(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use Form 7004 to request an extension of time to f	ile income tax retur	ns.					
Part I - Identification			-				
Type or Name of exempt organization, employer, or o	other filer, see instr	uctions.	Taxpayer	r identification	n number (TIN)		
Print							
THE LEGAL AID SOCIETY				13-556	52265		
	for Number, street, and room or suite no. If a P.O. box, see instructions.						
instructions. City, town or post office, state, and ZIP code NEW YORK, NY 10038	e. For a foreign add	ress, see instructions.					
Enter the Return Code for the return that this application	is for (file a separa	te application for each return)			01		
Application Is For	Return Code	Application Is For			Return Code		
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)			09		
Form 4720 (individual)	03	Form 5227			10		
Form 990-PF	04	Form 6069			11		
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12		
Form 990-T (trust other than above)	06	Form 5330 (individual)			13		
Form 990-T (corporation)	07	Form 5330 (other than individual)			14		
Form 1041-A	08						
 After you enter your Return Code, complete either Part 		Lincluding signature is applicable of	only for an	extension of			
time to file Form 5330.		,,					
 If this application is for an extension of time to file Form 	n 5330. vou must e	nter the following information					
Plan Name		•					
Plan Number							
Plan Year Ending (MM/DD/YYYY)							
Part II - Automatic Extension of Time To File for Exemp	ot Organizations (see instructions)					
The books are in the care of LINDSEY OATE							
		OOR - NEW YORK, NY	10038	}			
Telephone No. 212-577-3300	.,	Fax No.					
 If the organization does not have an office or place of 	husiness in the I In						
 If this is for a Group Return, enter the organization's for 							
box							
1 I request an automatic 6-month extension of time u		, 20 <u>25</u> , to file					
the organization named above. The extension is fo				ipt organizati	onnetannion		
calendar year 20 or	r the organization s						
	20	2.3, and ending	.тттл 3	0	, 20 24		
	, 20	2.5 , and ending	0010 5	0.	,20 2 4		
2 If the tax year entered in line 1 is for less than 12 n Change in accounting period	nonths, check reaso	on: Initial return	Final retur	n			
3a If this application is for Forms 990-PF, 990-T, 4720	or 6069 enter the	tentative tax less					
any nonrefundable credits. See instructions.	, e. eeee, ontor the		3a	\$	0.		
b If this application is for Forms 990-PF, 990-T, 4720	or 6069 enter an	refundable credits and		₩			
estimated tax payments made. Include any prior ye	• • •		Зb	\$	0.		
c Balance due. Subtract line 3b from line 3a. Include			00	Ψ	5.		
using EFTPS (Electronic Federal Tax Payment Sys	• • •		Зc	\$	0.		
Long Errro (Electronic rederar tax Fayinent Sys		110.	1 30	ຸ ຈ 			

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

	_		Return of Organization Exempt From		OMB No. 1545-0047
For	_ Q	90			2023
1 01			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e. Do not enter social security numbers on this form as it may be		
Depa Inter	artment nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the latest	•	Open to Public Inspection
			ar year, or tax year beginning JUL 1, 2023 and ending	JUN 30, 2024	•
B	Check if applicab	le: C Name o	forganization	D Employer identific	ation number
	Addre	THE	LEGAL AID SOCIETY		
	Name		usiness as	13-556226	5
	Initial		and street (or P.O. box if mail is not delivered to street address) Room/sui		
	Final returr		WATER ST., 6TH FLOOR	212-577-3	300
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	426,499,526.
	Amer		YORK, NY 10038	H(a) Is this a group ret	
	Appli tion pend		nd address of principal officer: ZACHARY W. CARTER	for subordinates?	
		SAME	AS C ABOVE	H(b) Are all subordinates inc	
		empt status:		-	ist. See instructions
_	Vebs		LEGAL-AID.ORG	H(c) Group exemption	
		f organization: [Summary	X Corporation Trust Association Other L Ye	ar of formation: 1876 M	State of legal domicile: NY
Г	art I				λ Τ
é	1		be the organization's mission or most significant activities: <u>TO PROVID</u>	E QUALITY LEG	
anc			NTATION TO LOW-INCOME NEW YORKERS.		
ērn	2	Check this bo		1 1	ets. 60
Governance	3		ting members of the governing body (Part VI, line 1a)		60
	4		lependent voting members of the governing body (Part VI, line 1b)		2449
ties	6		of volunteers (estimate if necessary)	······	1975
Activities &			d business revenue from Part VIII, column (C), line 12		0.
Ă			business taxable income from Form 990-T, Part I, line 11		0.
	<u> </u>	Hot an olatod		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	370,268,776.	415,013,229.
nue	9		ce revenue (Part VIII, line 2g)	136,502.	17,087.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	1,212,544.	1,070,718.
Ĕ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,967,124.	-287,857.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	376,584,946.	415,813,177.
	13	Grants and sir	milar 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.
ŝ	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	, ,	340,771,355.
anse.	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	106,324.	111,376.
Expense	. b		ing expenses (Part IX, column (D), line 25) 2,204,329.		
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	62,981,557.	64,675,504.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	377,158,851.	405,558,235.
	19	Revenue less	expenses. Subtract line 18 from line 12	-573,905.	10,254,942.
S OL			F	Beginning of Current Year	End of Year
Assets or A Balances	20	Total assets (485,982,308.	425,697,419.
Net A:	-		(Part X, line 26)	476,770,007.	408,540,028.
	22 art II	Net assets or Signature	fund balances. Subtract line 21 from line 20	9,212,301.	17,157,391.
	art II	•		monto and to the best of mu	knowledge and helief it is
und	er pen	anies of perjury,	I declare that I have examined this return, including accompanying schedules and state	ments, and to the best of my	knowledge and bellet, it is

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

Sign	Signature of officer		Date				
Here		PERATING OFFICER					
	Type or print name and title	2					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	LYNNE JOHNSON	7411-	5/12/2025	self-employed P00757336			
Preparer	Firm's name RSM US LLP	, ,	Firm'	sEIN 42-0714325			
Use Only	Firm's address 4 TIMES SQUARE						
	NEW YORK, NY 1003	6	Phon	e no.212-372-1000			
May the If	May the IRS discuss this return with the preparer shown above? See instructions						
LHA For	Paperwork Reduction Act Notice, see the sepa	rate instructions. 332001 12-21-23		Form 990 (2023)			

Form	990 (2023) THE LEGAL AID SOCIETY	13-5562265	Page 2
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Χ
1	Briefly describe the organization's mission: THE LEGAL AID SOCIETY IS A PRIVATE, NOT-FOR-PROFIT LEGA ORGANIZATION, THE OLDEST AND LARGEST IN THE NATION, DEI 1876 TO PROVIDING QUALITY LEGAL REPRESENTATION TO LOW- YORKERS. (MISSION CONTINUED ON SCHEDULE O)	DICATED SINCE	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service: If "Yes," describe these changes on Schedule O.	s? Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or revenue, if any, for each program service reported.		nd
4a			
4b	(Code:) (Expenses \$98,706,740. including grants of \$) (Red CIVIL PRACTICE - PROVIDED CIVIL LEGAL ASSISTANCE TO LOW YORKERS AND WORKED ON APPROXIMATELY 59,000 CLIENT MATTH	V-INCOME NEW	087.)
4c	<pre>(Code:)(Expenses \$ 52,270,331. including grants of \$) (Red JUVENILE RIGHTS PRACTICE - REPRESENTED CHILDREN AND YOU ARE THE SUBJECT OF ABUSE AND NEGLECT, DELINQUENCY AND C THE NYC FAMILY COURT. IT IS ESTIMATED THAT THE JUVENILE WORKED ON APPROXIMATELY 23,304 ONGOING CLIENT MATTERS 7 </pre>	OTHER MATTERS I E RIGHTS PRACTI	
4d	Other program services (Describe on Schedule O.)		
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 371,907,320.)	
-10		Eorm 9	90 (2023)

Form	990	(2023)

 Form 990 (2023)
 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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,			
	Part VI	<u>11a</u>	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		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	400		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/1		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u></u>
15		15		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u></u>
16		16		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	х	
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	17	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	- 22	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		х
20-	complete Schedule G, Part III	19 202		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		
ь 21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
21	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
		<u> </u>		

Form 990 (2023)		LEGAL		
Part IV	Checklist	of Require	d Schedu	iles _{(co}	ontinued)

			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	Х	
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			
		24a		x
Ь	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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 L, Part II	26		X
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 employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See 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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
U		28c		x
20	"Yes," complete Schedule L, Part IV	200	Х	- 23
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	1	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
.	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Notes All Forms 000 filese and new word to complete Coloradula O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	1 00		L
	Check if Schedule O contains a response or note to any line in this Part V			
			 Vaa	
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2023) THE LEGAL AID SOCIETY 13-5562	265	Р	age 5
Par	t 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 2a 2449			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
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).			
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	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-		
•	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	•		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
u	Note: See the instructions for additional information the organization must report on Schedule O.	104		
h	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			
c	Enter the amount of reserves on hand			
14a		14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	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		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1
	If "Yes." complete Form 6069.			

