PUBLIC DISCLOSURE COPY

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public

Δ	JI 111	e 2021 Calendar year, or tax year beginning 000 1, 2021 and	enung	<u>0014 30, 2022</u>	l .				
В	Check if applicab	C Name of organization		D Employer identif	ication number				
	Addre								
	Name	Doing business as		13-55622	65				
	Initial returr	,	Room/suit						
	Final return		4006	212-577-					
	termi			G Gross receipts \$	353,913,850.				
	Amer	NEW TORK, NI 10038		H(a) Is this a group r					
	Appliation pendi	na l		for subordinate	s? Yes X No				
		SAME AS C ABOVE		H(b) Are all subordinates i	included? Yes No				
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 52	If "No," attach a	a list. See instructions				
		te: WWW.LEGAL-AID.ORG		H(c) Group exemption					
		forganization: X Corporation Trust Association Other	L Yea	ar of formation: 1876	M State of legal domicile: NY				
Pa	art I	Summary	DOTTE	- OIIAT TENV TE	C2.T				
ě	1	Briefly describe the organization's mission or most significant activities: TO P	ROVID.	E QUALITY LE	GAL				
Activities & Governance		REPRESENTATION TO LOW-INCOME NEW YORKERS		th 050/ -f it t					
ē	2	Check this box if the organization discontinued its operations or dispose		l -					
Š	3			<u>3</u>	64				
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			2304				
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			2801				
Ē	6	Total number of volunteers (estimate if necessary)							
Ą	/ a								
_	 В	Net unrelated business taxable income from Form 990-T, Part I, line 11	· · · · · · · · · · · · · · · · · · ·	Prior Year					
	8	Contributions and grants (Part VIII, line 1h)	-	327,003,099.	Current Year 351,146,070.				
ine	9			47,374.					
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		463,516.					
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-151,232.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		327,362,757.					
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		289,509,621.	294,721,325.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		88,187.					
pen	. b	Total fundraising expenses (Part IX, column (D), line 25) 2,004,1	55.	•					
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		44,640,823.	60,050,684.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		334,238,631.	354,863,201.				
	19	Revenue less expenses. Subtract line 18 from line 12		-6,875,874.					
or	3	·		Beginning of Current Year	End of Year				
Net Assets or	20	Total assets (Part X, line 16)		132,073,969.					
ASS	21	Total liabilities (Part X, line 26)		143,189,751.					
Net	22	Net assets or fund balances. Subtract line 21 from line 20		-11,115,782.	5,678,077.				
Pi	art II	Signature Block							
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and stater	ments, and to the best of m	y knowledge and belief, it is				
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	hich prepare	er has any knowledge.					
Sig	n	Signature of officer		Date					
Hei	e	PREMALI SHAH, CHIEF FINANCIAL OFFICER							
		Type or print name and title		Date Check [PTIN				
D - '		Print/Type preparer's name Preparer's signature		if I					
Paid		LYNNE JOHNSON		self-emplo	P00757336 42-0714325				
	parer Only	Firm's name RSM US LLP Firm's address 4 TIMES SQUARE		FIRM'S EIN	47_0\T4373				
USE	Ulliy	Firm's address 4 TIMES SQUARE NEW YORK, NY 10036		Phone no 21	.2-372-1000				
Mar	v the I	RS discuss this return with the preparer shown above? See instructions		FIIOHE HO. 2 1	X Yes No				
·····	, 1	a			:00 :10				

) (Revenue \$

including grants of \$

326,697,539.

Total program service expenses

Form 990 (2021) THE LEGAL AID SOCIETY

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		3,7
	Schedule D, Part III	8		<u> X</u>
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?	_	7.7	
	If "Yes," complete Schedule D, Part IV	9	X	_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
_	Part VI	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? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			 ₩
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			_V
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	-
f		446	Х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	21	\vdash
ıza	, ,	12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	21	
b	·	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. a		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	L	Х
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? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2021) THE LEGAL AID SOCIETY

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23	X	
24a				
				,,
	, •	24a		X
		24b		
С		04-		
اء		24c 24d		
	- · · · · · · · · · · · · · · · · · · ·	240		
25a		25a		x
h		25a		25
b				
		25b		x
26	, ,	200		
		26		X
27				
	the state of the s	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29		29	X	
30				
	contributions? If "Yes," complete Schedule M	30		X
		31		X
32	,			.,
		32		X
33				X
04		33		
34		34		x
25.0		35a		X
		55a		
		35b		
36		002		
		36		Х
37				
		37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Schedule J 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 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? """ ""es," complete Schedule I. Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? "" "es," complete Schedule I. Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part III 28 Was the organization and you to a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule II, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contri		38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_				
С	(manalalis al) unimpirana ta maina unimpana	4-	Х	
	(garnolling) withinings to prize withers:	1c	000	

Form 990 (2021) THE LEGAL AID SOCIETY

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.										
3а	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 on Schedule O	3b									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X							
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
	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							
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Ь—							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l							
	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).		77								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	├							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	├							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			3,7							
_	to file Form 8282?	7c		X							
	If "Yes," indicate the number of Forms 8282 filed during the year	_		v							
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									
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11									
Ü		8									
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12										
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
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										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans 13b										
	Enter the amount of reserves on hand	44-		Х							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a									
ъ 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b									
IJ		15		X							
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х							
	If "Yes," complete Form 4720, Schedule O.	.0									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any										
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	If "Yes." complete Form 6069.										

Form 990 (2021) THE LEGAL AID SOCIETY 13-5562265 Page
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 on Schedule O. See instructions.			
800	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		Von	NI-
10	Enter the number of voting members of the governing body at the end of the tax year 1a 64		Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		2		Х
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3		3		х
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6	Х	-25
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0	21	
<i>1</i> a		70	х	
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a	- 25	
D		76		х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		- 22
8		0-	Х	
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	- 25	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		21
	(This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
		114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
ŭ	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.	11	-	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	PREMALI SHAH - 212-577-3300			
	199 WATER ST , 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

