

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

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

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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE LEGAL AID SOCIETY		D Employer identification number 13-5562265
	Doing business as		E Telephone number 212-577-3300
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 447,921,294.
	199 WATER ST., 6TH FLOOR		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10038		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: ZACHARY W. CARTER SAME AS C ABOVE			H(c) Group exemption number If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.LEGAL-AID.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1876
			M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE QUALITY LEGAL REPRESENTATION TO LOW-INCOME NEW YORKERS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	61
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	61
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	2621
	6 Total number of volunteers (estimate if necessary)	6	2983
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	415,013,229.	437,609,776.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,087.	442,006.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,070,718.	1,328,355.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-287,857.	320,668.
		415,813,177.	439,700,805.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	340,771,355.	360,075,068.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	111,376.	121,936.
	b Total fundraising expenses (Part IX, column (D), line 25)	3,161,751.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	64,675,504.	71,120,710.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	405,558,235.	431,317,714.	
19 Revenue less expenses. Subtract line 18 from line 12	10,254,942.	8,383,091.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	425,697,419.	423,386,668.
	22 Net assets or fund balances. Subtract line 21 from line 20	408,540,028.	407,482,089.
	17,157,391.	15,904,579.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	LAUREN SICILIANO, CHIEF OPERATING OFFICER				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	LYNNE JOHNSON	<i>[Signature]</i>	5/6/2026		P00757336
Preparer Use Only	Firm's name	Firm's EIN	Phone no.		
	RSM US LLP	42-0714325	212-372-1000		
Firm's address					
4 TIMES SQUARE					
NEW YORK, NY 10036					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE LEGAL AID SOCIETY IS A PRIVATE, NOT-FOR-PROFIT LEGAL SERVICES ORGANIZATION, THE OLDEST AND LARGEST IN THE NATION, DEDICATED SINCE 1876 TO PROVIDING QUALITY LEGAL REPRESENTATION TO LOW-INCOME NEW YORKERS. (MISSION CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 233,513,303. including grants of \$) (Revenue \$) CRIMINAL PRACTICE - REPRESENTED NYC INDIGENT CLIENTS INVOLVING CRIMINAL DEFENSE TRIAL, APPELLATE, POST-CONVICTION AND PAROLE REVOCATION DEFENSE MATTERS. IT IS ESTIMATED THAT THE CRIMINAL PRACTICE WORKED ON APPROXIMATELY 136,575 CLIENT MATTERS THIS YEAR.

4b (Code:) (Expenses \$ 104,514,868. including grants of \$) (Revenue \$ 442,006.) CIVIL PRACTICE - PROVIDED CIVIL LEGAL ASSISTANCE TO LOW-INCOME NEW YORKERS AND WORKED ON APPROXIMATELY 59,500 CLIENT MATTERS THIS YEAR.

4c (Code:) (Expenses \$ 54,653,833. including grants of \$) (Revenue \$) JUVENILE RIGHTS PRACTICE - REPRESENTED CHILDREN AND YOUNG ADULTS WHO ARE THE SUBJECT OF ABUSE AND NEGLECT, DELINQUENCY AND OTHER MATTERS IN THE NYC FAMILY COURT. IT IS ESTIMATED THAT THE JUVENILE RIGHTS PRACTICE WORKED ON APPROXIMATELY 26,180 ONGOING CLIENT MATTERS THIS YEAR.