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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.

,	Check if Schedule O contains a re	sponse or note to an	v line in this Part VI	

X

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6	<u>)</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	6)		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?		-	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the		supervision			
				3	х	
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		x
6	Did the organization have members or stockholders?			6	Х	
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			14		
				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			10		
		-	-	8a	х	
a h	The governing body? Each committee with authority to act on behalf of the governing body?			8b	X	
b				uo	- 72	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		А
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		M.	
10-				40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, amilates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y	'es," de	escribe			
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	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 arrangen	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	'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 <u>CT, NJ, NY</u>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 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 Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records			
	LINDSEY OATES - 212-577-3300					
	199 WATER ST., 6TH FLOOR, 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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax	vear.

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."

THE LEGAL AID SOCIETY

• 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, box 6 of 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.

Form 990 (2023)

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

	ior arry related	<u>ga</u>		cion	0011	ipoi				
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck i			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s botł	n an	compensation	compensation	amount of
	week		cer ar	nd a di	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	ltiona		nploy	st cor	1	1000 (120)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			e.gam_anerre
(1) SCOTT A. ROSENBERG	35.00	_	_							
GENERAL COUNSEL & SECRETARY				x				253,617.	0.	97,375.
(2) DAWNE A. MITCHELL	35.00									
CHIEF ATTORNEY - JRP					Х			251,980.	0.	84,180.
(3) JUSTINE LUONGO	35.00									
CHIEF ATTORNEY - CDP					Х			250,107.	0.	85,644.
(4) TWYLA J. CARTER	35.00									
ATTORNEY-IN-CHIEF/CEO				X				281,940.	0.	44,747.
(5) SURYA SAYED-GANGULY	35.00									
CHIEF INFORMATION OFFICER						X		230,908.	0.	81,127.
(6) ADRIENE L. HOLDER	35.00									
CHIEF ATTORNEY - CIVIL					X			257,265.	0.	42,708.
(7) LAUREN SICILIANO	35.00									
CHIEF OPERATING OFFICER				X				251,276.	0.	42,197.
(8) PREMALI SHAH	35.00									
CFO (THRU 10/13/23)				X				229,460.	0.	59,572.
(9) LOUIS S. SARTORI	35.00							005 004	•	~~ ~
CHIEF COUNSEL, PRO BONO PRACTICE						X		205,904.	0.	80,257.
(10) JASON WU	35.00							010 050	•	
ATTORNEY-IN-CHARGE						X		212,252.	0.	73,574.
(11) DAVID E. LOFTIS	35.00							0.05 4.00	•	
ATTORNEY-IN-CHARGE	25.00					X		205,480.	0.	74,308.
(12) IRWIN SHAW	35.00								0	44 496
ATTORNEY-IN-CHARGE-BOROUGH	25.00					X		213,704.	0.	44,426.
(13) CONNIE A. PARK, CHIEF HUMAN	35.00				37			1 (1 1 2 5	0	
RESOURCES OFFICER (FROM 04/10/2023)	1 0 0				Х			161,135.	0.	30,965.
(14) RICHARD F. ALBERT	1.00	77						0	0	0
DIRECTOR	1 00	Х						0.	0.	0.
(15) DEBORAH N. ARCHER DIRECTOR	1.00	x						0.	0.	0
(16) CHRISTOPHER D. BELELIEU	1.00	^	-			-		U •	0.	0.
DIRECTOR	1.00	x						0.	0.	0
(17) BARRY A. BOHRER	1.00	^				-		0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
	1	Δ	L			I		0.	0.	Eorm 990 (2023)

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Form 990 (2023) THE LEGAI	AID SC	CI	ET	Ϋ́					13-556	2265 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A) Name and title	(B) Average hours per week	box,	not cl , unles	ss per	ition more rson is	than c s both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount 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)	compensation from the organization and related organizations
(18) JOHN K. CARROLL DIRECTOR	1.00	x						0.	0	. 0.
(19) NANCY CHUNG	1.00									
DIRECTOR		х						0.	0	. 0.
(20) EVA W. COLE	1.00									
DIRECTOR		Х						0.	0	. 0.
(21) ROGER A. COOPER DIRECTOR	1.00	x						0.	0	. 0.
(22) SARAH COYNE DIRECTOR	1.00	x						0.	0	
(23) JENNA M. DABBS	1.00									
DIRECTOR	1.00	Х						0.	0	. 0.
(24) MATTHEW DILLER DIRECTOR (THRU 12/13/23)	1.00	x						0.	0	. 0.
(25) MARY EATON	1.00								0	
DIRECTOR (FROM 1/19/24)		х						0.	0	. 0.
(26) SCOTT A. EDELMAN	1.00									
DIRECTOR (THRU 12/13/23)		Х						0.	0	
1b Subtotal								3,005,028.	0	
c Total from continuation sheets to Part VI								0.	0	
d Total (add lines 1b and 1c)								3,005,028.	0	. 841,080.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wn	o re	eceived more than \$100,	UUU of reportable	875
										Yes No
3 Did the organization list any former officer,										3 X
line 1a? If "Yes," complete Schedule J for setFor any individual listed on line 1a, is the su										3 X
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a										
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich r	oers	on .		-		5 X
Section B. Independent Contractors										
1 Complete this table for your five highest con	•								•	sation from
the organization. Report compensation for t	he calendar ye	ear e	ndin	ig w	ith c	or wi	thin		ear.	(0)
(A) Name and business	address							(B) Description of s	ervices	(C) Compensation
EVENSONBEST LLC, 55 FIFTH			12'	тн				•		<u> </u>
FLR, NEW YORK, NY 10003								CONTRACTOR		2,189,812.
O'CONNOR'S CARPET CENTER										
3446 EAST TREMONT AVE, BR								CARPETING SE	RVICES	1,464,397.
GREEN KEY SOLUTIONS LLC, 7TH FLR, NEW YORK, NY 100		IS	ON	A	VE	,		TEMPORARY SE	RVICES	1,015,562.
FINGROW PARTNERS LLC, 428		EA	D	AV	Е,		_	CONSULTING/T		
ROCKVILLE CENTER, NY 1157								SERVICES		884,783.
ADP	ער גד [.]	10	10					PAYROLL PROC	ESSING	064 104
PO BOX 830272, PHILADELPH	та, ра	т Э	тő	4				FEES/HR FEES		864,184.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 29