X

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		<mark>າ</mark> than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	an	compensation	compensation	amount of
	week		cer an	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	ordi	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	ruste	l trus		ee (ee	ubeu		1099-NEC)	1099-NEC)	organization and related
	below	dual t	ntiona	L	nploy	st cor	-	1000 1420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JUSTINE LUONGO	35.00									
ATTORNEY-IN-CHARGE-CDP					Х			225,524.	0.	71,270.
(2) DAWNE A. MITCHELL	35.00									
ATTORNEY-IN-CHIEF-JRP					Х			224,543.	0.	57,793.
(3) JANET SABEL	35.00									
ATTORNEY-IN-CHIEF/CEO (THRU 5/31/22)				X				248,014.	0.	33,058.
(4) ADRIENE L. HOLDER	35.00									
ATTORNEY-IN-CHIEF-CIVIL					Х			228,530.	0.	31,367.
(5) ARCHANA D. JAYARAM, CHIEF	35.00									
OPERATING OFFICER (THRU 2/7/22)				Х				219,956.	0.	32,324.
(6) S MAQUITA MOODY	35.00									
SENIOR SUPERVISING ATTORNEY						Х		176,650.	0.	71,383.
(7) CHRISTOPHER P. PISCIOTTA	35.00									
ATTORNEY-IN-CHARGE						Х		174,190.	0.	67,531.
(8) DAVID E. LOFTIS	35.00									
ATTORNEY-IN-CHARGE						Х		175,935.	0.	63,984.
(9) SCOTT A. ROSENBERG	35.00									
GENERAL COUNSEL				Х				225,136.	0.	5,910.
(10) PREMALI SHAH	35.00								_	
CHIEF FINANCIAL OFFICER				Х				169,967.	0.	56,828.
(11) SEAN S. SOUN	35.00									
CHIEF HR OFFICER (THRU 11/01/21)					Х			171,622.	0.	3,374.
(12) JONATHAN S. FISH, INTERIM CHIEF	35.00								_	_
FINANCIAL OFFICER (THRU 7/30/21)				Х				132,033.	0.	0.
(13) DAWN C. RYAN	35.00									
ATTORNEY-IN-CHARGE-BOROUGH						X		176,376.	0.	-55,904.
(14) IRWIN SHAW	35.00									
ATTORNEY-IN-CHARGE-BOROUGH						X		189,962.	0.	-88,951.
(15) RICHARD F. ALBERT	1.00									_
DIRECTOR		Х						0.	0.	0.
(16) DEBORAH N. ARCHER	1.00									_
DIRECTOR		Х						0.	0.	0.
(17) NICOLE ARGENTIERI	1.00									_
DIRECTOR (THRU 5/31/22)		X						0.	0.	990 (2021)

	TT AID SC	CI	<u>. Б.Т</u>	· Y					13-3364	<u> </u>	Page C
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average hours per week	box	not c , unle:	ss per	more rson i	than o s both or/trus	n an	Reportable compensation from	Reportable compensation from related	am	timated ount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fro orga and	pensation om the anization I related nizations
(18) CHRISTOPHER D. BELELIEU	1.00										
DIRECTOR		Х						0.	0.		0.
(19) STEVEN M. BIERMAN	1.00										
DIRECTOR (THRU 12/15/21)		Х						0.	0.		0.
(20) BARRY A. BOHRER	1.00										
DIRECTOR		Х						0.	0.		0.
(21) ALVIN L. BRAGG	1.00										
DIRECTOR (THRU 9/29/21)		Х						0.	0.		0.
(22) LARA S. BUCHWALD	1.00										
DIRECTOR		X						0.	0.		0.
(23) JOHN K. CARROLL	1.00										
DIRECTOR (FROM 1/19/22)		Х						0.	0.		0.
(24) NANCY CHUNG	1.00										
DIRECTOR (FROM 1/19/22)		Х						0.	0.		0.
(25) EVA W. COLE	1.00										
DIRECTOR		X						0.	0.		0.
(26) ROGER A. COOPER	1.00										
DIRECTOR		X						0.	0.		0.
1b Subtotal							ightharpoons	2,738,438.	0.	349	9,967.
c Total from continuation sheets to Part	/II, Section A						ightharpoons	0.	0.		0.
d Total (add lines 1b and 1c)							<u> </u>	2,738,438.	0.	349	9,967.
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable		
compensation from the organization											689
											Yes No
3 Did the organization list any former office	r, director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on		
line 1a? If "Yes," complete Schedule J for	such individual									3	X

			162	INO
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
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	5		X
$\overline{}$				

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.

the organization. He port compensation for the earth air year origing with or with	T the organization of tax your	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
KFORCE INC.		
P.O. BOX 277997, ATLANTA, GA 30384	TEMPORARY SERVICES	1,386,934.
TANDYM GROUP LLC		
675 THIRD AVENUE, 5FL, NEW YORK, NY 10017	TEMPORARY SERVICES	974,678.
ACCOUNTEMPS, 12400 COLLECTION CENTER		
DRIVE, CHICAGO, IL 60693	TEMPORARY SERVICES	951,521.
AMERICAN MAINTENANCE & JANITORIAL SERVICES	OFFICE CLEANING	
101 WEST 23RD STREET #133, NEW YORK, NY 100	SERVICES	699,726.
ADP	PAYROLL PROCESSING	
P.O. BOX 842875, BOSTON, MA 02284	FEES/HR FEES	664,052.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization		
CDD DADM LITT COCMTON A COMMINITATION CHI	TUTO	- 000

Form 990 THE LEGAL	אמ מדא נ	\mathcal{L}_{T}	L L	I					13-336	4403
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl		allt			ly)	compensation	compensation	amount of
	per					<u> </u>	<u>,, </u>	from	from related	other
	week					ee/		the	organizations	compensation
	(list any	ctor				oldu		organization	(W-2/1099-MISC)	from the
	hours for	rdire				ted er		(W-2/1099-MISC)		organization
	related	stee o	uste		_	eusa				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	vidua	itutio	Officer	emp	hest (Former			
	line)	Indi	Inst	0##	Key	Hig	Fon			
(27) JENNA M. DABBS	1.00									
DIRECTOR (FROM 4/27/22)		X						0.	0.	0.
(28) MYLAN L. DENERSTEIN	1.00									
DIRECTOR (THRU 1/14/22)		Х						0.	0.	0.
(29) MATTHEW DILLER	1.00									
DIRECTOR		Х						0.	0.	0.
(30) JUNE S. DIPCHAND	1.00									
DIRECTOR		Х						0.	0.	0.
(31) WILLIAM R. DOUGHERTY	1.00									
DIRECTOR (THRU 6/30/22)		Х						0.	0.	0.
(32) SCOTT A. EDELMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(33) ELYSE ECHTMAN	1.00									
DIRECTOR (THRU 1/31/22)		Х						0.	0.	0.
(34) NATASHA I. FAPOHUNDA	1.00									
DIRECTOR (FROM 1/19/22)		Х						0.	0.	0.
(35) EDWARD FLANDERS	1.00									
DIRECTOR		Х						0.	0.	0.
(36) JEFFREY A. FUISZ	1.00									
DIRECTOR		Х						0.	0.	0.
(37) MATTHEW FURMAN	1.00									
DIRECTOR (FROM 1/19/22)		Х						0.	0.	0.
(38) CHRISTOPHER L. GARCIA	1.00								• •	
DIRECTOR		Х						0.	0.	0.
(39) JEFFREY GLEN	1.00								• •	
DIRECTOR (FROM 1/19/22)		Х						0.	0.	0.
(40) LINDA C. GOLDSTEIN	1.00									
DIRECTOR		Х						0.	0.	0.
(41) MIA N. GONZALEZ	1.00									
DIRECTOR (FROM 6/29/22)		Х						0.	0.	0.
(42) MEAGHAN GRAGG	1.00									
DIRECTOR		Х						0.	0.	0.
(43) CAROL GREENE-VINCENT	1.00									
DIRECTOR		Х						0.	0.	0.
(44) DAVID J. GREENWALD	1.00									
DIRECTOR		Х						0.	0.	0.
(45) ADAM HAKKI	1.00									
DIRECTOR		Х						0.	0.	0.
(46) JASON M. HALPER	1.00									
DIRECTOR (THRU 6/29/22)		X						0.	0.	0.
Total to Part VII, Section A, line 1c										

