EXTENDED TO MAY 17, 2021

Form **990**

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

OMB No. 1545-0047

Open to Public Inspection

(Rev. January 2020) Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

В	Check if applicab	C Name of organization	D Employer identifi	cation number
	Addre	LEGAL AID JUSTICE CENTER		
H	Name		54-08845	1 2
F	chang	The state of the property of the state of th		
F	return Final	1000 DDECTION ASSENTE	uite E Telephone numbe 434-977-	ักรรว
_	return termir ated		G Gross receipts \$	6,080,219.
	Amen		H(a) Is this a group re	
\vdash	⊥return ∏Applic ⊥tion		for subordinates	
_	pendi	SAME AS C ABOVE		ncluded? Yes No
$\overline{}$	Tay.ov			list. (see instructions)
		te: NWW.JUSTICE4ALL.ORG	H(c) Group exemptio	
				State of legal domicile; VA
	art I	Summary	car of formation. 1507 h	/ State of legal dofffiche. VA
		Briefly describe the organization's mission or most significant activities: PROVIDING	C LECAL ACCIC	תאורים דאו
Activities & Governance		CIVIL, JUVENILE, AND RELATED MATTERS TO FINAL		
nar		Check this box if the organization discontinued its operations or disposed of m		
Ver	1		1 - 1	ssets.
ဌ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		16
త		Total number of individuals employed in calendar year 2019 (Part V, line 12)		62
ij				02
ξ	70	Total number of volunteers (estimate if necessary)	7a	0.
Ă		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 39		0.
-	-	Net differenced business taxable income from Form 990-1, line 39	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	5,624,621.	6,020,174.
Revenue			0.	0,020,174.
		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	74,598.	60,045.
			47,044.	00,043.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,746,263.	6,080,219.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	321,539.	0,000,219.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
10			4,142,102.	4,795,761.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	4,793,701.
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 603,113.		
ă			1,304,581.	1,370,152.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,768,222.	6,165,913.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-21,959.	-85,694.
- S	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	
ets or lances	20	Total assets (Part X, line 16)	5,337,241.	End of Year 6,680,942.
Bal	£	Total liabilities (Part X, line 16)	3,250,522.	4,627,544.
	1.	Net assets or fund balances. Subtract line 21 from line 20	2,086,719.	2,053,398.
	rt II	Signature Block	2,000,713.	2,033,330.
-		ties of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the hest of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer		knowledge and belief, it is
,	100	and only in duction of property (e.g., and an animal property)	177	14/20
Sigr	. 1	Signature of officer	Date	4/000
Her	1	ANGELA CIOLFÍ, EXÉCUTIVE DIRECTOR		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	II PTIN
Paid		FRANK BARCALOW FRANK BARCALOW	12/01/20 if self-employe	P00446788
Prep	- 1	Firm's name FRANK BARCALOW CPA, P.L.L.C.		15-5310918
	Only	Firm's address 108 WESTCHESTER	. HITT O CHE	
	-	WILLIAMSBURG, VA 23188	Phone no 75	7-220-6626
May	the IF	S discuss this return with the preparer shown above? (see instructions)	11 110110 110.7 3	X Yes No
		The property of the property o		103 140

Pai	rt III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: THE LEGAL AID JUSTICE CENTER PARTNERS WITH COMMUNITIES AND CLIENTS T	.'0
	ACHIEVE JUSTICE BY DISMANTLING SYSTEMS THAT CREATE AND PERPETUATE	
	POVERTY. JUSTICE MEANS RACIAL JUSTICE, SOCIAL JUSTICE, AND ECONOMIC	
	JUSTICE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		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?	X No
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, are	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$4,999,712 • including grants of \$) (Revenue \$)
	LEGAL AID JUSTICE CENTER SERVES THE METROPOLITAN AREAS OF	
	CHARLOTTESVILLE, RICHMOND, PETERSBURG, AND NORTHERN VIRGINIA. OUR FO)UR
	PROGRAMS, CIVIL RIGHTS AND RACIAL JUSTICE, ECONOMIC JUSTICE, YOUTH	
	JUSTICE, AND IMMIGRANT ADVOCACY CONTINUE TO PUSH FORWARD OUR GOAL TO)
	ACHIEVE RACIAL, SOCIAL AND ECONOMIC JUSTICE BY PARTNERING WITH	
	COMMUNITIES AND CLIENTS TO DISMANTLE SYSTEMS THAT CREATE AND PERPETU	JATE_
	POVERTY. EACH PROGRAM COMBINES INDIVIDUAL LEGAL SERVICES, IMPACT	
	LITIGATION, POLICY ADVOCACY, ORGANIZING, AND COMMUNICATIONS TO ACHIE	:VE
	REAL REFORMS FOR COMMUNITIES IN VIRGINIA.	
41-		
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
4u	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 4,999,712 •	
_ 	Form 99	(2010)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
•	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			- 25
8		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		77	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 25
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form 990 (2	2019)		LEGAL	AID	JUSTIC	Ξ
Part IV	Che	cklist of	Required S	chedu	les (continue	d

	Circumst of Frequency Continuedy			T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23		х
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
b	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	I Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			. v
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
J2	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		X
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
<i>31</i>	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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			
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a b				
	: Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	

