Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

Α	For the 2	017 cale <u>nda</u>	r year, or tax year beginning	Jul 1	, 2017, an	nd ending	Ju	n 30	, 20 18				
В	Check if ap	oplicable: C Na	ame of organization Virgini	a Legal Aid So	ociety, In	nc.		D Employ	er identification number				
	Address ch		oing business as		-			51-02	226448				
	Name char	nge Nu	umber and street (or P.O. box if m	ail is not delivered to stre	et address)	Room/suite		E Telephor	ne number				
	Initial retur	n P	ost Office Box 620	00				(434)	528-4722				
	Final return/	terminated Ci	ity or town, state or province, cou	ntry, and ZIP or foreign po	stal code								
$\overline{\Box}$	Amended i		ynchburg, VA 24505	5-6200				G Gross re	eceipts \$ 3,100,451.				
$\overline{\Box}$			ame and address of principal office	H(a) Is this a d		subordinates? Yes X No							
_	, 10011001101		avid B. Neumeyer, Esq., P). Lynchburg.	VA 24505	1						
$\overline{}$	Tax-exemp		▼ 501(c)(3)	_		527			list. (see instructions)				
<u>:</u>	Website:		.vlas.org) 4 (Insert no.) _	3 +3+1(a)(1) OI L		H(c) Group	exemption	number •				
K		ganization: 🔀 C		ation Other ►	I Vear	of formation			of legal domicile: VA				
_	art I	Summary		ation Other P	L Tear	OI IOIIIIALIOII	. 171	/ W State	or legal dornicile. VA				
			ibe the organization's miss	sion or most signified	nt activities:	***************	T 1 7	1 0 1 - 1	T				
Ф									, inc. is a non-profit				
Activities & Governance		organization organized to provide legal assistance in non-criminal proceedings or matters to persons financially unable to afford legal assistance.											
rna													
) Ve	1		ox ▶ ☐ if the organization	-	A	posea or r	nore tnar	1 1					
Ğ			oting members of the gove					3	15				
დ თ			dependent voting member					4	15				
iţie	1		r of individuals employed in	-	(Part W line :	2a)		5	44				
Ę	1		r of volunteers (estimate if	• •	^ /			6	0				
Ă			ed business revenue from					7a	0.				
	b N	let unrelated	d business taxable income	from Form 890-T, li	ne 34	\nearrow		7b	0.				
Revenue				(())		Prior Ye	ear	Current Year				
	1		s and grants (Part VIII, line	\ \ \	<i>/</i>		3,114	1,444.	3,066,455.				
	9 F	rogram serv	vice revenue (Part VIII, line	2g) . (
ě	10 Ir	nvestment ir	ncome (Part VIII, column 🔑	k), lines 3, 4, and 7d)	\		24	1,665.	7,899.				
ш	11 C	Other revenu	ıe (Part VIII, column (A), <mark>/</mark> nı	es 5, 6d, 8c, 9c, 10c	, and 11e) .		11	425.	26,097.				
	12 T	otal revenue	e—add lines 8 through 1 <mark>1</mark> (r	rust equal Rart VIII,	column (A), line	e 12)	3,150	,534.	3,100,451.				
	13 G	arants and s	imilar amounts paid (Part I	IX, column (A), Ines	1–3)								
	14 E	Benefits paid											
Ø	15 S	alaries, othe	er compensation, employee	benefits (Part IX, colu	ımn (A), lines 5	-10)	2,587	7,201.	2,627,576.				
Expenses	1		fundraising fees (Part IX,	/ \			<u> </u>	ĺ	, ,				
bel	1		sing expenses (Rart IX, col										
Щ			ses (Part IX, column (A), lin				539	,480.	537,532.				
			ses. Add lines 13-17 (must					6,681.	3,165,108.				
			s expenses. Subtract line 1					8,853.	-64,657.				
S							inning of Cu		End of Year				
Net Assets or Fund Balances	20 T	otal assets	(Part X, line 16)					,893.	2,222,760.				
Asse	21 T		es (Part X, line 26)			· ·		2,870.	199,394.				
Net	22 N		r fund balances. Subtract I	line 21 from line 20		–		3,023.	2,023,366.				
	art II	Signature		ine 21 nom ine 20			2,000	0,023.	2,023,300.				
				ratura including accomp	an ing ochodules	and atatama	ata and to t	ha haat af m	avelenaveladas, and haliaf it is				
			declare that I have examined this Declaration of preparer (other thar						ny knowledge and beller, it is				
_				•		· ·							
Sig	nn l	Signature	of officer				l Da	to					
_		,					Da	te					
He	i e		W Sigler, Directo	r of Administı	ration								
		, , ,	rint name and title	Dronovoile Service		l p.:			DTIN				
Pa	id	' '	reparer's name	Preparer's signature	1) A	Date	0.4.4	Check [if PTIN				
Pr	eparer	J. Phil	lip Coley, CPA	3.70	wh solar	<u>\ 102/</u>	04/201		P00020987				
	e Only	Firm's name							54-1881795				
		Firm's addres	ss ▶ 424 Graves Mill			g, VA 2	4502 Pho	ne no. (4					
Ma	y the IRS	discuss thi	s return with the preparer	shown above? (see	instructions)				X Yes No				
_	D		A . M						E 000 (004 =)				

Part	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:
	Virginia Legal Aid Society, Inc. is a non-profit organization organized to provide
	legal assistance in non-criminal proceedings or matters to persons
	financially unable to afford legal assistance.
	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,466,863. including grants of \$
	Provision of legal assistance in non-criminal proceedings
	or matters to persons financially unable to afford legal
	assistance. Approximately 6,519 persons served,
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	(O. d.,) (D.,) (D.,)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 2,466,863.