	T AID SC	CI	.E.I	· Y					13-336	<u> </u>
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, ar	nd H	ligh	est	Compensated Employe	ees (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
1131113 3113	hours	(c		all t			ly)	compensation	compensation	amount of
	per					<u> </u>	,, 	from	from related	other
	week					lee /ee		the	organizations	compensation
	(list any	ctor				oldu		organization	(W-2/1099-MISC)	from the
	hours for	rdire				ted er		(W-2/1099-MISC)		organization
	related	tee o	ustee			en sa				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	vidus	itutio	cer	emp	hest	Former			
	line)	Indi	Inst	Officer	Key	Hig	Forr			
(47) DAVID G. HILLE	1.00									
DIRECTOR		Х						0.	0.	0.
(48) RICHARD F. HANS	1.00									
DIRECTOR		Х						0.	0.	0.
(49) ELAI KATZ	1.00							-	-	-
DIRECTOR		х						0.	0.	0.
(50) ATIF KHAWAJA	1.00									
DIRECTOR	1.00	х						0.	0.	0.
(51) MARVIN KRISLOV	1.00	22						0.	0.	•
DIRECTOR (FROM 12/15/21)	1.00	X						0.	0.	0.
(52) GILLIAN LESTER	1.00	^						· ·	0.	0.
	1.00	X						0.	0.	^
DIRECTOR	1 00	Δ		Н				0.	0.	0.
(53) ADEEL A. MANGI	1.00	٠,							0	•
DIRECTOR (THRU 11/1/21)	1 00	Х						0.	0.	0.
(54) AARON R. MARCU	1.00	l								
DIRECTOR		Х						0.	0.	0.
(55) J. KEVIN MCCARTHY	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(56) JOAN MCPHEE	1.00									
DIRECTOR		Х						0.	0.	0.
(57) THOMAS C. MERIAM	1.00									
DIRECTOR (THRU 9/29/21)		Х						0.	0.	0.
(58) PERRY A. NAPOLITANO	1.00									
DIRECTOR		Х						0.	0.	0.
(59) LYNN K. NEUNER	1.00							-	-	-
DIRECTOR (FROM 6/29/22)		х						0.	0.	0.
(60) CHARLES C. PLATT	1.00	1						•	Ţ.	
DIRECTOR		х						0.	0.	0.
(61) PATRICK T. QUINN	1.00	21						•	•	•
DIRECTOR (FROM 6/29/22)	1.00	X						0.	0.	0.
	1 00	Δ.						0.	0.	0.
(62) SHARYL A. REISMAN	1.00	₹,							_	•
DIRECTOR	1 00	Х		Н				0.	0.	0.
(63) ALYSSA ROWER	1.00	٠,,								_
DIRECTOR (FROM 6/29/22)	1 00	X	_	\vdash		_		0.	0.	0.
(64) DANIEL RUBENS	1.00	l								_
DIRECTOR (FROM 6/29/22)	_	X		Щ				0.	0.	0.
(65) ANTONY L. RYAN	1.00	1								
DIRECTOR		Х		Ш				0.	0.	0.
(66) WILLIAM SAVITT	1.00]								
DIRECTOR		Х						0.	0.	0.
Total to Part VII, Section A, line 1c										
										L

Form 990 THE LEGA	אל מדא דר	\mathcal{L}_{T}	. C: 1	I					13-336	4405
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, ar	nd H	lighe	est	Compensated Employe	es (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl		allt			ly)	compensation	compensation	amount of
	per							from	from related	other
	week					ee/		the	organizations	compensation
	(list any	ctor				nploy		organization	(W-2/1099-MISC)	from the
	hours for	rdire				ted er		(W-2/1099-MISC)		organization
	related	tee o	ustee			en sa i				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	vidus	itutio	Officer	emp	hest (Former			
	line)	Indi	Inst	0#	Key	Hig	Fon			
(67) PAUL H. SCHOEMAN	1.00									
DIRECTOR		X						0.	0.	0.
(68) BART R. SCHWARTZ	1.00									
DIRECTOR		Х						0.	0.	0.
(69) WILLIAM SCHWARTZ	1.00									
DIRECTOR		Х						0.	0.	0.
(70) L. KEVIN SHERIDAN JR.	1.00							-	-	-
DIRECTOR		х						0.	0.	0.
(71) RACHEL SHERMAN	1.00									
DIRECTOR (FROM 1/19/22)	1.00	х						0.	0.	0.
(72) TIFFANY J. SMITH	1.00	22						0.	0.	<u>.</u>
DIRECTOR	1.00	Х						0.	0.	0.
(73) AUDRA J. SOLOWAY	1.00	Λ						0.	0.	0.
	1.00	Х						0.	0.	0
DIRECTOR	1 00	Δ						0.	0.	0.
(74) JOSEPH L. SORKIN	1.00	.,							0	•
DIRECTOR	1 00	Х						0.	0.	0.
(75) GARY STEIN	1.00								•	•
DIRECTOR (FROM 4/27/22)	1 00	Х						0.	0.	0.
(76) RICHARD STRASSBERG	1.00	ļ								
DIRECTOR (FROM 6/29/22)		Х						0.	0.	0.
(77) DINA GANZ TRAUGOT	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(78) ANDREW M. WASSERMAN	1.00									
DIRECTOR (THRU 1/14/22)		Х						0.	0.	0.
(79) CHARLES WEINSTEIN	1.00									
DIRECTOR		Х						0.	0.	0.
(80) PETER M. WILLIAMS	1.00									
DIRECTOR		Х						0.	0.	0.
(81) JAMIE L. WINE	1.00									
DIRECTOR		Х						0.	0.	0.
(82) ALAN LEVINE	10.00									
PRESIDENT		Х		х				0.	0.	0.
(83) ZACHARY W. CARTER	10.00							-	-	
CHAIRMAN (FROM 9/29/21)		Х		х				0.	0.	0.
(84) RICHARD J. DAVIS	10.00	T-		-	\Box					3.
CHAIRMAN (THRU 9/29/21)		х		х				0.	0.	0.
(85) THOMAS M. CERABINO	1.00	<u> </u>			\vdash			† ·	•	•
VICE CHAIR		х		х				0.	0.	0.
(86) DOUGLAS F. CURTIS	1.00				\vdash				•	J •
VICE CHAIR (THRU 12/15/21)	1.00	Х		х				0.	0.	0.
1102 CIMIN (111NO 12/13/21/	ı	Λ		27					0.	· · ·
Tabalda Dadavilla Osadia A. ii d										
Total to Part VII, Section A, line 1c								1		