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

4e Total program service expenses 392,682,004.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 61		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 61		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CT, NJ, NY
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT A. ROSENBERG GENERAL COUNSEL & SECRETARY	35.00			X				287,717.	0.	116,668.
(2) DAWNE A. MITCHELL CHIEF ATTORNEY - JRP	35.00				X			289,478.	0.	94,311.
(3) JUSTINE LUONGO CHIEF ATTORNEY - CDP	35.00				X			289,516.	0.	91,721.
(4) TWYLA J. CARTER ATTORNEY-IN-CHIEF/CEO	35.00			X				322,150.	0.	52,700.
(5) LAUREN SICILIANO CHIEF OPERATING OFFICER	35.00			X				291,835.	0.	73,886.
(6) ADRIENE L. HOLDER CHIEF ATTORNEY - CIVIL	35.00				X			294,948.	0.	49,095.
(7) SURYA SAYED-GANGULY CHIEF INFORMATION OFFICER	35.00					X		229,884.	0.	85,905.
(8) JASON WU ATTORNEY-IN-CHARGE	35.00					X		223,536.	0.	78,403.
(9) LOUIS S. SARTORI CHIEF COUNSEL, PRO BONO PRACTICE	35.00					X		208,667.	0.	90,012.
(10) JAMAL L. JOHNSON ATTORNEY-IN-CHARGE	35.00					X		236,679.	0.	43,118.
(11) IRWIN SHAW ATTORNEY-IN-CHARGE-BOROUGH	35.00					X		215,200.	0.	58,078.
(12) CONNIE A. PARK CHIEF HUMAN RESOURCES OFFICER	35.00					X		230,035.	0.	41,827.
(13) PREMALI SHAH FORMER CFO	0.00						X	148,431.	0.	0.
(14) RICHARD F. ALBERT DIRECTOR	1.00	X						0.	0.	0.
(15) DEBORAH N. ARCHER DIRECTOR	1.00	X						0.	0.	0.
(16) CHRISTOPHER D. BELELIEU DIRECTOR	1.00	X						0.	0.	0.
(17) BARRY A. BOHRER DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN K. CARROLL DIRECTOR	1.00	X						0.	0.	0.
(19) NANCY CHUNG DIRECTOR	1.00	X						0.	0.	0.
(20) EVA W. COLE DIRECTOR	1.00	X						0.	0.	0.
(21) ROGER A. COOPER DIRECTOR	1.00	X						0.	0.	0.
(22) SARAH COYNE DIRECTOR	1.00	X						0.	0.	0.
(23) JENNA M. DABBS DIRECTOR	1.00	X						0.	0.	0.
(24) MARY EATON DIRECTOR	1.00	X						0.	0.	0.
(25) MAURICIO ESPANA DIRECTOR	1.00	X						0.	0.	0.
(26) NATASHA I. FAPOHUNDA DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								3,268,076.	0.	875,724.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,268,076.	0.	875,724.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1,148

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
STEPTOE LLP, 1330 CONNECTICUT AVE. NW, DISTRICT OF COLUMBIA, WA 20036	LEGAL SERVICES	2,860,911.
GREEN KEY SOLUTIONS LLC, 136 MADISON AVE., 7TH FLR, NEW YORK, NY 10016	TEMPORARY SERVICES	1,257,134.
FINGROW PARTNERS LLC, 428 HEMPSTEAD AVE., ROCKVILLE CENTER, NY 11570	CONSULTING/TEMPORARY SERVICES	981,435.
TANDYM GROUP LLC 675 THIRD AVENUE, 5 FL, NEW YORK, NY 10017	TEMPORARY SERVICES	781,668.
1330 CONSULTING LLC 77 7TH AVE., APT #4R, NEW YORK, NY 10011	CONSULTING/TEMPORARY SERVICES	755,730.