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

2a factor the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 5.2 b If all least one is reported on line 2a, did the organization file all required federal employment tax returner? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to 6-file ges instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, "has it filed a Form 990-T for this year? If Ye's 10 line 2b, provide an explanation on Schedule 0 3c If Yes, "has the filed a Form 990-T for this year? If Ye's 10 line 2b, provide an explanation on Schedule 0 3c If Yes, "has the filed a Form 990-T for this year? If Ye's 10 line 2b, provide an explanation on Schedule 0 3c If Yes, "has the filed a Form 990-T for this year? If Ye's 10 line 2b, provide an explanation on Schedule 0 3c If Yes, "has the filed a Form 990-T for this year? If Ye's 10 line 2b, provide an explanation on Schedule 0 3c If Yes, "has the filed a Form 990-T for this year? If Ye's 10 line 2b, provide an explanation on Schedule 0 3c If Yes, "has the filed a Form 990-T for this year? If Ye's 10 line 3b, and the file and file and year an					Yes	No		
b If a least one is reported on line 2a, did the organization file all required footeral employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to 6-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A at my time during the calendary early differed present interest in, or a spentare or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a A tary time the name of the foreign country. 5a If If Yes, in the the name of the foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization aparty to a prohibetiat saw shelter transaction at any time during the tax year? 5a Was the organization on Software or in the organization that it was or is a party to a prohibited tax shelter transaction? 5b If Yes, in the sax or sh, did the organization the fore massher? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If Yes, indicate the number of the value of the goods or services provided to the payor? 7b Organizations that may receive deductible contributions under section 170(c). 6c If Yes, indicate the number of forms 88822 filed during the year 6c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c A X 7b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d Did the organization received a contribution of qualified mellectual property, did the organization file a form 105 type does not service any contract? 7c If Yes, if the organization received a contribution of qualified mellectual property, did the organization file a form 105 contract? 7d Did	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructione) 3a		filed for the calendar year ending with or within the year covered by this return	2a 62					
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? b if 1''es', 'isa it filed a Form 990 Tro this year of 1''No' to file 3b, your owick an explanation on Schedule O b if 1''es', 'isa it filed a Form 990 Tro this year of 1''No' to file 3b, your owick an explanation on Schedule O b if 1''es', 'isa it filed a Form 990 Tro this year of 1''No' to file 3b, your owick an explanation on Schedule O b if 1''es', 'isa it filed a Form 990 Tro this year 1''No' to file 3b, your owick an explanation on Schedule O b if 1''es', 'isa it filed a Form 990 Tro this year 1''No' to file 3b, your owick and the special of the special part of the organization and the special part of the organization and the special part of the organization and the special part of the special part of the organization and the special part of the spe	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х			
b If Yes, 'has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest, in, or a signature or other authority over, a financial account? 4b If Yes, 'enter the name of the foreign country [such as a bank account, securities account, or other financial accounts? 5b If Yes, 'enter the name of the foreign country [such as a bank account, securities account, or other financial accounts (FBAR). 5c en instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c en instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Us Yes 'to line Sa or Sb, did the organization file Form 8888-17. 6c Does the organization a party to a prohibitor st twas or is a party to a prohibitor st whether transaction? 6c Does the organization shall were not tax deductible as charitable contributions? 6c Does the organization shall were not tax deductible on this state of the sta		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
4a A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 5b If 'Yes,' reter the name of the foreign country ▶ 5a Was the organization aparty to a prohibited for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAFs). 5b Was the organization to party to a prohibited tax shelter transaction at any time during the tax year? 5c If 'Yes's 10 ine Sa or 5b, did the organization file Form 888-17? 5c If 'Yes's 10 ine Sa or 5b, did the organization file Form 888-17? 5c If 'Yes's 10 ine Sa or 5b, did the organization file Form 888-17? 5c If 'Yes's 10 ine Sa or 5b, did the organization file Form 888-17? 5c If 'Yes's 10 ine Sa or 5b, did the organization include with every solicitation an express statement that such contributions solicit any contributions that were not tax deductible as charitable contributions? 6c Was 16 'Yes,' fide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If 'Yes,' fide the organization motify the donor of the value of the goods or services provided? 7c If Yes's 10 if the organization notify the donor of the value of the goods or services provided? 7c X 7d If 'Yes,' findicate the number of Forms 8282 field during the year 9 If 'Yes,' findicate the number of Forms 8282 field during the year 9 If Yes, 'Yes,' findicate the number of Forms 8282 field during the year 9 If the organization received a contribution of ciusflied intellectual property, did the organization file of the year pay premiums, directly or indirectly, on a parenal benefit contract? 7d X 7d If the organization received a contribution of ciusflied intellectual property, did the organization file Form 8899 as required? 9 If the organization received a contribut	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X		
financial account in a foreign country Such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any staxeble party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Did any staxeble party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did not staxeble party notify the organization file Form 8886-17? 6a Does the organization shalt were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that many receive deductible contributions under section 170(c). 8b If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 7 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 8c Did the organization receive a party funds, directly or indirectly, to pay premiums on a personal brenefit contract? 7 c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal brenefit contract? 7 d Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096-C? 8 sponsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096-C? 9 sponsoring organization make any taxable distributions under section 4966? 9 sponsoring organization make any taxable distributions under section 4966? 9 sponsoring organization make any taxable distributions under section 4966? 9 section 901(c)(17) organizations. Enter: 1 a Gross income from members or shareholders 1 b H'ves," enter the amount of tax				3b				
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b IX of If "Yes" to line \$aor 5b, ind the organization file Form 886-17? 5c If "Yes" to line \$aor 5b, ind the organization file Form 886-17? 5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d X 5 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization neceive apayment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization neceive apayment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 If "Yes," did the organization self-excess apayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 9 If "Yes," did the organization self-excess any funds, directly or indirectly, on a personal benefit contract? 9 If "Yes," did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any t	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a					
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	b							
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X								
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х		
		If "Yes," complete Form 4720, Schedule O.						

