YORK, NY 10036
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, 2019
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
 450 Columbus Blvd, Ste. 801
 Hartford, CT 06103
 Email: dcp.publiccharities@ct.gov



For Official Use Only

Charitable Organization Renewal Notice

Do not use this form to reinstate a registration.

To Renew by Mail: Complete this renewal notice and attach the following:

- **IRS Form 990, 990EZ, 990N or 990PF due for this renewal period. (**Required**)**
- 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.
- Make any necessary address or email changes on this form and return this signed renewal notice and applicable attachments with the fee to the above address. **Do not submit incomplete or a partial renewal.**
- ***Reinstatement will be required 65 days after an expiration date. Do not use this form to reinstate a registration. Reinstatement form is available online at www.ct.gov/dcp.***

If Not Renewing:

- ☐ **Check here**, if the organization is no longer soliciting in Connecticut or has dissolved along with effective _____ date. You must provide the last IRS 990 in which solicitations were conducted (even if dissolved). If dissolved a copy of dissolution. Please be sure to check box and provide effective date. **If not renewing**, this notice along with any applicable documents can be emailed or mailed to the address above.

Registration Number

Public Charity Registration Number to be Renewed	Expiration Date of Registration
4743-03772	05/31/2019

Organization Information

Name of Charitable Organization THE LEGAL AID SOCIETY			
Street Address 199 WATER STREET		City NEW YORK	State NY
FEIN 13-5562265	Fiscal Year End 06/30/2018	Email Address *Notifications and certificates are emailed only* EMMILLER@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.

SCOTT A. ROSENBERG

Signature

Printed Name

Date

EZRA MILLER

Signature

Printed Name

Date