ustees, Key Er (B)	nplo	yee	s. ar	h hr	liaha		• • • • • • • • • • • • • • • • • • •		
					ingine	est	compensated Employe	es (continued)	
, (D)			(0				(D)	(E)	(F)
Average			Posi	ition			Reportable	Reportable	Estimated
hours	(cl					ly)	compensation	compensation	amount of
	<u>`</u>					,,	from	•	other
week					/ee		the	organizations	compensation
(list any	ctor				n plo		organization	(W-2/1099-MISC)	from the
hours for	r dire				ed er		(W-2/1099-MISC)		organization
related	tee o	ustee			ensat				and related
organizations	l trus	nal tr		o yee	dmo				organizations
below	vidua	tutio	e.	em pl	est c	ıer			
line)	Indi	Insti	Offic	Key	High	Forn			
1.00								_	
	Х						0.	0.	0.
1.00									•
1 0 0	Х						0.	0.	0.
1.00								•	•
	Х						0.	0.	0.
1.00									_
	Х						0.	0.	0.
1.00									
	Х						0.	0.	0.
1.00								_	
1.00	х						0.	0.	0.
1.00							0	0	0
1 0 0	X						υ.	0.	0.
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1.00	v						0	0	0.
1 00	^						0.	0.	0.
1.00	x						0.	0.	0.
1,00							Ŭ.		
1.00	x						0.	0.	0.
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1.00	x						0	0	0.
1 00	Δ							0.	0.
1.00	v						0	0	0.
1 00							0.	0.	0.
1.00	x						0.	0.	0.
1,00								••	
100	x						0.	0.	0.
1 00								0.	0.
1.00	v						0	0	0.
1 00	1						· · ·	U •	0.
1.00	x						n	٥	0.
1 00	<u></u>		$\left \right $					0.	0.
1.00	x						n	٥	0.
1.00									5.
	x						0.	0 -	0.
1.00	<u> </u>							•	•
1.00	x						0.	0.	0.
1									J
	per week (list any hours for related organizations below line)	per week (list any hours for related organizations below line) ogg related x 1.00 x 1.00 x	per week (list any hours for related organizations below line) Jogan Joganizations below line) 1.000 X 1.000 X <	per week (list any hours for related organizations below line) and and and and and and and and and and	per week (list any hours for related organizations below line) opain below line) opain line) <	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	$\begin{array}{c c c c c c c c c c c c c c c c c c c $

Form 990 THE LEGA	L AID SC	CI	ET	Ϋ́					13-556	2265
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	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all 1	that	app	ly)	compensation	compensation	amount of
	per						,,	from	from related	other
	week					ee		the	organizations	compensation
	(list any	ctor				lold		organization	(W-2/1099-MISC)	from the
	hours for	rdire				ed en		(W-2/1099-MISC)	· · · · ·	organization
	related	ee 01	Istee			insat		· · · · ·		and related
	organizations	trus	al tri		o yee	dmo				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er			
	line)	Indiv	Insti	Officer	Key	High	Former			
(47) GILLIAN LESTER	1.00									
DIRECTOR (THRU 12/13/23)		Х						0.	Ο.	0.
(48) CYNTHIA FERNANDEZ LUMERMANN	1.00									
DIRECTOR (FROM 4/17/24)		Х						0.	0.	0.
(49) AARON R. MARCU	1.00									
DIRECTOR (THRU 12/13/23)		Х						0.	0.	0.
(50) J. KEVIN MCCARTHY	1.00									
DIRECTOR (THRU 12/13/23)		Х						0.	Ο.	0.
(51) JOAN MCPHEE	1.00									
DIRECTOR (THRU 12/13/23)		Х						0.	Ο.	0.
(52) PERRY A. NAPOLITANO	1.00									
DIRECTOR		Х						0.	0.	0.
(53) LYNN K. NEUNER	1.00									
DIRECTOR		Х						0.	0.	0.
(54) AMANDA T. PEREZ	1.00									
DIRECTOR		Х						0.	0.	0.
(55) CHARLES C. PLATT	1.00								•	
DIRECTOR	1 0 0	Х						0.	0.	0.
(56) PATRICK T. QUINN DIRECTOR	1.00	x						0.	0.	0.
(57) SHARYL A. REISMAN	1.00	Δ	<u> </u>					0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(58) KATHERINE ROCCO	1.00	Λ						0.	0.	<u>0 </u>
DIRECTOR (FROM 1/19/24)	1.00	x						0.	0.	0.
	1 00	Δ						0.	0.	0.
(59) ALYSSA ROWER	1.00	v						0	0	
DIRECTOR (60) DANIEL RUBENS	1.00	Х	-					0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(61) ANTONY L. RYAN	1.00	21								U .
DIRECTOR	1.00	x						0.	0.	0.
(62) WILLIAM SAVITT	1.00	21							0.	
DIRECTOR (THRU 12/13/23)	1.00	x						0.	0.	0
(63) PAUL H. SCHOEMAN	1.00	Δ	<u> </u>					0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(64) BART R. SCHWARTZ	1.00	Λ						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(65) WILLIAM SCHWARTZ	1.00								•	<u> </u>
DIRECTOR (THRU 12/13/23)	1.00	х						0.	0.	0.
(66) IAN SHAPIRO	1.00							3 •		```
DIRECTOR (FROM 1/19/24)	1.00	x						0.	0.	0.
	1		1	1		1	1	· · · ·	••	.
Total to Part VII, Section A, line 1c										
Total to Fart VII, Section A, III P TC										l

Form 990 THE LEGA	L AID SC	CI	ET	Y					13-556	2265
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	-				loyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	l trus		/ee	m pen				organizations
	below	Individual trustee or director	utiona	-	u plo	st co	L.			organizationo
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
(67) L. KEVIN SHERIDAN JR.	1.00			-		_				
DIRECTOR		Х						0.	Ο.	0.
(68) RACHEL SHERMAN	1.00									
DIRECTOR		Х						0.	Ο.	0.
(69) TIFFANY J. SMITH	1.00									
DIRECTOR		х						0.	0.	0.
(70) AUDRA J. SOLOWAY	1.00									
DIRECTOR		х						0.	0.	0.
(71) JOSEPH L. SORKIN	1.00									
DIRECTOR		х						0.	0.	0.
(72) RICHARD STRASSBERG	1.00									
DIRECTOR		х						0.	0.	0.
(73) KIM A. WALKER	1.00								•••	
DIRECTOR		х						0.	0.	0.
(74) CHARLES WEINSTEIN	1.00							• •		• •
DIRECTOR		х						0.	0.	0.
(75) PETER M. WILLIAMS	1.00								•••	
DIRECTOR		х						0.	0.	0.
(76) JAMIE L. WINE	1.00							• •		
DIRECTOR (THRU 12/13/23)		х						0.	0.	0.
(77) ALAN LEVINE	10.00							• •		
PRESIDENT		х		x				0.	0.	0.
(78) DAVID GREENWALD	10.00									
TREASURER	10100	x		x				0.	0.	0.
(79) ZACHARY W. CARTER	10.00									
CHAIRMAN	10.00	x		x				0.	0.	0.
(80) LARA S. BUCHWALD	1.00									
VICE CHAIR (FROM 1/18/23)	1.00	x		x				0.	0.	0.
(81) JUNE S. DIPCHAND	1.00									
VICE CHAIR (FROM 1/18/23)	<u>+•••</u>	х		x				0.	0.	0.
(82) MARK P. GOODMAN	1.00								• •	<u>.</u>
VICE CHAIR	1.00	х		x				0.	0.	0.
(83) TRACY RICHELLE HIGH	1.00		-	<u> </u>					• •	
VICE CHAIR	1.00	x		x				0.	0.	0.
(84) BRADLEY I. RUSKIN	1.00			<u> </u>					• •	<u>.</u>
VICE CHAIR	1.00	x		x				0.	0.	0.
				<u> </u>				~ •	• •	Ŭ •
	1			1	I					
Total to Part VII, Section A, line 1c	<u></u>				<u></u>					
		_	_	_	_	_	-	· · · · · · · · · · · · · · · · · · ·		

Pa	rt VII	Statement of Re	ven	ue						
		Check if Schedule O	conta	ains a respon	se o	r note to any line		(5)	(0)	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c f g h 2 a c c f	COURT AWARDS	ibuti grani l abov	1b 1c 1d ons) 1e ts, and 1f /e 1f 1a-1f 1g		2,626,575. 379,966,233. 32,420,421. 214,975. Business Code 541100	415013229.	17,087.		
		Total. Add lines 2a-2f					17,087.			
	3 4 5	Income from investment of	of tax	-exempt bon	d pr	oceeds	1,089,214.			1089214
	6 a b	Royalties Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c	(i) Real		(ii) Personal				
		Net rental income or (loss)								
ne	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis	7a	(i) Securitie 10,128,51 10,147,01	19.	(ii) Other				
Revenue	с	Gain or (loss)	7c	-18,49	96.					
Other Re	8 a	Net gain or (loss) Gross income from fundraisi including \$2, contributions reported on Part IV, line 18 Less: direct expenses	ng ev 626 line	rents (not , <u>575,</u> of 1c). See	8a 8b	121,510. 539,334.	-18,496.			-18,496,
		Net income or (loss) from		L			-417,824.			-417,824
	9 a	Gross income from gamir Part IV, line 19 Less: direct expenses	ig ac	tivities. See	9a 9b					
	10 a	Net income or (loss) from Gross sales of inventory, and allowances	less	returns	10a					
		Less: cost of goods sold		····· ·	10b					
neous ue	11 a	Net income or (loss) from BENEFIT COST REIMBUT MISC. INCOME			' _	Business Code 900099 900099	129,079. 888.			129,079
Miscellaneous Revenue	c d	All other revenue								
		Total. Add lines 11a-11d					129,967.	17 007	0	700 061
	12	Total revenue. See instruction	ons				415813177.	17,087.	0.	782,861.