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			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16			
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?	2		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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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?	7a		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?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		X
Sec	tion 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?	10a		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?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	
a	Other officers or key employees of the organization	15b	Λ	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		22
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?	100		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ►VA			
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	is only	ı) avail	ahle
10	for public inspection. Indicate how you made these available. Check all that apply.	, o or my	, avall	abic
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
.5	statements available to the public during the tax year.	u miai	ioiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 434-977-0553			
	1000 PRESTON AVENUE, SUITE A, CHARLOTTESVILLE, VA 22903			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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)	(B)	Ĭ		((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rsoni	is bot	h an	compensation	compensation	amount of
	week	\vdash	cer an	ia a a	irecto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mper		(** 2, 1000 *********************************		and related
	below	id ual	Institutional trustee	 	Key employee	est co o yee	er			organizations
	line)	Indiv	Instit	Officer	Key 6	Highest compensated employee	Former			
(1) CYNTHIA NEFF	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) KRISTI KELLY	1.00									
TREASUER		Х		Х				0.	0.	0.
(3) JONATHAN T. BLANK	1.00									
IMMEDIATE PAST PRESIDENT		Х		Х				0.	0.	0.
(4) JOY JOHNSON	1.00									
VICE-PRESIDENT		Х		Х				0.	0.	0.
(5) OFELIA CALDERON	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) BRYAN SLAUGHTER	0.50									
BOARD MEMBER		Х						0.	0.	0.
(7) DEAN LHOSPITAL	0.50							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(8) MARIJEAN OLDHAM	0.50								_	
BOARD MEMBER		Х						0.	0.	0.
(9) JOSH BOWERS	0.50									
BOARD MEMBER		Х						0.	0.	0.
(10) BYRON ARANGO	0.50									
BOARD MEMBER		Х						0.	0.	0.
(11) IVY BELL	0.50									
BOARD MEMBER		Х						0.	0.	0.
(12) TED HOWARD	0.50	l								•
BOARD MEMBER		Х						0.	0.	0.
(13) TENNILLE CHECKOVICH	0.50	l								
BOARD MEMBER	0.50	Х						0.	0.	0.
(14) EVA ANTHONY	0.50	١								•
BOARD MEMBER	0.50	Х						0.	0.	0.
(15) TINA WASHINGTON	0.50	١							•	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(16) TRACEY HOPPER	1.00	٠,,							_	_
BOARD MEMBER	40.00	Х				_	_	0.	0.	0.
(17) ANGELA CIOLFI	40.00	-			٦,			106 422	_	_
EXECUTIVE DIRECTOR	<u> </u>				Х			126,433.	0.	0.

932007 01-20-20

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	rees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average		not c		more	than		Reportable	Reportable			timate	
	hours per week					is bot or/trus		compensation from	compensation from related			nount (other	of
	(list any	ż						the	organization			otriei pensa	tion
	hours for	r direc				ted		organization	(W-2/1099-MI			om the	
	related	stee o	trustee			bensa		(W-2/1099-MISC)				anizati	
	organizations below	ual tru	ional t		ployee	t com	۱.					d relate Inizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				l	ıınzatı	7113
			_	_		T *	Ī						
		Ш				-	_						
		┨											
		П											
		 											
		П											
		₩					\vdash						
		H											
		Ш											
		 											
1b Subtotal								126,433.		0.			0.
c Total from continuation sheets to Part \	/II, Section A						>	0.		0.			0.
d Total (add lines 1b and 1c)								126,433.		0.			0.
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bov	e) w	ho r	eceived more than \$100	0,000 of reportab	le			1
compensation from the organization												Yes	No
3 Did the organization list any former office	r, director, trust	ee, k	кеу е	emp	loye	e, o	r hi <u>c</u>	hest compensated emp	oloyee on	I			
line 1a? If "Yes," complete Schedule J for	such individual										3		Х
4 For any individual listed on line 1a, is the s	sum of reportab	le co	omp	ensa	atior	n an	d ot	her compensation from					
and related organizations greater than \$1											4		X
5 Did any person listed on line 1a receive or	•				-	•		ted organization or indiv	idual for services	3	-		Х
rendered to the organization? If "Yes," con Section B. Independent Contractors	mpiete Scriedui	e J 10	Or Si	ucn	pers	SOH					5		
1 Complete this table for your five highest of	ompensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of cor	npens	ation f	rom	
the organization. Report compensation fo	r the calendar y	ear e	endi	ng v	vith	or w	/ithir		year.				
(A) Name and busines	s address	NC	INC	Ξ				(B) Description of s	ervices	С	(C omper		า
				_				<u> </u>					
							_						
Total number of independent contractors\$100,000 of compensation from the organ		ıot lir	mite	d to	tho	se li 0	stec	d above) who received n	nore than				
\$ 100,000 of compensation from the organ	4										Form	aan (2010)