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 34

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROBERT FINZI DIRECTOR (FROM 12/18/24)	1.00	X						0.	0.	0.
(28) EDWARD FLANDERS DIRECTOR	1.00	X						0.	0.	0.
(29) JEFFREY A. FUISZ DIRECTOR	1.00	X						0.	0.	0.
(30) MATTHEW FURMAN DIRECTOR	1.00	X						0.	0.	0.
(31) RAJ GANDESHA DIRECTOR	1.00	X						0.	0.	0.
(32) ELYSE GLAZER DIRECTOR (FROM 12/18/24)	1.00	X						0.	0.	0.
(33) JEFFREY GLEN DIRECTOR	1.00	X						0.	0.	0.
(34) MIA N. GONZALEZ DIRECTOR	1.00	X						0.	0.	0.
(35) MEAGHAN GRAGG DIRECTOR	1.00	X						0.	0.	0.
(36) CAROL GREENE-VINCENT DIRECTOR	1.00	X						0.	0.	0.
(37) HELEN GUGEL DIRECTOR	1.00	X						0.	0.	0.
(38) ADAM HAKKI DIRECTOR	1.00	X						0.	0.	0.
(39) RICHARD F. HANS DIRECTOR (THRU 06/27/25)	1.00	X						0.	0.	0.
(40) NOLA HELLER DIRECTOR	1.00	X						0.	0.	0.
(41) TALEAH JENNINGS DIRECTOR	1.00	X						0.	0.	0.
(42) JOSH KALISH DIRECTOR (FROM 12/18/24)	1.00	X						0.	0.	0.
(43) MICHAEL C. KEATS DIRECTOR	1.00	X						0.	0.	0.
(44) ATIF KHAWAJA DIRECTOR	1.00	X						0.	0.	0.
(45) MARVIN KRISLOV DIRECTOR	1.00	X						0.	0.	0.
(46) CYNTHIA FERNANDEZ LUMERMANN DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) PERRY A. NAPOLITANO DIRECTOR	1.00	X					0.	0.	0.	
(48) LYNN K. NEUNER DIRECTOR	1.00	X					0.	0.	0.	
(49) AMANDA T. PEREZ DIRECTOR	1.00	X					0.	0.	0.	
(50) CHARLES C. PLATT DIRECTOR	1.00	X					0.	0.	0.	
(51) PATRICK T. QUINN DIRECTOR	1.00	X					0.	0.	0.	
(52) SHARYL A. REISMAN DIRECTOR	1.00	X					0.	0.	0.	
(53) KATHERINE ROCCO DIRECTOR	1.00	X					0.	0.	0.	
(54) ALYSSA ROWER DIRECTOR	1.00	X					0.	0.	0.	
(55) DANIEL RUBENS DIRECTOR	1.00	X					0.	0.	0.	
(56) ANTONY L. RYAN DIRECTOR	1.00	X					0.	0.	0.	
(57) PAUL H. SCHOEMAN DIRECTOR	1.00	X					0.	0.	0.	
(58) BART R. SCHWARTZ DIRECTOR (THRU 12/18/24)	1.00	X					0.	0.	0.	
(59) PHILLIPE SELENDY DIRECTOR (FROM 12/18/24)	1.00	X					0.	0.	0.	
(60) IAN SHAPIRO DIRECTOR	1.00	X					0.	0.	0.	
(61) L. KEVIN SHERIDAN JR. DIRECTOR	1.00	X					0.	0.	0.	
(62) RACHEL SHERMAN DIRECTOR	1.00	X					0.	0.	0.	
(63) TIFFANY J. SMITH DIRECTOR	1.00	X					0.	0.	0.	
(64) AUDRA J. SOLOWAY DIRECTOR (THRU 12/18/24)	1.00	X					0.	0.	0.	
(65) JOSEPH L. SORKIN DIRECTOR	1.00	X					0.	0.	0.	
(66) RICHARD STRASSBERG DIRECTOR	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include names like KIM A. WALKER, CHARLES WEINSTEIN, PETER M. WILLIAMS, ALAN LEVINE, DAVID GREENWALD, ZACHARY W. CARTER, LARA S. BUCHWALD, JUNE S. DIPCHAND, MARK P. GOODMAN, TRACY RICHELLE HIGH, and BRADLEY I. RUSKIN.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	2,467,439.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	412,316,960.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	22,825,377.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 230,399.			
	h	Total. Add lines 1a-1f		437609776.			
	Program Service Revenue	2 a	COURT AWARDS	Business Code			
			541100	442,006.	442,006.		
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		442,006.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,105,768.		1105768.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
					7,873,505.		
	b	Less: cost or other basis and sales expenses	7b	7,650,918.			
c	Gain or (loss)	7c	222,587.				
d	Net gain or (loss)		222,587.		222,587.		
8 a	Gross income from fundraising events (not including \$ 2,467,439. of contributions reported on line 1c). See Part IV, line 18	8a		147,218.			
				569,571.			
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events		-422,353.		-422,353.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	INSURANCE INCOME	Business Code	900099	609,000.	609,000.	
	b	BENEFIT COST REIMBURSEMENTS		900099	113,817.	113,817.	
	c	MISC. INCOME		900099	20,204.	20,204.	
	d	All other revenue					
	e	Total. Add lines 11a-11d			743,021.		
	12	Total revenue. See instructions			439700805.	442,006.	0.
						1649023.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,685,626.	2,507,838.	164,897.	12,891.
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	240,913,531.	224,535,123.	15,001,279.	1,377,129.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,401,516.	26,489,934.	1,746,708.	164,874.
9 Other employee benefits	67,844,184.	63,277,717.	4,170,049.	396,418.