Form 990 (2023)

13-5562265

Page **9**

Check here

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

26

orm Par	990 (2023) THE LEGAL A	ID SOCIE es	TY			13-55	562265 Page
	on 501(c)(3) and 501(c)(4) organizations must com		s. All oth	er organizations	must co	mplete column (A).	
	Check if Schedule O contains a respon	nse or note to ar (A)	ny line in				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total exper	nses	(B) Program se	ervice	(C) Management and	Fundraising
10, 0 1	Grants and other assistance to domestic organizations			expens	es	general expenses	expenses
•	and demostic neuronente. Cas Dart IV, line 01						
2	Grants and other assistance to domestic						
2	individuals. See Part IV, line 22						
3	Grants and other assistance to foreign						
Ũ	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors,						
	trustees, and key employees	2,549,	934.	2,381	,128.	156,566.	12,24
6	Compensation not included above to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	227,661,	410.	212,595	,418.	13,974,132.	1,091,86
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)	30,048,	258.	28,417	<u>,905.</u>	1,480,072.	150,28
9	Other employee benefits			58,090			311,61
10	Payroll taxes	19,080,	563.	18,044	,385.	940,766.	95,41
1	Fees for services (nonemployees):						
	Management						
	Legal	250	010				
	Accounting		819.			352,819. 120,290.	
	Lobbying		<u>290.</u> 376.			120,290.	111,37
	Professional fundraising services. See Part IV, line 17		743.			64,743.	
	Investment management fees	04,	/45.			04,745.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	10,239,	828.	5,338	221.	4,783,107.	118,50
12	Advertising and promotion		870.	5,550	, 221 •	199,298.	1,57
12 13	Office expenses	2,891,		1,792	355.	1,091,257.	8,18
14	Information technology						
15	Royalties						
16	Occupancy	30,601,	040.	30,202	,215.	398,005.	82
17	Travel	1,001,			,514.	44,548.	56
18	Payments of travel or entertainment expenses					-	
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	296,	208.	201	,852.	91,216.	3,14
20	Interest	26,	803.			26,803.	
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	1,281,			,428.	823,213.	
23	Insurance	893,	989.	761	<u>,170.</u>	132,796.	2
24	Other expenses. Itemize expenses not covered 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/MAINT.	5,229,	268.	3,372	,585.	1,745,521.	111,16
b	INVESTIGATIONS	2,471,		2,471		, , ,	
с	COMMUNICATIONS	2,231,		2,139		86,498.	5,29
d	LAW BOOKS & MATERIALS	1,393,		1,357		31,426.	4,55
е	All other expenses	5,378,	377.	3,326	,670.	1,873,981.	177,72
25	Total functional expenses. Add lines 1 through 24e	405,558,	235.	371,907	320.	31,446,586.	2,204,32

LEGAL AID SOCIETY	
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					(A) Beginning of year		(B) End of year
		Or the second data sector and			16,847,078.	4	6,993,993
	1				25,195,717.	1	11,515,881
	2	Savings and temporary cash investments			106,927,375.	2	137,022,104
	3	Pledges and grants receivable, net			100,927,575.	3	137,022,104
	4					4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa				-	
	•	controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualifi	-			•	
	-	under section 4958(f)(1)), and persons described				6	
Assets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use			2,436,806.	8	1,443,621
	9				2,430,000.	9	1,445,021
	10a	Land, buildings, and equipment: cost or other	10-	28 196 330			
	F	basis. Complete Part VI of Schedule D	108	28,196,330. 15,806,927.	11,524,671.	10c	12,389,403
		Less: accumulated depreciation	aur		5,457,480.	10C	6,171,290
	11	Investments - publicly traded securities			3,896,865.	12	12,392,800
	12	Investments - other securities. See Part IV, line 1			5,050,005.	13	12,352,000
	13	Investments - program-related. See Part IV, line 1				14	
	14 15	Intangible assets			313,696,316.	14	237,768,327
	15 16	Other assets. See Part IV, line 11			485,982,308.	15	425,697,419
	16	Total assets. Add lines 1 through 15 (must equa			57,187,593.	10	61,729,850
	17 10	Accounts payable and accrued expenses			57,107,595.		01,729,030
	18 10	Grants payable				18 19	
	19 20	Deferred revenue				20	
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete P				20	
	21	Loans and other payables to any current or forme				21	
Liabilities	22	trustee, key employee, creator or founder, substa					
E		controlled entity or family member of any of these				22	
Lia	23					22	
	23 24	Secured mortgages and notes payable to unrelat Unsecured notes and loans payable to unrelated				23 24	
	24 25	Other liabilities (including federal income tax, pay				24	
	25	parties, and other liabilities not included on lines					
		of Schedule D	17-24)		419,582,414.	25	346,810,178
	26				476,770,007.	26	408,540,028
	20	Organizations that follow FASB ASC 958, check			1/0///0/00/0	20	100,010,020
Se		and complete lines 27, 28, 32, and 33.					
ŭ	27				2,111,689.	27	6,912,396
3ala	28				7,100,612.	28	6,912,396 10,244,995
p P	20	Organizations that do not follow FASB ASC 95			.,	20	
л		and complete lines 29 through 33.	,				
p	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equ				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			9,212,301.	32	17,157,391
z	33	Total liabilities and net assets/fund balances			485,982,308.	33	425,697,419

Form 990 (2023) Part X Bala

	THE	\mathbf{L}
ance Sheet		

Form	1990 (2023) THE LEGAL AID SOCIETY	13-	55622	265	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					2
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	415			
2	Total expenses (must equal Part IX, column (A), line 25)	2	405	,55	8,2	35.
3	Revenue less expenses. Subtract line 2 from line 1	3	10	,25	4,9	42.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9	,212	2,3	01.
5	Net unrealized gains (losses) on investments	5		912	2,7	13.
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	- 3	,22	2,5	<u>65.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	1				
	column (B))	10	17	<u>,15'</u>	7,3	<u>91.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<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	О.				
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					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O	.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audi	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b	Х	

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

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
2023
Open to Public Inspection

Nar	ne of t	he organization							identification number	
_			LEGAL AID						3-5562265	
Pa	art I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.									
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only o	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).			
2		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).								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state:								
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental ur	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from th	ie general p	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or	
		university:								
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).			
12		An organization organized a	•		•		-			
		more publicly supported or	-						Check the box on	
		lines 12a through 12d that o	• •					-		
a		Type I. A supporting orga	-		•	-				
		the supported organization			majority o	of the direc	tors or trustee	es of the su	ipporting	
		organization. You must o	-							
k		Type II. A supporting org	-				-		-	
		control or management o			ame perso	ns that col	ntroi or manag	ge the supp	orted	
		organization(s). You mus	•		in connoct	ion with a		lu intograta	d with	
c	•	J Type III functionally inte its supported organization						ly integrate	a with,	
c		Type III non-functionally		-				tod organiz	vation(c)	
	•	that is not functionally int						-		
		requirement (see instructi		• •	•		-	anallentiv	61633	
		Check this box if the orga	,	•				I Type III		
	·	functionally integrated, or					1 ype 1, 1 ype 1	n, rype m		
f	Ente	er the number of supported c			.9 0.94					
		vide the following information								
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)	
Tot	al									