		/111			5			
			Check if Schedule O contains a respons	se or note to any li	ne in this Part VIII (A)	(B)	(C)	
					Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
ıts	1	а	Federated campaigns 1a					
iran			Membership dues 1b					
s, G			Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d					
ini,			Government grants (contributions) 1e	570,937.				
tion S			All other contributions, gifts, grants, and					
ibut			similar amounts not included above 1f 5	,449,237.				
d 0		g	Noncash contributions included in lines 1a-1f 1g \$					
<u>වූ ළ</u>		h	Total. Add lines 1a-1f	>	6,020,174.			
				Business Code				
9	2	а						
ē Ž		b						
Scenario		С						
ev ev		d						
Program Service Revenue		е						
Δ.			All other program service revenue					
		g	Total. Add lines 2a-2f	<u></u>				
	3		Investment income (including dividends, int	,	60.045			60 045
			other similar amounts)		60,045.			60,045.
	4		Income from investment of tax-exempt bond	•				
	5		Royalties					
	١.		(i) Real	(ii) Personal	_			
	6		Gross rents 6a		_			
			Less: rental expenses 6b		-			
			Rental income or (loss) 6c					
	,		Net rental income or (loss) Gross amount from sales of (i) Securities					
	' '	а	assets other than inventory 7a	(ii) Oti ioi	-			
		h	Less: cost or other basis		-			
ē		b	and sales expenses 7b					
Revenue		c	Gain or (loss) 7c		1			
Вè		d	Net gain or (loss)	<u> </u>				
ē	8		Gross income from fundraising events (not					
횽			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	Ba				
		b	Less: direct expenses	Bb				
		С	Net income or (loss) from fundraising events	: <u>,</u>				
	9	а	Gross income from gaming activities. See					
			· · · · · · · · · · · · · · · · · · ·)a				
		b	Less: direct expenses)b				
		С	Net income or (loss) from gaming activities	<u></u>				
	10	а	Gross sales of inventory, less returns					
				0a	-			
			· · · · · · · · · · · · · · · · · · ·	ОЫ				
		С	Net income or (loss) from sales of inventory					
S _D		_		Business Code				
neo	11			-				
Miscellaneous Revenue		b		-				
isce Re		q	All other revenue	-				
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		6,080,219.	0.	0.	60,045.

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).

	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			. , ,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			2.15	
7	Other salaries and wages	3,664,158.	2,965,771.	347,648.	350,739
8	Pension plan accruals and contributions (include	110 000	22 24	0 001	0 050
	section 401(k) and 403(b) employer contributions)	110,897.	92,044.	9,981.	8,872 60,254
9	Other employee benefits	738,046.	607,370.	70,422.	60,254
10	Payroll taxes	282,660.	234,608.	25,439.	22,613
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	8,200.	7,425.	775.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	60 201	61 061	6 460	
	column (A) amount, list line 11g expenses on Sch O.)	68,321.	61,861.	6,460.	
12	Advertising and promotion	16 701	27 000	C 1C1	2 220
13	Office expenses	46,794.	37,992.	6,464.	2,338
14	Information technology				
15	Royalties	402 240	224 011	20 140	20 100
16	Occupancy	402,240.	324,911.	39,140.	38,189
17	Travel	60,796.	55,047.	5,749.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	04 440	76 462	7 006	
19	Conferences, conventions, and meetings	84,449. 10,663.	76,463. 9,655.	7,986.	
20	Interest	10,003.	9,000.	1,000.	
21	Payments to affiliates	136,189.	123,311.	12,878.	
22	Depreciation, depletion, and amortization	32,751.	26,632.	3,097.	3,022
23	Other eveness Itemize eveness not severed	34,131.	40,034.	3,031.	3,044
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24è amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) EOUIPMENT RENTAL AND RE	175,089.	160,572.	14,517.	
a	FUNDRAISING EXPENSE	108,418.	100,372.	14,3110	108,418
b	COMMUNICATION	93,945.	76,394.	8,883.	8,668
C	OTHER EXPENSE	32,833.	30,832.	2,001.	0,000
d		109,464.	108,824.	640.	
	All other expenses	6,165,913.	4,999,712.	563,088.	603,113
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	0,100,9100	-,JJJ, 144•	303,000	505,115
26					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2019