10 Payroll taxes	20,230,211.	18,868,718.	1,244,158.	117,335.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,301,593.	343,178.	958,415.	
c Accounting	349,655.		349,655.	
d Lobbying	81,091.		81,091.	
e Professional fundraising services. See Part IV, line 17	121,936.			121,936.
f Investment management fees	84,644.		84,644.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	11,724,189.	7,079,124.	4,127,876.	517,189.
12 Advertising and promotion	136,132.	19,907.	111,245.	4,980.
13 Office expenses	2,708,705.	1,919,068.	781,003.	8,634.
14 Information technology				
15 Royalties				
16 Occupancy	30,018,116.	29,953,996.	64,091.	29.
17 Travel	1,232,410.	1,146,456.	83,869.	2,085.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	452,757.	269,165.	177,667.	5,925.
20 Interest	19,939.		19,939.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,412,448.	538,598.	873,850.	
23 Insurance	914,764.	741,951.	169,658.	3,155.
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 O.)				
a <u>EQUIPMENT RENTAL/MAINT.</u>	7,345,676.	5,097,028.	2,143,399.	105,249.
b <u>INVESTIGATIONS</u>	3,194,817.	3,194,817.		
c <u>COMMUNICATIONS</u>	2,192,865.	2,057,151.	126,846.	8,868.
d <u>LAW BOOKS & MATERIALS</u>	1,509,593.	1,425,233.	74,517.	9,843.
e All other expenses	6,441,316.	3,217,002.	2,919,103.	305,211.
25 Total functional expenses. Add lines 1 through 24e	431,317,714.	392,682,004.	35,473,959.	3,161,751.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	6,993,993.	1	9,258,407.	
	2 Savings and temporary cash investments	11,515,881.	2	12,690,053.	
	3 Pledges and grants receivable, net	137,022,104.	3	131,763,537.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	1,443,621.	9	2,340,366.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,553,550.			
	b Less: accumulated depreciation	10b 16,490,370.	12,389,403.	10c	13,063,180.
	11 Investments - publicly traded securities	6,171,290.	11	6,740,174.	
	12 Investments - other securities. See Part IV, line 11	12,392,800.	12	13,104,091.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	237,768,327.	15	234,426,860.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	425,697,419.	16	423,386,668.		
Liabilities	17 Accounts payable and accrued expenses	61,729,850.	17	47,247,580.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to 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		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	346,810,178.	25	360,234,509.	
	26 Total liabilities. Add lines 17 through 25	408,540,028.	26	407,482,089.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	6,912,396.	27	5,851,978.	
	28 Net assets with donor restrictions	10,244,995.	28	10,052,601.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	17,157,391.	32	15,904,579.	
	33 Total liabilities and net assets/fund balances	425,697,419.	33	423,386,668.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	439,700,805.
2	Total expenses (must equal Part IX, column (A), line 25)	2	431,317,714.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,383,091.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,157,391.
5	Net unrealized gains (losses) on investments	5	734,103.
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	-10,370,006.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,904,579.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	326880543	349342077	370268776	415013229	437609776	1899114401.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	326880543	349342077	370268776	415013229	437609776	1899114401.
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.						1899114401.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	326880543	349342077	370268776	415013229	437609776	1899114401.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	214,239.	239,130.	1186472.	1089214.	1104881.	3833936.
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.)	2,345.	292,138.	5443844.	251,477.	891,126.	6880930.
11 Total support. Add lines 7 through 10						1909829267.
12 Gross receipts from related activities, etc. (see instructions)					12	685,561.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.44 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.48 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