Form 990 THE LEGA	L AID SC								13-556	2203
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A) Name and title	(B) Average hours			(C Pos	C) ition			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
87) MARK P. GOODMAN VICE CHAIR	1.00	x		Х				0.	0.	0.
88) TRACY RICHELLE HIGH	1.00	х		х				0.	0.	0.
(89) SARA E. MOSS	1.00									
VICE CHAIR (90) BRADLEY I. RUSKIN	1.00	Х		Х				0.	0.	0 .
VICE CHAIR (91) LAUREN SICILIANO	35.00	Х		Х				0.	0.	0.
INTERIM COO (FROM 2/23/22)				Х				0.	0.	0 .
	1	1	l		l			1		

13-5562265

		Check if Schedule O contains a respon	nse or note to any line	in this Part VIII			
		Check if Correduce O contains a respon	nise of flote to arry lift	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
			4 207				Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a	4,397.				
Gra		Membership dues 1b					
is, (An		Fundraising events 1c	3,138,445.				
a Si		Related organizations 1d					
imi		Government grants (contributions)	329,464,785.				
rio S	f	All other contributions, gifts, grants, and					
ig the		similar amounts not included above 1f	18,538,443.				
dat	g	Noncash contributions included in lines 1a-1f	63,987.				
a C a	h	Total. Add lines 1a-1f		351146070.			
			Business Code				
ø	2 a	COURT AWARDS	541100	42,592.	42,592.		
, kic	b	,					
Ser	С						
m Ver	d						
gra Re	۵						
Program Service Revenue	f	All other program service revenue	_				
_		Total. Add lines 2a-2f		42,592.			
$\overline{}$	3	Investment income (including dividends, in		12,072.			
	3			239,130.			239,130.
		other similar amounts)		237,130.			237,130.
	4	Income from investment of tax-exempt bor	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securiti	es (ii) Other				
		assets other than inventory 7a 2,193,9	20.				
	b	Less: cost or other basis					
e		and sales expenses	18.				
enr	С	Gain or (loss) 7c 127,0					
Revenue		Net gain or (loss)	•	127,002.			127,002.
er		Gross income from fundraising events (not		,			,
Ğ.	0 4	including \$ 3,138,445. of					
		contributions reported on line 1c). See					
		Part IV, line 18	8a 123,120.				
	h		8b 450,665.				
		Less: direct expenses Net income or (loss) from fundraising even		-327,545.			-327,545.
			P	527,545.			327,343.
	ъa	Gross income from gaming activities. See					
		Part IV, line 19	9a				
		Less: direct expenses	9b				
		Net income or (loss) from gaming activities	············				
	10 a	Gross sales of inventory, less returns					
		and allowances	10a				
		Less: cost of goods sold	[10b]				
	С	Net income or (loss) from sales of inventor					
S			Business Code				
Miscellaneous Revenue	11 a	MISC. INCOME	900099	169,018.			169,018.
ane	b		_				
eve	С		_				
Aisc	d	All other revenue					
		Total. Add lines 11a-11d		169,018.			
		Total revenue See instructions		351396267.	42 592.	0.	207 605.

13-5562265

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).

Secti	on 501(c)(3) and 501(c)(4) organizations must com			ripiete column (A).	
	Check if Schedule O contains a respon		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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,	0 010 600	0 060 005	120 656	11 001
	trustees, and key employees	2,210,682.	2,069,005.	130,656.	11,021.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	102 050 256	101 651 054	11 225 540	062 582
7	Other salaries and wages	193,952,376.	181,651,054.	11,337,749.	963,573.
8	Pension plan accruals and contributions (include	20 062 226	07 110 121	1 010 607	140 400
	section 401(k) and 403(b) employer contributions)		27,110,131.	1,810,697.	142,408.
9	Other employee benefits		50,018,815.	3,345,315.	261,540.
10	Payroll taxes	15,869,361.	14,802,940.	988,661.	77,760.
11	Fees for services (nonemployees):				
_	Management	114 061		114 061	
b	Legal	114,861.		114,861.	
	Accounting	211,463.		211,463.	
	Lobbying	71,300.		71,300.	01 100
e	Professional fundraising services. See Part IV, line 17	91,192. 53,153.		53,153.	91,192.
f	Investment management fees	33,133.		33,133.	
g	Other. (If line 11g amount exceeds 10% of line 25,	F 227 F60	4 110 000	1 105 620	2 020
	column (A), amount, list line 11g expenses on Sch O.)	5,227,569. 237,167.		1,105,630. 154,159.	2,930. 4,743. 4,510.
12	Advertising and promotion	2,434,497.		461,341.	4,743.
13	Office expenses	2,434,497.	1,900,040.	401,341.	4,510.
14	Information technology				
15	Royalties	33 203 249	31,042,729.	1,980,344.	180,176.
16	Occupancy	594,578.		19,284.	81.
17	Travel	334,370.	3/3,413.	19,204.	01.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	59,704.	19,702.	38,808.	1,194.
19	Conferences, conventions, and meetings	35,704.		22,980.	707.
20	Payments to affiliates	33,334.	11,007.	22,500•	707•
21 22	Depreciation, depletion, and amortization	495,049.	393,879.	101,170.	
23		866,618.		49,862.	4,522.
23 24	Other expenses. Itemize expenses not covered	000,010	012,201.	15,0021	1,522.
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	EQUIPMENT RENTAL & MAIN	4,978,932.	4,264,463.	600,395.	114,074.
a b	COMMUNICATIONS	2,349,339.		108,309.	9,979.
c	INVESTIGATIONS	2,104,986.	<u> </u>	41,863.	0.
d	LAW BOOKS & REF	1,331,391.		3,037.	5,344.
	All other expenses	5,681,474.		3,410,470.	128,401.
25	Total functional expenses. Add lines 1 through 24e		326,697,539.	26,161,507.	2,004,155.
26	Joint costs. Complete this line only if the organization			= 0, = 0 = 10 0 1 0	_, ,
_5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
		I	1		Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