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			3,769,921.	2	5,000,695
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		76,530.	4	211,910	
	5	Loans and other receivables from any current of	r forme	r officer, director,			
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual	ified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe		6			
ş	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			91,499.	9	50,581
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		3,059,197.			
	b	Less: accumulated depreciation	10b	1,677,410.	1,362,956.	10c	1,381,787
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		36,335.	15	35,969	
_	16	Total assets. Add lines 1 through 15 (must equ	al line 3	33)	5,337,241.	16	6,680,942
	17	Accounts payable and accrued expenses		255,078.	17	297,615	
	18	Grants payable		18			
	19	Deferred revenue			2,657,223.	19	3,435,635
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
<u>a</u>		controlled entity or family member of any of the	se pers	ons	244 505	22	000 000
-	23	Secured mortgages and notes payable to unrel			311,797.	23	275,706
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	586,900
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24)). Complete Part X	26 424		21 600
		of Schedule D			26,424.		31,688
	26	Total liabilities. Add lines 17 through 25			3,250,522.	26	4,627,544
ဖွ		Organizations that follow FASB ASC 958, che	eck her	e ▶ 🔼			
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.			2 006 710		2 052 200
ala	27	Net assets without donor restrictions			2,086,719.	27	2,053,398
8	28	Net assets with donor restrictions				28	
5		Organizations that do not follow FASB ASC 9	958, che	eck here 🕨 📖			
<u> </u>		and complete lines 29 through 33.					
jts	29	Capital stock or trust principal, or current funds			29		
SSE	30	Paid-in or capital surplus, or land, building, or ed				30	
¥	31	Retained earnings, endowment, accumulated in			0.006.710	31	2 052 200
ž	32	Total net assets or fund balances			2,086,719.	32	2,053,398
	33	Total liabilities and net assets/fund balances .			5,337,241.	33	6,680,942

Form	1 990 (2019) LEGAL AID JUSTICE CENTER 5	4-0884513	Pa	age 12
Pa	rt 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)			
2	Total expenses (must equal Part IX, column (A), line 25)			
3	Revenue less expenses. Subtract line 2 from line 1			94.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			
5	Net unrealized gains (losses) on investments	5	2,3	373.
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain on Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	2,05	3,3	98.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			X
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on	a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate ba	ısis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au		l	
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedu			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	Audit		
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization LEGAL AID JUSTICE CENTER **Employer identification number** 54-0884513

Pa	rt I	Reason for Public (Charity Status (A	All organizations must co	mplete th	is part.) Se	ee instructions.	
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative		· ·			ii).	
4		A medical research organiz					•	the hospital's name
•		city, and state:	anon operated in co.	njanotion with a moopital	GOOGIIDO			ino noopital o namo,
5		An organization operated for	or the benefit of a co	llogo or university owner	d or operat	tod by a g	overnmental unit describ	ood in
3				nege of university owner	u or opera	led by a g	overnmentar unit descrit	Jea III
_		section 170(b)(1)(A)(iv). (C	· · · · ·				()	
6		A federal, state, or local gov						
7	X	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	\square	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or
		university:						
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	•					
а		Type I. A supporting orga	• •			-	· · · · · ·	v aivina
		the supported organization	· ·	· ·	•	•		
		organization. You must o						
b		Type II. A supporting org			tion with it	e sunnorti	ed organization(s), by ha	vina
~		control or management o	•					•
		organization(s). You mus			arrie perse	nis triat co	ontrol of manage the sup	ported
_		Type III functionally inte			in connoc	tion with	and functionally intograt	ad with
·		its supported organization					•	ea with,
d		Type III non-functionally		•				ization(a)
u								
		that is not functionally int	-		•		-	iveriess
		requirement (see instruct	·	-				
е		☐ Check this box if the orga					ı Type I, Type II, Type III	
		functionally integrated, or	* *	nally integrated support	ing organiz	zation.		
f		er the number of supported of						
g		vide the following information i) Name of supported	i about the supporte	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	•	organization	(11) 2.11	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)
				above (see instructions))	165	140	,	, , , , , , , , , , , , , , , , , , ,
Γ <u>α</u> 4-								
Γota								ı

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

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

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

Sec	ction A. Public Support		·	<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	. ,	, ,	, ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	5091040.	4992742.	5525217.	5624621.	6020174.	27253794.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	5001040	4000540	FF0F01F	5604604	6000174	0000000
4	Total. Add lines 1 through 3	5091040.	4992742.	5525217.	5624621.	6020174.	27253794.
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)						07052704
	Public support. Subtract line 5 from line 4.						27253794.
	etion B. Total Support	(-) 004 <i>5</i>	(I-) 0040	(-) 0047	(-1) 0040	(-) 0040	(f) Takal
	ndar year (or fiscal year beginning in)	(a) 2015 5091040.	(b) 2016 4992742.	(c) 2017 5525217.	(d) 2018 5624621.	(e) 2019 6020174.	(f) Total 27253794.
	Amounts from line 4	3031040.	4992142.	3323217.	3024021.	0020174.	2/233/34.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	275.	32,248.	30,735.	74,598.	60,045.	197,901.
_	and income from similar sources	275.	32,240.	30,733.	74,390.	00,043.	191,901.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)				47,044.		47,044.
11					17,0110		27498739.
12	Gross receipts from related activities,	etc. (see instruction	nns)			12	
	First five years. If the Form 990 is for						
	organization, check this box and stop				•		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2019 (I	ine 6, column (f) di	ivided by line 11, c	olumn (f))		14	99.11 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	99.28 %
	33 1/3% support test - 2019. If the o					nore, check this be	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						e
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	ns ▶∟