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

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

Section 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	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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

2020 AMOUNT: \$ 2,345.
 2021 AMOUNT: \$ 169,018.
 2022 AMOUNT: \$ 67,347.
 2023 AMOUNT: \$ 888.
 2024 AMOUNT: \$ 21,091.

SPECIAL EVENT INCOME

2021 AMOUNT: \$ 123,120.
 2022 AMOUNT: \$ 164,600.
 2023 AMOUNT: \$ 121,510.
 2024 AMOUNT: \$ 147,218.

SETTLEMENT INCOME

2022 AMOUNT: \$ 3,884,809.

INSURANCE INCOME

2022 AMOUNT: \$ 1,246,665.
 2024 AMOUNT: \$ 609,000.

BENEFIT COST REIMBURSEMENTS

2022 AMOUNT: \$ 80,423.
 2023 AMOUNT: \$ 129,079.
 2024 AMOUNT: \$ 113,817.

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

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

Name of the organization

THE LEGAL AID SOCIETY

Employer identification number

13-5562265

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

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 \$

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).

Name of organization THE LEGAL AID SOCIETY	Employer identification number 13-5562265
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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	<hr/> <hr/> <hr/>	\$ <u>224,192,081.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>75,003,336.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>71,800,123.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>27,309,328.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>10,158,634.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(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, and 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, and 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, and 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, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

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

Name of organization THE LEGAL AID SOCIETY	Employer identification number (EIN) 13-5562265
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	99,098.													
c Total lobbying expenditures (add lines 1a and 1b)	99,098.													
d Other exempt purpose expenditures	431218616.													
e Total exempt purpose expenditures (add lines 1c and 1d)	431317714.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="text-align: left;">THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(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	107,315.	260,589.	142,778.	99,098.	609,780.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition **d** Loan or exchange program
- b** Scholarly research **e** Other _____
- c** Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|------------|
| c Beginning balance | 1,674,470. |
| d Additions during the year | 884,355. |
| e Distributions during the year | 2,076,408. |
| f Ending balance | 482,417. |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,493,261.	5,610,594.	5,006,345.	5,734,658.	4,524,922.
b Contributions			5,000.		10,000.
c Net investment earnings, gains, and losses	808,149.	894,145.	599,249.	-728,313.	1,199,736.
d Grants or scholarships					
e Other expenditures for facilities and programs	191,381.	11,478.			
f Administrative expenses					
g End of year balance	7,110,029.	6,493,261.	5,610,594.	5,006,345.	5,734,658.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 0.0000 %
- b** Permanent endowment 30.0000 %
- c** Term endowment 70.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		27,108,408.	15,414,284.	11,694,124.
d Equipment		2,373,141.	1,076,086.	1,297,055.
e Other		72,001.		72,001.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				13,063,180.

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	6,740,644.
(2) FINANCE LEASE ASSETS	293,930.
(3) OPERATING LEASE ASSETS	227,392,286.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	234,426,860.

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	62,169,349.
(3) PROGRAM ADVANCE	27,129,588.
(4) OPERATING LEASE LIABILITY	270,653,950.
(5) FINANCE LEASE LIABILITY	281,622.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	360,234,509.

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 ...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	506,707,725.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	734,103.
b	Donated services and use of facilities	2b	74,978,474.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-8,705,657.
e	Add lines 2a through 2d	2e	67,006,920.
3	Subtract line 2e from line 1	3	439,700,805.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	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	439,700,805.

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

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

1	Total expenses and losses per audited financial statements	1	507,960,537.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	74,978,474.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,870,929.
e	Add lines 2a through 2d	2e	76,849,403.
3	Subtract line 2e from line 1	3	431,111,134.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	84,644.
b	Other (Describe in Part XIII.)	4b	121,936.
c	Add lines 4a and 4b	4c	206,580.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	431,317,714.