Pai	IL A	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	17,900,630.	1	47,553,170.
	2	Savings and temporary cash investments		2	2,146,785.
	3	Pledges and grants receivable, net		3	81,494,964
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	826,566.	9	1,414,049
	10a	Land, buildings, and equipment: cost or other	_		
		basis. Complete Part VI of Schedule D 10a 24,010,42			2 2 2 2 2 2 2
	b	Less: accumulated depreciation 10b 15,760,0			8,250,370
	11	Investments - publicly traded securities			4,952,542
	12	Investments - other securities. See Part IV, line 11	4,152,696.		3,721,721
	13	Investments - program-related. See Part IV, line 11	*****	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1 4 2 2 2 2 2 2 2 2	15	140 522 601
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	149,533,601
	17	Accounts payable and accrued expenses			49,107,305
	18	Grants payable		18	
	19	Deferred revenue		19 20	
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,		21	
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
Ē		controlled entity or family member of any of these persons		22	
E.	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	93,146,893.	25	94,748,219.
	26	Total liabilities. Add lines 17 through 25	440 400 854		
		Organizations that follow FASB ASC 958, check here	, ,		, ,
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	-18,260,306.	27	-1,170,255.
Bal	28	Net assets with donor restrictions	7,144,524.	28	6,848,332.
n n		Organizations that do not follow FASB ASC 958, check here			
Ť		and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ret	32	Total net assets or fund balances	-11,115,782.	32	5,678,077.
	33	Total liabilities and net assets/fund balances	<u> 132,073,969.</u>	33	149,533,601.

Га	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,39</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,86		
3	Revenue less expenses. Subtract line 2 from line 1	3	<u> </u>	,46	6,9	<u>34.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-11	,11	5,7	82.
5	Net unrealized gains (losses) on investments	5	-1	,26	0,4	54.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	21	,52	1,2	47.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	5	,67	8,0	77.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	$ldsymbol{ld}}}}}}}}}$
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it			
	Act and OMB Circular A-133?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	
				Form	990	(2021)

SCHEDULE A

(Form 990)

Total

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

2021
Open to Public

Inspection

Employer identification number Name of the organization THE LEGAL AID SOCIETY 13-5562265 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	289180378	<u>304058635</u>	329837174	327003099	351146070	1601225356.
2	Tax revenues levied for the organ-						
	ization'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	289180378	<u>304058635</u>	329837174	<u>327003099</u>	351146070	1601225356.
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)						
	Public support. Subtract line 5 from line 4.						1601225356.
	ction B. Total Support	I		T	I	I I	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
		289180378	304058635	32983/1/4	32/003099	351146070	1601225356.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	200 227	F06 00F	700 100	214 220		2007020
	and income from similar sources	328,337.	596,985.	709,129.	214,239.	239,130.	2087820.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	160 754	180,001.	20,945.	2,345.	292,138.	656 193
	assets (Explain in Part VI.)	100,734.	100,001.	20,943.	2,343.	292,130.	1603969359.
12	Total support. Add lines 7 through 10 Gross receipts from related activities,	eta (aca instructio	<u> </u>			12	479,312.
	First 5 years. If the Form 990 is for the	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	fourth or fifth tax v			4/3,312.
10	organization, check this box and stop	-		•			ightharpoonup
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	99.83 %
15	Public support percentage from 2020					15	99.83 %
16a	33 1/3% support test - 2021. If the					ore, check this box	_
	stop here. The organization qualifies	_					, (37
b	33 1/3% support test - 2020. If the	organization did no	t check a box on I				
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			>
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		>
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is 1	0% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circle	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	

Schedule A (Form 990) 2021 THE LEGAL AID SOCIETY 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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Vaa	No
	Yes	NO
4		
1		
2		
3a		
Oh		
3b		
0-		
3c		
4-		
4a		
4b		
40		
4c		
10		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
40		
10a		
401		
10b		

Par	t IV Sup	porting Organizations (continued)			
				Yes	No
11	Has the org	anization accepted a gift or contribution from any of the following persons?			
а	A person wh	no directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below,	the governing body of a supported organization?	11a		
		mber of a person described on line 11a above?	11b		
	•	rolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Par		11c		
		pe I Supporting Organizations			
				Yes	No
1	Did the gove	erning body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more suppo	rted organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		perated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the rganizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		anization operate for the benefit of any supported organization other than the supported			
		n(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		providing such benefit carried out the purposes of the supported organization(s) that operated,			
		or controlled the supporting organization.	2		
Sect	ion C. Ty	pe II Supporting Organizations			
				Yes	No
1	Were a majo	ority 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			
		nent of the supporting organization was vested in the same persons that controlled or managed			
	the supporte	ed organization(s).	1		
Sect	ion D. All	Type III Supporting Organizations			
				Yes	No
1	Did the orga	nization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization	a's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a co	ppy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization	a'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	n(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organiza	tion maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason o	f the relationship described on line 2, above, did the organization's supported organizations have a			
	significant v	oice in the organization's investment policies and in directing the use of the organization's			
	income or a	ssets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported o	rganizations played in this regard.	3		
Sect	ion E. Ty	pe III Functionally Integrated Supporting Organizations			
1	Check the b	ox next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		rganization satisfied the Activities Test. Complete line 2 below.			
b		rganization is the parent of each of its supported organizations. Complete line 3 below.			
С		rganization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	l' I	
2		st. Answer lines 2a and 2b below.		Yes	No
		tially all of the organization's activities during the tax year directly further the exempt purposes of			
		ed organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		orted organizations and explain how these activities directly furthered their exempt purposes,			
	•	anization was responsive to those supported organizations, and how the organization determined			
		ctivities constituted substantially all of its activities.	2a		
		vities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		reasons for the organization's position that its supported organization(s) would have engaged in	01-		
		ies but for the organization's involvement.	2b		
		upported Organizations. Answer lines 3a and 3b below.			
	_	anization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
		each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
		anization exercise a substantial degree of direction over the policies, programs, and activities of each	٥L		
	บา แจ ธนุมุทุง	rted organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

orting Organi	zations	
alifying trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	•	
	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
	(A) Prior Year	(B) Current Year (optional)
1a		
1b		
1c		
1d		
2		
3		
nt,		
4		
5		
6		
7		
8		
		Current Year
1		
2		
3		
4		
5		
6		
tionally integrated	d Type III supporting orga	nization (see
	alifying trust on N s must complete S	1 2 3 3 4 4 5 5 6 6 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8

Schedule A (Form 990) 2021

instructions).