Part II

THE LEGAL AID SOCIETY

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	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	329560555	326880543	349342077	370268776	415013229	1791065180.	
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	329560555	326880543	349342077	370268776	415013229	1791065180.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						1791065180.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	329560555	326880543	349342077	370268776	415013229	1791065180.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	709,129.	214,239.	239,130.	1186472.	1089214.	3438184.	
9	Net income from unrelated business	-						
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	20,945.	2,345.	292,138.	5443844.	251,477.	6010749.	
11	Total support. Add lines 7 through 10						1800514113.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	340,169.	
	First 5 years. If the Form 990 is for th					01(c)(3)		
	organization, check this box and stop	-						
Sec	ction C. Computation of Publi							
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	99.48 %	
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	99.47 %	
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box o	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this box	and	
	stop here. The organization qualifies	as a publicly supp	orted organization				X	
b	33 1/3% support test - 2022. If the o							
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation				
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not o					
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances te			-				
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on line				
	more, and if the organization meets th							
	organization meets the facts-and-circu							
18	Private foundation. If the organization							
							Form 990) 2023	

Schedule A	(Form 990)	2023
001100001071		

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
	Amounts from line 6	ļ					
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	L					·
14	First 5 years. If the Form 990 is for the	-			-		
Se	check this box and stop here ction C. Computation of Publi						······
	Public support percentage for 2023 (I	• •		column (f))		15	%
	Public support percentage from 2022		-			16	%
	ction D. Computation of Inves						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Investment income percentage for 20			ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2023. If the					3 1/3%, and	line 17 is not
	more than 33 1/3%, check this box ar						
k	o 33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	re than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

1

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

chedule A (Form 990) 2023 THE	
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2

Pa	Int IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			

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

LEGAL AID SOCIETY

<u></u>	
Section C. Type II Supporting Organizations	

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

Section D. All Type III Supporting Organizations	

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a get	overnmental entity. Describe in	Part VI how you supported a	governmental entity (see instruction <u>s).</u>
-----	----------------------------------	---------------------------------	-----------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

6

5 Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Sche	dule A (Form 990) 2023 THE LEGAL AID SOCIETY		1	L3-5562265 Page 6
	t V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organi		
1	Check here if the organization satisfied the Integral Part Test as a qualifyir All other Type III non-functionally integrated supporting organizations mus	ng trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

emergency temporary reduction (see instructions).
 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

5

Schedule A (Form 990) 2023

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

7 Excess distributions carryover to 2024. Add lines 3j

_	dule A (Form 990) 2023 THE LEGAL AID			13	<u>3-5562265 ра</u>
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations (continu	<u>ied)</u>	
	ion D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	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	
	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	is	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
~	Remaining underdistributions for 2023. Subtract lines 3h				
6					

Schedule A (Form 990) 2023

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISC. INCOME	
2019 AMOUNT: \$	20,945.
2020 AMOUNT: \$	2,345.
2021 AMOUNT: \$	169,018.
2022 AMOUNT: \$	67,347.
2023 AMOUNT: \$	888.
SPECIAL EVENT INC	COME
2021 AMOUNT: \$	123,120.
2022 AMOUNT: \$	164,600.
2023 AMOUNT: \$	121,510.
SETTLEMENT INCOME	E
2022 AMOUNT: \$	3,884,809.
INSURANCE INCOME	
2022 AMOUNT: \$	1,246,665.
BENEFIT COST REIN	IBURSEMENTS
2022 AMOUNT: \$	80,423.
2023 AMOUNT: \$	129,079.

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

13-5562265

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

THE LEGAL AID SOCIETY Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

THE LEGAL AID SOCIETY

Employer identification number

13-5562265

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>217,825,933.</u>	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		\$ 66,712,369.	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		\$ <u>65,273,479.</u>	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
4		\$ 14,592,804.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

THE LEGAL AID SOCIETY

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

Part II N	rt 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
		 \$	

13-5562265

Employer identification number

Schedule	B (Form 990) (2023)		Page 4			
	rganization		Employer identification number			
THE L	EGAL AID SOCIETY		13-5562265			
Part III) through (e) and the following line entricharitable, etc., contributions of \$1,000 or l	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(b) r dipose of gift	(c) Use of gift				
		(e) Transfer of gift	[
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

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Department of the Treasury

Internal Revenue Service

(Form 990)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Nan	ne of organization				Emplo	byer identification $13-55622$	
P		GAL AID SOCIETY ganization is exempt under	section 501(c) or	r is a section 52	7 or		00
1 2	Provide a description of the organ Political campaign activity expend	ization's direct and indirect political itures	campaign activities in l	Part IV.	\$		
3	volunteer nours for political campa	aign activities					
Pa	art I-B Complete if the or	ganization is exempt under	section 501(c)(3)				
1	Enter the amount of any excise tax	k incurred by the organization under	section 4955		\$		
		k incurred by organization managers					
		on 4955 tax, did it file Form 4720 fo					No No
						Yes	No No
	o If "Yes," describe in Part IV. art I-C Complete if the or	ganization is exempt under	section 501(c)	vcent section 5	501(c)	(3)	
		ed by the filing organization for section		-		(0).	
2		nization's funds contributed to othe			φ		
-	00		0		\$		
3		es. Add lines 1 and 2. Enter here and					
	line 17b				\$		
4						🗌 Yes	No No
5	made payments. For each organiz contributions received that were p	employer identification number (EIN) ation listed, enter the amount paid fir romptly and directly delivered to a s additional space is needed, provide	rom the filing organizat eparate political organ	tion's funds. Also en ization, such as a se	iter the	amount of politica	al
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ent	n's	(e) Amount of contributions rec promptly and delivered to a s political organ If none, ente	eived and directly eparate ization.
						L	

Schedule C (Form 990) 2023

OMB No. 1545-0047

2023 Open to Public Inspection

Schedule C (Form 990) 2023	THE LEGAL A				562265 Page 2
Part II-A Complete if the org	ganization is exen	npt under section	1 501(c)(3) and file	d Form 5768 (ele	ction under
expenses, and sha	ation belongs to an affi re of excess lobbying e	expenditures).		group member's name	e, address, EIN,
Lim	ation checked box A ar its on Lobbying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expen	ditures" means amou	nts paid or incurred.)		totals	
1a Total lobbying expenditures to infl	uence public opinion (grassroots lobbying)			
b Total lobbying expenditures to infl				142,778.	
c Total lobbying expenditures (add l	ines 1a and 1b)			142,778.	
d Other exempt purpose expenditur	es			405415457.	
e Total exempt purpose expenditure	es (add lines 1c and 1d)		405558235.	
f_Lobbying nontaxable amount. Ent	er the amount from the			1,000,000.	
If the amount on line 1e, column (a) of		bying nontaxable am			
not over \$500,000,	20% of	the 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		0 plus 10% of the exce			
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,	000.			
g Grassroots nontaxable amount (er	nter 25% of line 1f)			250,000.	
h Subtract line 1g from line 1a. If zer	ro or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0			0.	
j If there is an amount other than ze	ero on either line 1h or l	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
	4-Year Ave	eraging Period Under	Section 501(h)		
(Some organizations t		01(h) election do not l ate instructions for lir	•	of the five columns be	low.
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(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	125,204.	107,315.	260,589.	142,778.	635,886.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
 Grassroots ceiling amount 					

Schedule C (Form 990) 2023

1,500,000.