Schedule A (Form 990 or 990-EZ) 2019

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

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

Se	ction A. Public Support	clow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	, ,	, ,	1	``
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that					1	
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to or expended on its behalf						
_						+	
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge					+	
	Total. Add lines 1 through 5		-	-			
/ 6	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
-	check this box and stop here						<u></u>
	ction C. Computation of Publ					 	
	Public support percentage for 2019 (I					15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					14-1	
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2019. If the						17 is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2018. If the						▶Ш and
	line 18 is not more than 33 1/3%, che	•			•	·	
20	Private foundation. If the organization						\

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

Par	TIV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
000	aon o. Type ii oupporting organizatione		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	<u>'</u>		
000	tion B. All Type in 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		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
	tion 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 yea(see instructions)-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Pai	1 v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	-	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information Devide the evaluations required by Dart II line 10: Dart II line 17: or 17b; Dart III line 19:
i dit 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,
	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 B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

2010

54-0884513

2019

OMB No. 1545-0047

Name of the organization Employer identification number

LEGAL AID JUSTICE CENTER

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

LEGAL AID JUSTICE CENTER

54 - 0884513

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COUNTY OF FAIRFAX 12000 GOVERNMENT CENTER PARKWAY FAIRFAX, VA 22305	\$ 297,451.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LEGAL SERVICES CORPORATION OF VA 919 EAST MAIN STREET RICHMOND, VA 23219	\$1,896,826.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	VIRGINIA POVERTY LAW CENTER 919 EAST MAIN STREET RICHMOND, VA 23219	\$ 402,686.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

LEGAL AID JUSTICE CENTER

54-0884513

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

Employer identification number

Name of organization

EGAL	AID JUSTICE CENTER			54-0884513
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line encharitable, etc., contributions of \$1,000 or	try For organizations	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transf	feror to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
-	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transf	eror to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transf	feror to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transi	

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

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

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

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

Tax) (see se	parate instructions), then		,, (,	, ,
 Section 5 	501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Name of orga	LEGAL A	ID JUSTICE CENTER			loyer identification number $54-0884513$
Part I-A	Complete if the org	ganization is exempt unde	er section 501(c)	or is a section 527 o	rganization.
2 Political	campaign activity expendit	zation's direct and indirect politica cures ign activities		> \$	
Part I-B	Complete if the org	ganization is exempt unde	er section 501(c)(3).	
1 Enter th	e amount of any excise tax	incurred by the organization und	er section 4955	▶\$	
2 Enter th	e amount of any excise tax	incurred by organization manage	rs under section 4955	▶\$	
3 If the or	ganization incurred a sectio	n 4955 tax, did it file Form 4720 f	or this year?		Yes L
4a Was a c	orrection made?				Yes No
	describe in Part IV.	ganization is exempt unde	or costion FO1/s	eveent eastion FO4/	(2)(2)
Part I-C		•			
		d by the filing organization for sec			
		ization's funds contributed to oth			
		s. Add lines 1 and 2. Enter here ar		······································	
		s. Add lines 1 and 2. Enter here al	·		
4 Did the	filing organization file Form	1120-POL for this year?		Ψ	Yes No
		nployer identification number (EIN			
made pa contribu	ayments. For each organiza	tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provi	from the filing organiz separate political orga	ation's funds. Also enter than its anization, such as a separa	ne amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

Part II-A Complete if the org section 501(h)).	ganization is ex	cempt under section	on 501(c)(3) and fil	ed Form 5768 (e	lection under
	tion belongs to an	affiliated group (and list i	in Part IV each affiliated	group member's nar	ne, address. EIN.
expenses, and sha	-	- · ·		3 1	, , ,
B Check ▶ ☐ if the filing organiza	tion checked box A	and "limited control" pr	ovisions apply.		
	ts on Lobbying Ex ditures" means an	penditures lounts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinic	n (grassroots lobbying)			
b Total lobbying expenditures to infl	uence a legislative	oody (direct lobbying)			
c Total lobbying expenditures (add I	ines 1a and 1b) $$				
d Other exempt purpose expenditur					
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Ent					
If the amount on line 1e, column (a)		obbying nontaxable an			
Not over \$500,000		of the amount on line 16			
Over \$500,000 but not over \$1,00		,000 plus 15% of the ex	,		
Over \$1,000,000 but not over \$1,5		,000 plus 10% of the ex			
Over \$1,500,000 but not over \$17		,000 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1,00	00,000.			
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer	,				
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than ze					
reporting section 4911 tax for this	_	,			Yes No
		Averaging Period Under			
(Some organizations t		n 501(h) election do not arate instructions for l		of the five columns I	below.
	Lobbying Ex	penditures During 4-Ye	ear Averaging Period		_
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?	X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
С	Media advertisements?		Х		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?	X			
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		109	9,838.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X			
i	Other activities?		X		
j	Total. Add lines 1c through 1i			109	9,838.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection	
	00 1(0)(0)1			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members			, 	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
_	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	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 exc				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
Prov	de 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 I	I-A, lines 1	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	•	,	,	
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
то	LOBBY ON BEHALF OF LOW-INCOME PEOPLE IN VIRGINIA O	n isst	JES AF	FECTI	1G
тні	EIR LIVES.				
	· ·				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LEGAL AID JUSTICE CENTER