Par	t v Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	<u>ıed) </u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
<u>b</u>	From 2017				
<u> </u>	From 2018				
<u>d</u>	From 2019				
e	From 2020				
f_	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u>i</u>	Carryover from 2016 not applied (see instructions)				
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2021 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
<u>e</u>	Excess from 2021				

Schedule A (Form 990) 2021

132028 01-04-22

Schedule A (Form 990) 2021 THE LEGAL AID SOCIETY	13-5562265	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Section (V, Section B, line 1e; Part	C, t V,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
MISC. INCOME		
SPECIAL EVENT INCOME		

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization **Employer identification number** THE LEGAL AID SOCIETY 13-5562265 Organization type (check one):

Organization type (chec	in Oriej.
Filers of:	Section:
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a) contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; -EZ, line 1. Complete Parts I and II.
contributor, dui	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, cational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering in (b) instead of the contributor name and address), II, and III.
year, contributi is checked, ent purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ons <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box er here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> table, etc., contributions totaling \$5,000 or more during the year \bigsim \$\$
answer "No" on Part IV,	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify filing requirements of Schedule B (Form 990)

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

THE LEGAL AID SOCIETY

13-5562265

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\\ 190,795,256.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 63,408,215.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 60,213,856.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions - \$ 7,203,323.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE LEGAL AID SOCIETY

13-5562265

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	

Name of organization Employer identification number

fro	m any one contributor. Complete columns (a)	through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the try. For organizations less for the year. (Enter this info. once.) \$\sim_{\text{S}}\$
No. m tl	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
$ \begin{vmatrix} - \end{vmatrix}$ $=$			
		(e) Transfer of gift	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
lo. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- -			
	Transferee's name, address, al	(e) Transfer of gift	t Relationship of transferor to transferee
Io.			
m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- $-$			
	Transferee's name, address, a	(e) Transfer of gift	
	Transferee's name, address, ai	10 ZIP + 4	Relationship of transferor to transferee
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ _			
		(e) Transfer of gift	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

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	ions. Complete Fait III.		Emr	loyer identification number
•	AL AID SOCIETY			13-5562265
	anization is exempt und	ler section 501(c)	or is a section 527 or	
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai 	ures gn activities		>	B
	anization is exempt und			
1 Enter the amount of any excise tax				
2 Enter the amount of any excise tax				
3 If the organization incurred a sectio				
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV. Part I-C Complete if the org	anization is exempt und	ler section 501(c)	except section 501/	2)(3)
1 Enter the amount directly expended				5,(o). 5
2 Enter the amount of the filing organ				
exempt function activities		•		8
3 Total exempt function expenditures				
line 17b				8
4 Did the filing organization file Form				
5 Enter the names, addresses and en				
made payments. For each organiza	tion listed, enter the amount pai	id from the filing organiz	zation's funds. Also enter th	e amount of political
contributions received that were pro	• •		•	te segregated fund or a
political action committee (PAC). If	additional space is needed, pro	vide information in Part	IV.	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			filing organization's funds. If none, enter -0	contributions received and promptly and directly
			Tarido. Il riorio, critor o .	delivered to a separate
				political organization. If none, enter -0
				in Horic, criter o.

Schedule C (Form 990) 2021	THE LEGAL A.	ID SOCIETY			562265 Page 2
Part II-A Complete if the org	janization is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).					
A Check 🕨 🔲 if the filing organiza	ation belongs to an affil	iated group (and list in	Part IV each affiliated	group member's name	, address, EIN,
expenses, and share	re of excess lobbying e	expenditures).			
B Check 🕨 🔲 if the filing organiza	ation checked box A an	d "limited control" pro	visions apply.		
	ts on Lobbying Exper ditures" means amou			(a) Filing organization's totals	(b) Affiliated group totals
d - Takal lalah ing ayang dikuma ka ingl					
1a Total lobbying expenditures to influ		, , ,		107,315.	
b Total lobbying expenditures to influ				107,315.	
c Total lobbying expenditures (add li				354755886.	
d Other exempt purpose expenditure					
e Total exempt purpose expenditure	`			354863201.	
f Lobbying nontaxable amount. Ente				1,000,000.	
If the amount on line 1e, column (a) o		bying nontaxable ame	ount is:		
Not over \$500,000	20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	,000,000 \$225,00	0 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
			_		
g Grassroots nontaxable amount (en	iter 25% of line 1f)			250,000.	
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than ze					
reporting section 4911 tax for this		,		Γ	Yes No
reperting economics to the teacher time		raging Period Under			
(Some organizations t	hat made a section 50		nave to complete all c	of the five columns be	low.
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(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	92,261.	86,415.	125,204.	107,315.	411,195.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount	==3,000	==3,000	==3,000		, = = 3 , = = 0
(150% of line 2d, column (e))					1,500,000.
, , , , , , , , , , , , , , , , , , , ,					, ,
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

Schedule C (Form 990) 2021 THE LEGAL AID SOCIETY 13-55622

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)
of th	e lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?tIII-A Complete if the organization is exempt under section 501(c)(4), section	F01/a\/5\	0r 000	tion	
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	301(0)(3)	, or sec	uon	
	301(3)(3).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
2	Did the organization make only inflouse lobbying experiorities of \$2,000 or less: Did the organization agree to carry over lobbying and political campaign activity expenditures from the		. 2		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section	501(c)(5)		tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "				3. is
	answered "Yes."	•	•	ŕ	•
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year				
С	-				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		. 5		
Pai	t IV Supplemental Information				
—— Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group I	st): Part II-A	. lines 1 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	,	`	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" 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 Inspection

Name of the organization

THE LEGAL AID SOCIETY

Employer identification number 13-5562265

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(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 w	_	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or		
Da	impermissible private benefit?		Yes No
Pai			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	`	
	Preservation of land for public use (for example, recreat	· —	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	of a conservation easement on the last Held at the End of the Tax Year
	day of the tax year.		
_	Total number of conservation easements		_
b			
	Number of conservation easements on a certified historic stru		
а	Number of conservation easements included in (c) acquired at	*	1 1
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
4	year ▶ Number of states where property subject to conservation ease	oment is legated	
4 5	Does the organization have a written policy regarding the period	•	
3	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
U	Starr and volunteer mours devoted to morntoning, inspecting, i	landing of violations, and emorcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	ation easements during the year
•	S	ing of violations, and emoreing conserva	tion casements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	-	
9	In Part XIII, describe how the organization reports conservatio		
Ū	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L A
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
b	Assets included in Form 990, Part X		