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

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)	
	lobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)), or sec	tion	
	501(c)(6).				-
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year?	3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3					
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				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions				
-	t IV Supplemental Information				
Duessi	the descriptions required for Dest I.A. line 1. Dest I.D. line 4. Dest I.O. line 5. Dest I.A. (officiated evenus			10/	

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

	1	0		OMB No. 1545-0047
	HEDULE D		al Financial Statements	
(Forr	n 990)	Part IV, line 6, 7, 8, 9, 10	nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	2023
	ment of the Treasury I Revenue Service	A	ttach to Form 990. 0 for instructions and the latest information.	Open to Public Inspection
_	e of the organizatio			Employer identification number
		THE LEGAL AID SOCI	ETY	13-5562265
Pa	rt I Organiza	tions Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	counts. Complete if the
	organizatior	n answered "Yes" on Form 990, Part IV, lin		
			(a) Donor advised funds (l	b) Funds and other accounts
1		d of year		
2		contributions to (during year)		
3		grants from (during year)		
4		end of year		-
5	-		writing that the assets held in donor advised fund	
6			exclusive legal control? dvisors in writing that grant funds can be used or	
0	•	u	r donor advisor, or for any other purpose conferri	
	impermissible priva			
Pa			ganization answered "Yes" on Form 990, Part IV,	
1		ervation easements held by the organization		
	Preservation	of land for public use (for example, recrea	tion or education) Preservation of a histo	rically important land area
	Protection of	natural habitat	Preservation of a certif	ied historic structure
	Preservation	of open space		
2	•	o o .	ied conservation contribution in the form of a con	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of co	nservation easements		2a
b	Total acreage restr	icted by conservation easements		2b
С		vation easements on a certified historic stru		2c
d		vation easements included on line 2c acqu		
•				2d
3		ation easements modified, transferred, rel	eased, extinguished, or terminated by the organiz	zation during the tax
4	year	vhere property subject to conservation eas	coment is located	
5		ion have a written policy regarding the per		
Ū	0	procement of the conservation easements it	e ; 1 ; e	Yes No
6			handling of violations, and enforcing conservatior	
		с, т с,	.	Ç,
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation eas	ements during the year
8	Does each conserv	vation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)	
9	,	o 1	on easements in its revenue and expense stateme	
			note to the organization's financial statements that	t describes the
Dai	organization's acco	ounting for conservation easements.	Art, Historical Treasures, or Other Si	imilar Assots
ı a		the organization answered "Yes" on Form	•	inindi Assets.
10			8, not to report in its revenue statement and bala	nco shoot works
ia	•		blic exhibition, education, or research in furtherand	
			ncial statements that describes these items.	
b	•		8, to report in its revenue statement and balance	sheet works of
-	-		exhibition, education, or research in furtherance	
	·	ng amounts relating to these items.		
	(i) Revenue includ	ded on Form 990, Part VIII, line 1		\$
2	If the organization	received or held works of art, historical trea	asures, or other similar assets for financial gain, p	provide
	-	nts required to be reported under FASB A	-	
а				
b	Assets included in	Form 990, Part X		\$

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990
332051	09-28-23

Sche		AL AID SOCI					5562265	
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or	^r Other	Similar Ass	sets (continu	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	make sig	nificant use of	its	
	collection items (check all that apply).							
а	Public exhibition	d	Loan or exc	hange progra	ım			
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organizatio	n's exem	pt purpose in F	Part XIII.	
5	During the year, did the organization solicit o							
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?			Yes	No No
Par	t IV Escrow and Custodial Arrang	gements Complet	te if the organization	ו answered "ו	res" on F	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Par	rt X, line 21.						
1a	Is the organization an agent, trustee, custodi	an, or other intermed	liary for contributior	ns or other as	sets not i	ncluded		
	on Form 990, Part X?						X Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					
							Amount	
С	Beginning balance					1c		,259.
d	Additions during the year					1d		,038.
е	Distributions during the year					1e		,827.
f	Ending balance					1f	1,674	<u>,470.</u>
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	ustodial accou	unt liabilit	y?	Yes	X No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds Complete if							
		(a) Current year	(b) Prior year	(c) Two year		d) Three years b		years back
1a	Beginning of year balance	5,610,594.	5,006,345.		,658.	4,524,9		368,018.
b	Contributions		5,000.			10,0		25,000.
С	Net investment earnings, gains, and losses	894,145.	599,249.	-728	3,313.	1,199,7	36.	131,904.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	11,478.						
f	Administrative expenses							
g	End of year balance	6,493,261.	5,610,594.	5,006	5,345.	5,734,6	58. 4,	524,922.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	.0000	_%					
b	Permanent endowment 32.0000	%						
с	Term endowment 68.0000	%						
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administer	ed for the	•	_	
	organization by:							Yes No
	(i) Unrelated organizations?						3a(i)	X
								X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		vment funds.					
Par	t VI _ Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990,	, Part X, li	ne 10.		
	Description of property	(a) Cost or o		or other	• •	cumulated	(d) Book	value
		basis (investr	nent) basis	(other)	dep	reciation		
	Land							
	Buildings			0.010		-4	10.000	465
с	Leasehold improvements			2,012.		51,605.	12,020	
	Equipment		1,52	4,318.	1,1	55,322.	368	,996.
	Other						4.	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	<u>X. line 10c. column</u>	<u>(B))</u>			12,389	
						Sche	dule D (Form	990) 2023

Schedule [) (Form 990) 2023	THE	LEGAL	AID	SOCIETY	Ľ

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) PENSION ASSETS	7,661,531.
(2) FINANCE LEASE ASSETS	670,180.
(3) OPERATING LEASE ASSETS	229,436,616.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	237,768,327.
Part X Other Liabilities	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED POSTRETIREMENT BENEFITS	54,589,742.
(3) PROGRAM ADVANCE	19,982,385.
(4) OPERATING LEASE LIABILITY	271,566,234.
(5) FINANCE LEASE LIABILITY	671,817.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	346,810,178.

Guinin (D) must equal to m 330, T art A, inte 23, Col. (D))

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 ... X

Sche	edule D (Form 990) 2023 THE LEGAL AID SOCIETY				13-	5562265	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts Wi	th Rev	venue per Re	eturn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements				1	489,632	,413.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a		912,713.			
b	Donated services and use of facilities	2b	75,	,491,844.			
с	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d	-2,	<u>,585,321.</u>			
е	Add lines 2a through 2d				2e		<u>,236.</u>
3	Subtract line 2e from line 1				3	415,813	<u>,177.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			_		
b	Other (Describe in Part XIII.)	4b					
С	Add lines 4a and 4b				4c		0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5	415,813	<u>,177.</u>
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					1.0.1	
1	Total expenses and losses per audited financial statements				1	481,687	,323.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					I	
а	Donated services and use of facilities	2a	75,	,491,844.	_	I	
b	Prior year adjustments	2b			_	I	
С	Other losses				_	I	
d				813,363.			~ ~ =
е					2e	76,305	
3	Subtract line 2e from line 1				3	405,382	,116.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					I	
а	Investment expenses not included on Form 990, Part VIII, line 7b			64,743.	_	I	
b	Other (Describe in Part XIII.)	4b		111,376.		1.5.5	
с	Add lines 4a and 4b				4c		<u>,119.</u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	405,558	,235.
l Pa	rt XIII Supplemental Information						

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

PART IV, LINE 1B:

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

PART V, LINE 4:

CAPITAL GAINS AND/OR INCOME GENERATED BY THE LEGAL AID SOCIETY ENDOWMENT

FUNDS MAY BE USED, CONSISTENT WITH THE NEW YORK PRUDENT MANAGEMENT OF

INSTITUTIONAL FUNDS ACT AND THE SOCIETY'S INVESTMENT AND EXPENDITURE

POLICY STATEMENT FOR THE LEGAL AID SOCIETY'S ENDOWMENT, AND TO THE EXTENT

CONSISTENT WITH DONOR RESTRICTIONS, WHERE APPLICABLE, TO SUPPORT CIVIL

Part XIII Supplemental Information (continued)

LEGAL ASSISTANCE AND REPRESENTATION FOR CLIENTS OF THE SOCIETY.

PART X, LINE 2:

THE SOCIETY IS QUALIFIED AS A SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION

UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (THE IRC) AND,

ACCORDINGLY, IS NOT SUBJECT TO FEDERAL INCOME TAXES. AS A NOT-FOR-PROFIT

ORGANIZATION, THE SOCIETY IS ALSO EXEMPT FROM NEW YORK STATE AND NEW YORK

CITY SALES AND INCOME TAXES. THE SOCIETY HAS BEEN CLASSIFIED AS A PUBLICLY

SUPPORTED CHARITABLE ORGANIZATION UNDER SECTION 509(A)(1) OF THE IRC AND

QUALIFIES FOR THE MAXIMUM CHARITABLE CONTRIBUTION DEDUCTION FOR DONORS.