Part XIII Supplemental Information

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

PART IV, LINE 1B:

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

PART V, LINE 4:

CAPITAL GAINS AND/OR INCOME GENERATED BY THE LEGAL AID SOCIETY ENDOWMENT FUNDS MAY BE USED, CONSISTENT WITH THE NEW YORK PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT AND THE SOCIETY'S INVESTMENT AND EXPENDITURE POLICY STATEMENT FOR THE LEGAL AID SOCIETY'S ENDOWMENT. FOR THE PURPOSES SET FORTH IN APPLICABLE DONOR RESTRICTIONS, WHICH INCLUDE GENERAL SUPPORT, GENERAL SUPPORT FOR NON-CONSTITUTIONALLY MANDATED SERVICES, LEGAL SERVICES REGARDING FAMILY PROBLEMS, STUDENT INTERNSHIPS, AFFIRMATIVE LITIGATION, EDUCATION ADVOCACY, AND LOAN FORGIVENESS.

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.

SCHEDULE G (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a [X] Mail solicitations b [X] Internet and email solicitations c [X] Phone solicitations d [X] In-person solicitations e [X] Solicitation of nongovernment grants f [X] Solicitation of government grants g [X] Special fundraising events 2 a Did the organization have a written or oral agreement with any individual... [X] Yes [] No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 main columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes rows for RAIOLA CO. INC. and ONESOURCE PRODUCTION LLC.

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

NY, NJ, CT

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SOJ DINNER (event type)	WINTER BENEFIT (event type)	NONE (total number)	
Revenue	1	2,543,780.	70,877.		2,614,657.
	2	2,416,062.	51,377.		2,467,439.
	3	127,718.	19,500.		147,218.
Direct Expenses	4				
	5				
	6	264,059.	31,383.		295,442.
	7				
	8				
	9	271,579.	2,550.		274,129.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-422,353.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1					
Direct Expenses	2					
	3					
	4					
	5					
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

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

(I) NAME OF FUNDRAISER: RAIOLA CO. INC.

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

(I) NAME OF FUNDRAISER: ONESOURCE PRODUCTION LLC

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

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE LEGAL AID SOCIETY	Employer identification number 13-5562265
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Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SCOTT A. ROSENBERG GENERAL COUNSEL & SECRETARY	(i)	282,306.	0.	5,411.	44,346.	72,322.	404,385.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAWNE A. MITCHELL CHIEF ATTORNEY - JRP	(i)	284,068.	0.	5,410.	26,297.	68,014.	383,789.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JUSTINE LUONGO CHIEF ATTORNEY - CDP	(i)	284,106.	0.	5,410.	21,128.	70,593.	381,237.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TWYLA J. CARTER ATTORNEY-IN-CHIEF/CEO	(i)	320,503.	0.	1,647.	23,400.	29,300.	374,850.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LAUREN SICILIANO CHIEF OPERATING OFFICER	(i)	286,623.	0.	5,212.	21,128.	52,758.	365,721.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ADRIENE L. HOLDER CHIEF ATTORNEY - CIVIL	(i)	289,538.	0.	5,410.	23,482.	25,613.	344,043.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SURYA SAYED-GANGULY CHIEF INFORMATION OFFICER	(i)	225,354.	0.	4,530.	15,878.	70,027.	315,789.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JASON WU ATTORNEY-IN-CHARGE	(i)	170,121.	0.	53,415.	12,458.	65,945.	301,939.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LOUIS S. SARTORI CHIEF COUNSEL, PRO BONO PRACTICE	(i)	204,340.	0.	4,327.	22,052.	67,960.	298,679.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JAMAL L. JOHNSON ATTORNEY-IN-CHARGE	(i)	189,828.	0.	46,851.	15,168.	27,950.	279,797.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) IRWIN SHAW ATTORNEY-IN-CHARGE-BOROUGH	(i)	206,513.	0.	8,687.	-9,733.	67,811.	273,278.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CONNIE A. PARK CHIEF HUMAN RESOURCES OFFICER	(i)	229,786.	0.	249.	15,600.	26,227.	271,862.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) PREMALI SHAH FORMER CFO	(i)	0.	0.	148,431.	0.	0.	148,431.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

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 REPORTED IN PART II, COLUMN B (III).