Par	rt III Organizations Maintaining (Collections of Art	t, Historical Tre	easures, or	Other	Similar	Assets	(continue	ed)
3	Using the organization's acquisition, access	sion, and other records	s, check any of the	following that r	nake sig	nificant ι	use of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange prograr	n				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's of	collections and explain	how they further th	ne organization	ı's exem	pt purpos	se in Part	XIII.	
5	During the year, did the organization solicit	or receive donations o	of art, historical trea	sures, or other	similar a	assets		_	
	to be sold to raise funds rather than to be m							Yes	No
Par	rt IV Escrow and Custodial Arrar		ete if the organization	n answered "Y	es" on f	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custoo		•					- ·	
	on Form 990, Part X?						<u>X</u>	Yes	No
b	If "Yes," explain the arrangement in Part XII	and complete the foll	lowing table:						
								Amount	470
	Beginning balance								478.
	Additions during the year								350.
е	Distributions during the year								647.
t	Ending balance					1f			181.
	Did the organization include an amount on I					y?		」Yes	X No
Par	rt V Endowment Funds. Complete	if the erganization an	planation has been	provided on Part I	art XIII				
· ui	Endownient ands. Complete	(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four ye	ars hack
10	Beginning of year balance	5,734,658.	4,524,922.	+			43,930.		74,429.
la h		3,731,030.	10,000.		,000.	-,-	10,550.	3,07	, 1, 123.
D	Contributions	-728,313.	1,199,736.		,904.	2	24,088.	26	59,501.
4	Grants or scholarships	122,222	_,,		,,,,,,		,,		,
u a	Other expenditures for facilities								
C									
f	Administrative expenses								
g g		5,006,345.	5,734,658.	4,524	922.	4.3	68,018.	4.14	13,930.
2	Provide the estimated percentage of the cu			· · ·		,	,	,	
a			%	,,,					
	Permanent endowment ► 45.4000	%	_,,						
	Term endowment ▶ 54.6000								
	The percentages on lines 2a, 2b, and 2c she	-							
За	Are there endowment funds not in the poss	ession of the organiza	tion that are held a	nd administere	d for the	e organiza	ation		
	by:							Ye	es No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of th		wment funds.						
Par	rt VI Land, Buildings, and Equipr								
	Complete if the organization answer	ed "Yes" on Form 990	, Part IV, line 11a. S	See Form 990,					
	Description of property	(a) Cost or of basis (investment)	` ,	t or other (other)		cumulate reciation	ed	(d) Book v	alue
1a	Land								
	Buildings								
С	Leasehold improvements					58,05		2,867,	
	1								
d	Equipment			1,824.		61,44			375.
			6,05	3,344.	8	40,5	53.	170, 5,212, 8,250,	791.

Schedule D (Form 990) 2021 THE LEGAL AL	D SOCIETY	13.	-5562265 Page 3
Part VII Investments - Other Securities. Complete if the organization answered "Yes" o	n Form 990 Part IV line	a 11h See Form 900 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1) Financial derivatives	(b) Book value	(e) Medica of Valuation: eggs of one	or your market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(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" o	n Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
	escription		(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" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			0 (10 50(
(2) PENSION LIABILITY	RRIMC		2,612,526.
(3) ACCRUED POSTRETIREMENT BEN	EFITS		51,352,054.
(4) DEFERRED LEASE OBLIGATIONS			21,261,891.
(5) PROGRAM ADVANCE			16,236,234.
(6) LEASEHOLD IMPROVEMENT LOAN			3,285,514.
<u>(7)</u>			
<u>(8)</u> (9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)		94,748,219.
(Outiling to) must equal i onn 330, Falt A, Coi. (D) line i	<u>,</u>		

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

Sche	dule F	(Form 990) 2021 THE LEGAL AID SOCIETY			13-	5562265	Page 4
	rt XI	Reconciliation of Revenue per Audited Financial Stateme	nts Wi	th Revenue per Re			i age
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		•			
1	Total				1	460,494,	289.
2		unts included on line 1 but not on Form 990, Part VIII, line 12:					
а		nrealized gains (losses) on investments	2a	-1,260,454.			
b		ted services and use of facilities		88,981,574.			
С		veries of prior year grants					
d		(Describe in Part XIII.)		21,376,902.			
е		ines 2a through 2d		-	2e	109,098,	022.
3		ract line 2e from line 1				351,396,	
4		unts included on Form 990, Part VIII, line 12, but not on line 1:					
а		tment expenses not included on Form 990, Part VIII, line 7b	4a				
b		(Describe in Part XIII.)					
c		ines 4a and 4b			4c		0.
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				351,396,	267.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per F			
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total	expenses and losses per audited financial statements			1	443,700,	430.
2		unts included on line 1 but not on Form 990, Part IX, line 25:					
а		ted services and use of facilities	2a	88,981,574.			
b		year adjustments		, ,			
c		rlosses			-		
d		r (Describe in Part XIII.)			-		
e		ines 2a through 2d			2e	88,981,	574.
3						354,718,	
4		ract line 2e from line 1 unts included on Form 990, Part IX, line 25, but not on line 1:				331,710,	. 0 3 0 •
7		tment expenses not included on Form 990, Part VIII, line 7b	4a	53,153.			
a L				91,192.	-		
D		r (Describe in Part XIII.)		•	4.	111	345.
		ines 4a and 4b			4c 5	354,863,	
5 D a	lotai	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.			5	334,003,	ZU1.
		1 11					
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			; Part	X, line 2; Part X	l,
PAI	RT I	V, LINE 1B:					
THI	E LE	GAL AID SOCIETY MAINTAINS CLIENT ESCRO	W ACC	OUNTS IN COM	PLI	ANCE WIT	H
THI	E NE	W YORK STATE INTEREST ON LAWYER ACCOUNT	r pro	GRAM. FUNDS	ARE	DEPOSIT	ED
<u>IN</u>	THE	SE ESCROW ACCOUNTS TO SAFEGUARD CLIENT	FUND	S PENDING TH	E R	ESOLUTIO	N
OF	ROU	TINE MATTERS.					
PAI	?Т V	7, LINE 4:					
	v	,					
CAI	PITA	L GAINS AND/OR INCOME GENERATED BY THE	LEGA	L AID SOCIET	ΥE	NDOWMENT	1

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

OUALIFIES 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 2019, WHICH IS THE

STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PROFESSIONAL FUNDRAISING SERVICES NETTED WITH REVENUE	-91,192.
PENSION-RELATED CHANGES OTHER THAN NET PERIODIC COSTS	21,521,247.
TEMBLOW REDATED CHANGED OTHER THAN NET TERTODIC CODIS	21,321,247.
TATTECOMENO MANACEMENO EEEC NEOMED WITHII DEVENUE	-53,153.
INVESTMENT MANAGEMENT FEES NETTED WITH REVENUE	33,133.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	21,376,902.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PROFESSIONAL FUNDRAISING SERVICES NETTED WITH REVENUE 91,192.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

required to complete this part.