Employer identification number 54-0884513

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar	Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 don	or advised fun	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds	can be used o	only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other p	ourpose confer	ring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on For	m 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recreated	ation or education)	ation of a histo	orically important land area
	Protection of natural habitat	Preserv	ation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in t	he form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b				2b
С	Number of conservation easements on a certified historic st			2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminate	d by the orgar	nization during the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
_	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and enforc	ing conservati	on easements during the year
-	Associated for a second control of the secon			
7	Amount of expenses incurred in monitoring, inspecting, hand	uling of violations, and enforcing c	onservation ea	sements during the year
	▶ \$ Does each conservation easement reported on line 2(d) abo	us satisfy the requirements of sec	tion 170/b)/4)/E	D)(i)
8				
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat			
3	balance sheet, and include, if applicable, the text of the foot		· ·	
	organization's accounting for conservation easements.	note to the organization 3 imaneta	i statements ti	iat describes the
Par	t III Organizations Maintaining Collections of	of Art. Historical Treasures	or Other	Similar Assets.
	Complete if the organization answered "Yes" on Forn	-	•	
	If the organization elected, as permitted under FASB ASC 99	58. not to report in its revenue stat	ement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pu	•		
	service, provide in Part XIII the text of the footnote to its fina	·		·
b	If the organization elected, as permitted under FASB ASC 99			e sheet works of
	art, historical treasures, or other similar assets held for public	· ·		
	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 tre			
	the following amounts required to be reported under FASB A		,	
а	Revenue included on Form 990, Part VIII, line 1			. • \$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2019

932051 10-02-19

Pai	rt III Organizations Maintainir	າg Coll	lections of A	rt, His	torical Tr	easures,	or Othe	r Simil	ar Ass	ets(contir	nued)
3	Using the organization's acquisition, acc	cession,	and other record	ds, chec	k any of the	following tha	at make s	ignificant	use of i	ts	
	collection items (check all that apply):										
а	Public exhibition		C	<u> </u>	Loan or exc	hange progra	am				
b	Scholarly research		•	• 🗌	Other						
С	Preservation for future generation	s									
4	Provide a description of the organization	n's collec	ctions and expla	in how th	ney further t	he organizati	ion's exer	npt purp	ose in P	art XIII.	
5	During the year, did the organization so	licit or re	ceive donations	of art, hi	storical trea	asures, or oth	er similar	assets			
	to be sold to raise funds rather than to I	oe maint	ained as part of	the orga	nization's c	ollection?			L	Yes	☐ No
Pai	rt IV Escrow and Custodial A	range	ments. Compl	ete if the	organizatio	n answered	"Yes" on	Form 99	0, Part I	V, line 9, or	
	reported an amount on Form 990), Part X	, line 21.								
1a	Is the organization an agent, trustee, cu	stodian	or other interme	diary for	contributio	ns or other as	ssets not	included	_		
	on Form 990, Part X?								L	Yes	└─ No
b	If "Yes," explain the arrangement in Par	t XIII and	d complete the fo	ollowing	table:						
										Amount	t
С	Beginning balance							. 1c			
d	Additions during the year							. 1d			
е	Distributions during the year							. 1e			
f	Ending balance							. 1f			
2a	Did the organization include an amount	on Form	n 990, Part X, line	21, for	escrow or c	ustodial acco	ount liabili	ity?	L	Yes	└─ No
	If "Yes," explain the arrangement in Par										
Pai	rt V Endowment Funds. Comp	lete if th	e organization ar	nswered	"Yes" on F	1					
		<u>(</u> 2	a) Current year	(b) P	rior year	(c) Two yea	rs back ((d) Three <u>y</u>	years bac	k (e) Four	years back
1a	0 0 ,										
b	Contributions										
С	Net investment earnings, gains, and los	ses									
d	Grants or scholarships	L									
е	Other expenditures for facilities										
	and programs	L									
f	Administrative expenses	L									
g	End of year balance	<u>L</u>									
2	Provide the estimated percentage of the	e current	t year end baland	ce (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment	_ _		%							
b	Permanent endowment		%								
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2d										
За	Are there endowment funds not in the p	ossessi	on of the organiz	ation tha	at are held a	and administe	ered for th	ne organi	zation	-	
	by:										Yes No
	(i) Unrelated organizations									3a(i)	
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related org		-) 				3b	
4	Describe in Part XIII the intended uses of			owment	funds.						
Pai	rt VI Land, Buildings, and Equ	-									
	Complete if the organization ans	wered "\	Yes" on Form 99	0, Part I\			D, Part X,	line 10.			
	Description of property		(a) Cost or o			t or other		cumulate	I	(d) Bool	k value
			basis (investi	ment)		(other)	dep	reciation	1	- 4 -	
	Land					0,000.		04 0			0,000.
b	Buildings				2,41	1,933.	1,3	81,3	69.	1,03	0,564.
	Leasehold improvements				-	- O.C.1					
d	Equipment				54	7,264.	2	296,0	41.	25	1,223.
	Other									4	
Tota	Add lines to through to (Column (d) m	ust pare	J Form 990 Port	X colur	nn (D) lina	100)				1.38	1.787.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 LEGAL AID J	USTICE CENTER	R 54	-0884513 Page
Part VII Investments - Other Securities.	- 000 B + N/ I'		
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1) Financial derivatives	(b) Book value	(b) Mothed of Valuation. Cost of one	a or your market value
(2) Closely held equity interests			
(3) Other			
(A)			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
「otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
(a) l	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	÷ 15.)	>	
Part X Other Liabilities.			_
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			12 266
(2) ESCROW ACCOUNTS			13,366 18,322
(3) DEPOSITS			10,344
(4)			
(5)			
(6)			I