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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LEGAL AID SOCIETY

Employer identification number

13-5562265

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	18	230,399.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

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

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

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

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) 2024

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

SCHEDULE M, PART I, COLUMN (B):
THE NUMBER REPORTED IN COLUMN (B) REPRESENTS THE NUMBER OF
CONTRIBUTIONS DURING THE YEAR.

Lined area for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

THE LEGAL AID SOCIETY

Employer identification number

13-5562265

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

IT IS DEDICATED TO ONE SIMPLE BUT POWERFUL BELIEF: THAT NO NEW YORKER SHOULD BE DENIED ACCESS TO JUSTICE BECAUSE OF POVERTY. DURING THE YEAR, THE SOCIETY HANDLED MORE THAN 222,255 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 2024, LAS COMPENSATED THE COMPANY \$422,919 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 REQUIRED TO, APPROVE THE FOLLOWING GOVERNANCE DECISIONS: (1) FILL ANY VACANCY ON THE BOARD OF DIRECTORS; (2) DETERMINE THE NUMBER OF DIRECTORS ON THE BOARD OF DIRECTORS; AND (3) AMEND THE BY-LAWS OF THE LEGAL AID SOCIETY. UNDER THE NEW YORK NOT-FOR-PROFIT CORPORATION LAW, THE MEMBERS OF A NOT-FOR-PROFIT CORPORATION ARE REQUIRED TO APPROVE CERTAIN MAJOR DECISIONS, SUCH AS A DECISION TO DISSOLVE THE CORPORATION OR MERGE IT WITH ANOTHER ENTITY, BUT THE SOCIETY DOES NOT BELIEVE THAT SUCH MAJOR DECISIONS THAT REQUIRE A VOTE OF THE MEMBERS AS A MATTER OF STATE LAW INVOLVE "GOVERNANCE DECISIONS" WITHIN THE MEANING OF QUESTION 7B.

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

THE SOCIETY'S 2024 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

Name of the organization

THE LEGAL AID SOCIETY

Employer identification number

13-5562265

CONFLICT.

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

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

1. THE LEGAL AID SOCIETY REVIEWS OUTSIDE BENCHMARKS, REPORTS AND/OR SURVEYS, 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 LEGAL AID SOCIETY SUBMITS ITS FINDINGS TO THE PRESIDENT AND ATTORNEY-IN-CHIEF OF THE LEGAL AID SOCIETY FOR THEIR REVIEW, WHO IN TURN CONSULT WITH THE EXECUTIVE COMMITTEE.

3. THE EXECUTIVE COMMITTEE SHALL (I) RECOMMEND TO THE BOARD OF DIRECTORS - THE ANNUAL COMPENSATION OF THE OFFICERS OF THE SOCIETY AND (II) OVERSEE THE SETTING OF COMPENSATION FOR ANY KEY EMPLOYEES, PROVIDED, HOWEVER THAT NO EXECUTIVE COMMITTEE MEMBER WHO IS A COMPENSATED OFFICER OF THE SOCIETY SHALL PARTICPATE IN REVIEWING, DELIBERATING, OR RECOMMENDING COMPENSATION.

NOT WITHSTANDING THE PROCEDURES OUTLINED ABOVE, THE ATTORNEY-IN-CHIEF(S) ARE NOT INVOLVED IN DECIDING THEIR OWN LEVEL OF COMPENSATION. THE PRESIDENT OF THE ORGANIZATION WAS NOT COMPENSATED FOR HIS SERVICES.

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

COPIES OF THE LEGAL AID SOCIETY'S AUDITED FINANCIAL STATEMENTS AND FORM 990 FILINGS ARE POSTED ON ITS WEBSITE, WWW.LEGAL-AID.ORG. THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CHARTER, BY-LAWS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN 6104(D).

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

COMPENSATION FOR THESE EMPLOYEES INCLUDES AN ANNUAL ORGANIZATION-WIDE 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	-8,499,077.
LOSS ON UNCOLLECTIBLE GRANTS RECEIVABLE	-1,870,929.
TOTAL TO FORM 990, PART XI, LINE 9	-10,370,006.