THE LEGAL AID SOCIETY

Employer identification number

13-5562265

Indicate whether the organization rais X Mail solicitations						
 a X Mail solicitations b X Internet and email solicitations e X Solicitation of non-government grants f X Solicitation of government grants 						
c X Phone solicitations g X Special fundraising events						
d X In-person solicitations	· .		J			
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ing of	ficers, directors, trus	tees, or	
	art VII) or entity in connection with pr				X Yes	☐ No
b If "Yes," list the 10 highest paid indiv					ne fundraiser is to be	
compensated at least \$5,000 by the	organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	trol of	(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
RAIOLA CO. INC 1201		Yes	No			
BROADWAY, SUITE 511, NEW	EVENT PLANNING		Х	3,214,065.	35,000.	3,179,065.
ONESOURCE PRODUCTION LLC -						
38590 BETTIS DRIVE, HAMILTON,	DIRECT MAILING		X	338,433.	56,192.	282,241.
				·	,	
Total			<u> </u>	3,552,498.	91,192.	3,461,306.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	ontribu	utions	or has been notified	it is exempt from req	gistration
NY,NJ,CT						

13-5562265 Page 2 THE LEGAL AID SOCIETY Schedule G (Form 990) 2021 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 WINTER NONE (add col. (a) through SOJ DINNER BENEFIT col. (c)) (event type) (event type) (total number) 3,214,065. 47,500. 3,261,565. 1 Gross receipts 3,090,945. 47,500. 3,138,445. 2 Less: Contributions 123,120. 3 Gross income (line 1 minus line 2) 123,120. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 215,558. 24,563. 240,121. 7 Food and beverages 8 Entertainment 206,189. 4,355. 210,544. 9 Other direct expenses 450,665. 10 Direct expense summary. Add lines 4 through 9 in column (d) -327,545.11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor 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?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "No," explain: _

b If "Yes," explain:

Sch	edule G (Form 990) 2021 THE LEGAL AID SOCIETY	13-5562265	Page 3
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:		
ā	a The organization's facility	13a	<u>%</u>
	o An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$	nt	
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		
	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	∟ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ihe	
Pa	organization's own exempt activities during the tax year \(\subseteq \) \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Dort III. linco 0. 0	h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nd Fait III, IIIles 9, 9	ы, тоы,
_	135, 136, 16, and 175, as applicable. Also provide any additional information. Occ institutions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	SERS:	
	.		
<u>(I</u>) NAME OF FUNDRAISER: RAIOLA CO. INC.		
<u>(I</u>) ADDRESS OF FUNDRAISER: 1201 BROADWAY, SUITE 511, NEW YORK,	NY 10001	<u> </u>
<u>(I</u>) NAME OF FUNDRAISER: ONESOURCE PRODUCTION LLC		
<u>(I</u>) ADDRESS OF FUNDRAISER: 38590 BETTIS DRIVE, HAMILTON, VA 2	20158	

Schedule G	(Form 990)	THE LEGAL	AID	SOCIETY	13-5562265	Page 4
Part IV	(Form 990) Supplemental Infor	mation _(continued)				

SCHEDULE J (Form 990)

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.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

THE LEGAL AID SOCIETY

Employer identification number 13-5562265

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

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JUSTINE LUONGO	(i)	217,034.	0.	8,490.	15,051.	56,219.	296,794.	0.	
ATTORNEY-IN-CHARGE-CDP	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) DAWNE A. MITCHELL	(i)	215,933.	0.	8,610.	2,995.	54,798.	282,336.	0.	
ATTORNEY-IN-CHIEF-JRP	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) JANET SABEL	(i)	242,515.	0.	5,499.	-24,980.	58,038.	281,072.	0.	
ATTORNEY-IN-CHIEF/CEO (THRU 5/31/22)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) ADRIENE L. HOLDER	(i)	219,920.	0.	8,610.	9,980.	21,387.	259,897.	0.	
ATTORNEY-IN-CHIEF-CIVIL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) ARCHANA D. JAYARAM, CHIEF	(i)	219,896.	0.	60.	9,942.	22,382.	252,280.	0.	
OPERATING OFFICER (THRU 2/7/22)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) S MAQUITA MOODY	(i)	166,736.	0.	9,914.	11,114.	60,269.	248,033.	0.	
SENIOR SUPERVISING ATTORNEY	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) CHRISTOPHER P. PISCIOTTA	(i)	167,504.	0.	6,686.	11,493.	56,038.	241,721.	0.	
ATTORNEY-IN-CHARGE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) DAVID E. LOFTIS	(i)	175,677.	0.	258.	11,736.	52,248.	239,919.	0.	
ATTORNEY-IN-CHARGE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) SCOTT A. ROSENBERG	(i)	216,023.	0.	9,113.	-51,320.	57,230.	231,046.	0.	
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) PREMALI SHAH	(i)	169,917.	0.	50.	13,260.	43,568.	226,795.	0.	
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) SEAN S. SOUN	(i)	165,592.	0.	6,030.	0.	3,374.	174,996.	0.	
CHIEF HR OFFICER (THRU 11/01/21)	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(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)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990.

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

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

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	_	s
1	Art - Works of art		itemie eentributeu	r om ood, r are viii, iii o rg				
2	A							
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	20	63,987.	FM7			
10	Securities - Closely held stock		20	03/30/1				
11	Securities - Partnership, LLC, or							
••								
12								
13	Securities - Miscellaneous Qualified conservation contribution -							
10								
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other							
26	Other							
27	Other							
28	Other ()							
29	Number of Forms 8283 received by the organization	zation durino	the tax vear for c	ontributions				
	for which the organization completed Form 82						0	
	· ·		J				Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	quires the review	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2021
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:

IT IS DEDICATED TO ONE SIMPLE BUT POWERFUL BELIEF: THAT NO NEW YORKER

SHOULD BE DENIED ACCESS TO JUSTICE BECAUSE OF POVERTY. DURING THE YEAR,

THE SOCIETY HANDLED MORE THAN 185,260 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

Schedule O (Form 990) 2021 Page 2

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 2021 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,

Schedule O (Form 990) 2021 Page 2

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.

NOT WITHSTANDING THE PROCEDURES OUTLINED ABOVE, THE ATTORNEY-IN-CHIEF(S)

ARE NOT INVOLVED IN DECIDING THEIR 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 6104(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.

Schedule O (Form 990) 2021 Page **2**

Name of the organization THE LEGAL AID SOCIETY	Employer identification number 13-5562265
FORM 990, PART VII, COLUMN F & SCHEDULE J, PART II, COLUMN	С
THE AMOUNTS REPORTED INCLUDE THE ESTIMATED INCREASE/DECREA	SE 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 ORGANIZ	ATION-WIDE
COST OF LIVING ADJUSTMENT AND VACATION BUY-BACK.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PENSION-RELATED CHANGES OTHER THAN NET PERIODIC COSTS	21,521,247.