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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...

Schedule D (Form 990) 2019

(7) (8)

31,688.

Sche	edule D (Form 990) 2019 LEGAL AID JUSTICE	E CENTER		54-	0884513 Page 4
Pai	rt XI Reconciliation of Revenue per Audited Fin	ancial Statements W			
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial sta	atements		1	11,273,702.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 1				
а	Net unrealized gains (losses) on investments	2a	52,373.		
	Donated services and use of facilities		5,141,110.		
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	5,193,483.
3	Subtract line 2e from line 1			3	6,080,219.
4	Amounts included on Form 990, Part VIII, line 12, but not on line				
а	Investment expenses not included on Form 990, Part VIII, line 7	'b 4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, F			5	6,080,219.
Pa	rt XII Reconciliation of Expenses per Audited Fir	nancial Statements V	/ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements			1	11,307,023.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	5:			
а	Donated services and use of facilities	2a	5,141,110.		
b	Prior year adjustments	2b			
	Other losses				
	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	5,141,110.
3	Subtract line 2e from line 1			3	6,165,913.
4	Amounts included on Form 990, Part IX, line 25, but not on line				
а	Investment expenses not included on Form 990, Part VIII, line 7	'b 4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990,	Part I, line 18.)		5	6,165,913.
Pa	rt XIII Supplemental Information.				
Prov	vide 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,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional in	formation.		

Schedule D (Form 990) 2019

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

Name of the organization

LEGAL ATD JUSTICE CENTER

Employer identification number 54-0884513

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IN VIRGINIA.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD REVIEWS THE 990 BEFORE IT IS SUBMITTED.
FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICT OF INTEREST IS MONITORED ON AN ANNUAL BASIS WITH EMPLOYEES AND
BOARD MEMBERS.
FORM 990, PART VI, SECTION B, LINE 15:
BOARD OF DIRECTORS REVIEWS AND APPROVES THE ORGANIZATION'S SALARY SCALE
INCLUDING EXECUTIVE COMPENSATION ANNUALLY AS REFLECTED IN BOARD MINUTES.
FACTORS CONSIDERED INCLUDE COMPARABILITY DATA TO SIMILAR ORGANIZATIONS BY
MISSION AND SIZE.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION PROVIDES DOCUMENTS UPON REQUEST.
FORM 990 PART XI LINE 2C
AUDIT COMMITTEE REVIEWS AUDIT AND HAS AN EXIT INTERVIEW WITH AUDITOR.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

	this form, visit www.irs.gov/e-file-providers/e-file-for-chari			details on	the electronic	<i>-</i>		
Autor	natic 6-Month Extension of Time. Only subm	it origin	al (no conies needed)					
All corp	orations required to file an income tax return other than Form 7004 to request an extension of time to file incom	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts			
Type or	pe or Name of exempt organization or other filer, see instructions. Taxpayer identification number (Tilen)							
print	LEGAL ALD THEMSES CHAMED				E4 000	1111		
File by the		aa instruc	tions		54-088	34513		
due date f filing your return. Se	1000 PRESTON AVENUE, NO. A	ee manuc	otions.					
instruction		oreign add	dress, see instructions.					
Enter th	ne Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 1		
Applica	ation		Application			Return		
Is For	20 000 57	Code	Is For			Code		
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation) Form 1041-A			07		
	720 (individual)	02	Form 4720 (other than individual)			09		
Form 99		04	Form 5227	10				
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069					
					12			
Tele	THE ORGANIZATION books are in the care of ► 1000 PRESTON AND phone No. ► 434-977-0553 e organization does not have an office or place of business is for a Group Return, enter the organization's four digit of the group, check this box ►	s in the U	Fax No. ▶nited States, check this box	f this is fo	r the whole gr	roup, check this		
tr •	request an automatic 6-month extension of time until	anization'	s return for: nd ending JUN 30, 2020		npt organizatio n	on return for		
	this application is for Forms 990-BL, 990-PF, 990-T, 4720, ny nonrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less	3a	\$	0.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069			26	e	0.		
_	stimated tax payments made. Include any prior year overp alance due. Subtract line 3b from line 3a. Include your pa			3b	\$	<u> </u>		
	sing EFTPS (Electronic Federal Tax Payment System). See	•		3с	\$	0.		
	n: If you are going to make an electronic funds withdrawal							

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

Form **8868** (Rev. 1-2020)