MANAGEMENT EVALUATED THE SOCIETY'S INCOME TAX POSITIONS AND CONCLUDED THAT THE SOCIETY HAD TAKEN NO UNCERTAIN INCOME TAX POSITIONS THAT REQUIRE ADJUSTMENTS OR DISCLOSURES TO THE FINANCIAL STATEMENTS. GENERALLY, THE SOCIETY IS NOT SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2021, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
PROFESSIONAL FUNDRAISING SERVICES NETTED WITH REVENUE	-111,376.
INVESTMENT MANAGEMENT FEES NETTED WITH REVENUE	-64,743.
PENSION-RELATED CHANGES OTHER THAN NET PERIODIC COSTS	-2,409,202.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-2,585,321.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON UNCOLLECTIBLE GRANTS RECEIVABLE

813,363.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

THE LEGAL AID SOCIETY

Part XIII Supplem	ental Information	(continued)				
PROFESSIONAL	FUNDRAISING	SERVICES	NETTED	WITH	REVENUE	111,376.
						<u> </u>

SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047			
(Form 990)	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.										
Department of the Treasury	Attach to Form 990 or Form 990-EZ. Open to Public										
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number										
Name of the organization		AL AID SOCIETY					13-556				
Part I Fundrais		Complete if the organization answe	arad "V	'oo" or	Earm 000 Dart IV I	ino 1					
	complete this par		area r	es or	1 Form 990, Part IV, I	ine i	7. FOM 990	EZ mers are not			
 a X Mail solicitat b X Internet and c X Phone solicitat d X In-person so 2 a Did the organization key employees list b If "Yes," list the 10 	tions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indiv	f X Solicita g X Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of I fundra (includ	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-	X				
compensated at le	east \$5,000 by the	organization.									
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have ci or con contribu	ustody ntrol of	(iv) Gross receipts from activity (v) Amount pa to (or retained fundraiser listed in col.		or retained b fundraiser	y) to (or retained by			
RAIOLA CO. INC 1	1201		Yes	No							
BROADWAY, SUITE 512	1, NEW	EVENT PLANNING		x	2,695,094.		45,00	0. 2,650,094			
ONESOURCE PRODUCTIO											
38590 BETTIS DRIVE	, HAMILTON,	DIRECT MAILING	──	X	239,161.		66,37	6. 172,785			
			1								
				<u> </u>							
			+								
Total			<u></u>	<u></u>	2,934,255.		111,37	6. 2,822,879			
 List all states in whit or licensing. 	ich the organizatio	on is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from	registration			
NY, NJ, CT											

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

	of fundraising event contributions and gro	ss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receip	ts greater than \$5,000.
		(a) Event #1	(b) Event #2 WINTER	(c) Other events NONE	(d) Total events (add col. (a) through
		SOJ DINNER	BENEFIT		col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	2,695,094.	52,991.		2,748,085.
	2 Less: Contributions	2,597,734.	28,841.		2,626,575.
	3 Gross income (line 1 minus line 2)	97,360.	24,150.		121,510.
	4 Cash prizes				
6	5 Noncash prizes				
bense	6 Rent/facility costs	251,673.	30,289.		281,962.
Direct Expenses	7 Food and beverages				
_	8 Entertainment				
	9 Other direct expenses	252,418.	4,954.		257,372.
	10 Direct expense summary. Add lines 4 through	9 in column (d)			539,334.
	11 Net income summary. Subtract line 10 from lir	ne 3, column (d)			-417,824.
Pa	art III Gaming. Complete if the organization a	answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
	\$15,000 on Form 990-EZ, line 6a.				
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
eve					
щ	1 Gross revenue				
Sé	2 Cash prizes				
lses					1

olunteer labor	└── Yes %	└── Yes%	Yes%	
irect expense summary. Add lines 2 throug				
 the state(s) in which the organization condu				
organization licensed to conduct gaming a ," explain:	ctivities in each of these	states?		Yes N

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain: ______

332082 09-13-23

Direct Expen

4

3 Noncash prizes

Rent/facility costs

Yes

No

Sch	edule G (Form 990) 2023 THE LEGAL AID SOCIETY	13-5	5622	265	Page 3
11	Does the organization conduct gaming activities with nonmembers?		· ·	Yes	No
	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:				
	The organization's facility		13a		%
	An outside facility		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record		I		
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		· .	Yes	No
ł	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization	ount			
	of gaming revenue retained by the third party \$				
C	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	News				
	Name				
	Coming manager companyation				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
á	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		<u> </u>	Yes	No
ł	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent ir	ı the			
	organization's own exempt activities during the tax year \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	III, line	es 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
~~					
<u>sc</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAI	SERS	:		
(I) NAME OF FUNDRAISER: RAIOLA CO. INC.				
<u>\ </u>	/ NAME OF FONDRAISER: RAIOLA CO: INC.				
(I) ADDRESS OF FUNDRAISER: 1201 BROADWAY, SUITE 511, NEW YORK	NV	1 (000	1
<u>\</u>	, IDDREDD OF FORDATION. THEF DROTDWIT, DOTTE STF, NEW TORK	, 111	<u> </u>		-
(I) NAME OF FUNDRAISER: ONESOURCE PRODUCTION LLC				
<u>, </u>					
(I) ADDRESS OF FUNDRAISER: 38590 BETTIS DRIVE, HAMILTON, VA	2015	В		
	· · · · · · · · · · · · · · · · · · ·				

I GILIV	(continuea)		

sc	HEDULE J	Compensation Information	1	OMB No. 1	545-00	47		
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest)		
	Complete if the organization answered "Yes" on Form 990. Part IV. line 23.					8		
Depa	Department of the Treasury Attach to Form 990.							
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	<u> </u>		Inspection			
Nan	e of the organizatior		Employer i			mber		
De		THE LEGAL AID SOCIETY	13-5	56226	5			
Pa	rt I Question	s Regarding Compensation				T		
4-		nte la culton) if the experimention must ideal any of the following to a sufer a moment listed on Form	000		Yes	No		
a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
	First-class or c	line 1a. Complete Part III to provide any relevant information regarding these items. harter travel Housing allowance or residence for perso						
		• • ·						
	Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees							
		spending account Personal services (such as maid, chauffer						
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
-	-	rovision of all of the expenses described above? If "No," complete Part III to explain		1b				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
	,							
3	Indicate which, if ar	y, of the following the organization used to establish the compensation of the organization's	3					
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to					
	establish compensa	tion of the CEO/Executive Director, but explain in Part III.						
	X Compensation	committee Written employment contract						
	Independent c	ompensation consultant X Compensation survey or study						
	X Form 990 of of	ther organizations X Approval by the board or compensation of	ommittee					
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re	-						
a		e payment or change-of-control payment?			X			
b		eive payment from a supplemental nonqualified retirement plan?				X		
С		eive payment from an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501/a)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
5	contingent on the re		""					
а	•			5a		x		
		ation?				X		
~		r 5b, describe in Part III.						
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on					
-	contingent on the n							
а	-			6a		X		
		ation?				X		
		r 6b, describe in Part III.						
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	\$					
		es 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 exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9	If "Yes" on line 8, di	d the organization also follow the rebuttable presumption procedure described in						
	Regulations section	53.4958-6(c)?	<u></u>	9				
For		on Act Notice, see the Instructions for Form 990.		lule J (Forn	n 990)) 2023		

13-5562265

Page 2

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 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)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SCOTT A. ROSENBERG	(i)	248,164.	0.	5,453.	32,182.	65,193.	350,992.	0.
GENERAL COUNSEL & SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAWNE A. MITCHELL	(i)	247,011.	0.	4,969.	20,177.	64,003.	336,160.	0.
CHIEF ATTORNEY - JRP	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JUSTINE LUONGO	(i)	245,138.	0.	4,969.	17,355.	68,289.	335,751.	0.
CHIEF ATTORNEY - CDP	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TWYLA J. CARTER	(i)	281,802.	0.	138.	19,135.	25,612.	326,687.	0.
ATTORNEY-IN-CHIEF/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SURYA SAYED-GANGULY	(i)	212,251.	0.	18,657.	15,688.	65,439.	312,035.	0.
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ADRIENE L. HOLDER	(i)	252,296.	0.	4,969.	18,640.	24,068.	299,973.	0.
CHIEF ATTORNEY - CIVIL	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LAUREN SICILIANO	(i)	251,216.	0.	60.	17,049.	25,148.	293,473.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) PREMALI SHAH	(i)	214,358.	0.	15,102.	0.	59,572.	289,032.	0.
CFO (THRU 10/13/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LOUIS S. SARTORI	(i)	188,943.	0.	16,961.	18,327.	61,930.	286,161.	0.
CHIEF COUNSEL, PRO BONO PRACTICE	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JASON WU	(i)	157,634.	0.	54,618.	11,591.	61,983.	285,826.	0.
ATTORNEY-IN-CHARGE	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DAVID E. LOFTIS	(i)	188,798.	0.	16,682.	13,878.	60,430.	279,788.	0.
ATTORNEY-IN-CHARGE	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) IRWIN SHAW	(i)	198,025.	0.	15,679.	-19,047.	63,473.	258,130.	0.
ATTORNEY-IN-CHARGE-BOROUGH	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) CONNIE A. PARK, CHIEF HUMAN	(i)	157,729.	0.	3,406.	14,687.	16,278.	192,100.	0.
RESOURCES OFFICER (FROM 04/10/2023)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

PREMALI SHAH, CFO, RESIGNED FROM THE LEGAL AID SOCIETY ON 10/13/2023 AND

RECEIVED A LUMP-SUM SALARY PAYMENT OF \$148,431, WHICH IS REFLECTED ON

PREMALI'S 2024 W-2.

PART II, COLUMN B(III):

THE AMOUNT REPORTED IN OTHER REPORTABLE COMPENSATION FOR JASON WU

INCLUDES DOMESTIC PARTNER IMPUTED INCOME.

PART II, COLUMN C:

THE AMOUNTS REPORTED INCLUDE THE ESTIMATED INCREASE/DECREASE IN THE

ACTUARIAL VALUE OF THE DEFINED BENEFIT PLAN ACCRUALS.

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047 2023

Open to Public

Inspection

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

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

Name of the organization

Employer	identification number
1	3-5562265

THE LEGAL AID SO	OCIETY	
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Par	tΙ∣ Ty	pes of Property							
			(a)	(b)	(c)		d)		
			Check if	Number of contributions or	Noncash contributior amounts reported or				_
			applicable		Form 990, Part VIII, line		oution ar	mounts	3
1	Art - Work	s of art							
2		rical treasures							
3		ional interests							
4		d publications							
5		and household goods							
6		other vehicles							
7		l planes							
8									
9		al property	x	13	214,97	5. FMV			
				13		5.1110			
10		- Closely held stock							
11		- Partnership, LLC, or							
		ests							
12		- Miscellaneous							
13		conservation contribution -							
	Historic st								
14		conservation contribution - Other							
15		e - Residential							
16		e - Commercial							
17		te - Other							
18		es							
19		ntory							
20	Drugs and	d medical supplies							
21	Taxidermy	/							
22	Historical	artifacts							
23	Scientific	specimens							
24	Archeolog	jical artifacts							
25	Other	()							
26	Other	()							
27	Other	()							
28	Other	(
29	Number o	f Forms 8283 received by the organi:	zation during	g the tax year for c	ontributions				
	for which	the organization completed Form 82	83, Part V, D	onee Acknowledg	ement			0	
								Yes	No
30a	During the	e year, did the organization receive by	y contributic	n any property rep	orted in Part I, lines 1 th	rough 28, that it			
		for at least 3 years from the date of							
	exempt p	urposes for the entire holding period?	?		·		30a		Х
b	If "Yes," c	lescribe the arrangement in Part II.							
31	-	organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard cont	ributions?	31		Х
	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?			32a		х			
b		lescribe in Part II.					520		_
33		anization didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is	checked.			
	describe i	•	0,00,10						
For F		Reduction Act Notice, see the Inst	ructions for	Form 990.		Schedule	M (Forr	n 990)	2023

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023 THE LEGAL AID SOCIETY Part II Supplemental Information. Provide the information of

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER REPORTED IN COLUMN (B) REPRESENTS THE NUMBER OF

CONTRIBUTIONS DURING THE YEAR.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.



13-5562265

THE LEGAL AID SOCIETY

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 208,607 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 3:

PREMALI SHAH, CFO, LEFT THE LEGAL AID SOCIETY (LAS) IN FISCAL YEAR 2024. IN HER ABSENCE, LAS ENGAGED 1330 CONSULTING LLC (THE COMPANY) FOR CFO AND OTHER FINANCE SERVICES. IN CALENDAR YEAR 2023, LAS COMPENSATED THE COMPANY \$197,639 FOR THE CFO AND OTHER FINANCE SERVICES RENDERED.

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

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
THE LEGAL AID SOCIETY	13-5562265
REQUIRED TO, APPROVE THE FOLLOWING GOVERNANCE DECISIONS: (1) FILL ANY
VACANCY ON THE BOARD OF DIRECTORS; (2) DETERMINE THE NUMBE	R OF DIRECTORS ON
THE BOARD OF DIRECTORS; AND (3) AMEND THE BY-LAWS OF THE L	EGAL AID SOCIETY.
UNDER THE NEW YORK NOT-FOR-PROFIT CORPORATION LAW, THE MEM	BERS 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
ENTITY, BUT THE SOCIETY DOES NOT BELIEVE THAT SUCH MAJOR D	ECISIONS THAT
REQUIRE A VOTE OF THE MEMBERS AS A MATTER OF STATE LAW INV	OLVE "GOVERNANCE
DECISIONS" WITHIN THE MEANING OF QUESTION 7B.	

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

THE SOCIETY'S 2023 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. THE SOCIETY TAKES THE FOLLOWING STEPS WHEN DETERMINING THE APPROPRIATE LEVEL OF COMPENSATION FOR ITS TOP MANAGEMENT OFFICIALS, OFFICERS AND KEY

EMPLOYEES:

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

2. THE HUMAN RESOURCES DEPARTMENT SUBMITS ITS FINDINGS AND SUGGESTS <u>COMPENSATION AMOUNTS TO THE PRESIDENT AND ATTORNEY-IN-CHIEF OF THE LEGAL</u> <u>AID SOCIETY FOR THEIR REVIEW AND APPROVAL, WHO IN TURN CONSULT WITH THE</u> <u>COMPENSATION SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE.</u>

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

 332212 11-14-23
 Schedule O (Form 990) 2023

lame of the organization	Employer identification numbe
THE LEGAL AID SOCIETY	13-5562265
FILINGS ARE POSTED ON ITS WEBSITE, WWW.LEGAL-AID.ORG. THE	ORGANIZATION
MAKES ITS GOVERNING DOCUMENTS, CHARTER, BY-LAWS AND CONFL	CT OF INTEREST
POLICY AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISC	LOSURE AS SET
FORTH IN 6104(D).	
FORM 990, PART VII, SECTION A, COLUMN D:	

COST OF LIVING ADJUSTMENT, ONE-TIME PAYMENT, AND VACATION BUY-BACK.

FORM 990, PART VII, SECTION A, COLUMN F:

THE AMOUNTS REPORTED INCLUDE THE ESTIMATED INCREASE/DECREASE IN THE

ACTUARIAL VALUE OF THE DEFINED BENEFIT PLAN ACCRUALS.

THE ORGANIZATION, IN FULL TRANSPARENCY TO REPORTING, IS REPORTING ALL

BENEFITS IN FULL AND NOT APPLYING THE \$10,000 PER ITEM EXCEPTION WHICH

IS AVAILABLE FOR CERTAIN BENEFITS.

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

PENSION-RELATED CHANGES OTHER THAN NET PERIODIC COSTS	-2,409,202.
LOSS ON UNCOLLECTIBLE GRANTS RECEIVABLE	-813,363.
TOTAL TO FORM 990, PART XI, LINE 9	-3,222,565.