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	×	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	×	
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	×	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
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	×	
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		×
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 167 if "Yes," complete Schedule D, Part VIII	11c		×
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		×
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e	×	×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a	, 1 , , ,	14a		×
D	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		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
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		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		×
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		×

Part	Checklist of Required Schedules (continued)		.,	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		X
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		V
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	24d 25a		×
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		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part JL	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? In "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		×
С	Schedule L, Part IV	28b		×
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	28c 29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? It "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		×
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		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	37	×	×

Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 12		163	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	×	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 44			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4-		
h	·	4a		×
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		Ĥ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining dor or advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Initiation fees and capital contributions included on Part VIII, line 12	-		
11	Section 501(c)(12) organizations. Enter:	-		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
1.	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			
_	100			
C 1/12	Billion in the second s	14a		×
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a		├ ^
	100, ilias it ilias a form fiza to report these payments. Il the, provide all explanation in considere			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	structi	ions.
	Check if Schedule O contains a response or note to any line in this Part VI			×
Secti	on 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 15			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 15			
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		×
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
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		×
7a	one or more members of the governing body?	7-		
L	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		×
b	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	76		×
Ū	the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
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	×	
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 copflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whierleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b	×	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	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 (or 1024 if applicable), 990, and 990-T (Section	า 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	: ▶	

Kate W. Sigler, Post Office Box 6200, Lynchburg, VA 24505-6200 (434)528-4722

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

Check this box if Heither the organization no	arry rolato	0.9	arnza	(C)		30110			, or truotoo.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individual or director	not che unless er and	pers a dire	on nore that con is be ecto/trr employee	oth ar ustee	Reportable compensation	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) David B. Neumeyer, Esq. Executive Director	37.50			×			117,345.	0.	8,741.
(2) Kate W. Sigler Dir. of Administration	37.50			×			72,817.	0.	10,245.
(3) Thelma V. Hinton Director	1.00	×					0.	0.	0.
(4) Marc A. Schewel Sec./Treas. & Director	1.00	×		×			0.	0.	0.
(5) Bruce E. Robinson, Esq. Vice President and Director	1.00	×		×			0.	0.	0.
(6) Jeanette L. Ojeda, Esq. President & Director	1.00	×		×			0.	0.	0.
(7) Joel C. Cunningham, Jr., Esq. Director	1.00	×					0.	0.	0.
(8) Robert C. Wood, III, Esq. Director	1.00	×					0.	0.	0.
(9) Hope R. Townes, Esq. Director	1.00	×					0.	0.	0.
(10) LaToiya Whipple Director	1.00	×					0.	0.	0.
(11) Jay Smallwood Director	1.00	×					0.	0.	0.
(12) Sharon K. Eimer, Esq. Director	1.00	×		\top			0.	0.	0.
(13) J. Daniel Vinson, Esq. Director	1.00	×		\top			0.	0.	0.
(14) Jennifer Shaner Director	1.00	×					0.	0.	0.
			10/40/46				-	<u> </u>	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per	Average box, unless personal a direction of the check in the check ind					n an	(D) Reportable compensation	(E) Reportable compensation from related	rom	(F) Estimated amount of	
	week (list any hours for related organizations below dotted line)	1 0 20	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MIS		other compensation from the organization and related organizations	
(15) Cassandra Humbles	1.00	×						0		0.		^
Director (16) James R. McGarry, Esq.	1.00							0.				0.
Director (17) Lee H. Turpin, Esq.	1.00	×						0.		0.		0.
Director		×						0.		0.		0.
(18)		-										
(19)												
(20)						\wedge						
(21)				_		/ /	acksquare					
				<		7	1					
(22)		/					(
(23)		/ /)							
(24)												
(25)												
1b Sub-total	1	\ <u>\</u> .)					190,162.		0.	18,9	86.
c Total from continuation sheets to Par d Total (add lines 1b and 1c).	t WI, Se ctio	m A					>	190,162.		0.	18,9	86
2 Total number of individuals (including bu	1 1 .	d to th	ose	ilist	ed :	above	e) w	· · · · · · · · · · · · · · · · · · ·				<u> </u>
reportable compensation from the organ	nizjation ▶					1					Yes	No
3 Did the organization list any former or employee on line 1a? If "Yes," complete								oloyee, or high	•			
 For any individual listed on line 1a, is the organization and related organizations 	e sum of re	portal	ble (com	nper	nsatio	n a	nd other comp	ensation fror	n the	3	<u>×</u>
individual			neat	tion		m anv		rolated organi		vidual	4	X
5 Did any person listed on line 1a receive for services rendered to the organization											5	×
Section B. Independent Contractors 1 Complete this table for your five highest	compensat	ed in	dene	and	ont	contr	act	ore that receive	nd more than	\$100.0)00 of	
compensation from the organization. Re year.												х
(A) Name and business ad	dress							(B) Description of s	ervices	Co	(C) empensation	
2 Total number of independent contract	ors (includi	na bi	ıt n	ot I	imit	ed to	⊥ o th	ose listed abo	ove) who			

received more than \$100,000 of compensation from the organization ▶

Part VIII **Statement of Revenue** Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated business (D) Revenue excluded from tax (A) Total revenue (B) Related or exempt function revenue under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns . . . 1a 94,322. Membership dues 1b Fundraising events 1c С **d** Related organizations . . . 1d 1,200,842. Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1,771,291. 1f Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f. 3,066,455 Program Service Revenue **Business Code** 2a b d е f All other program service revenue. Total. Add lines 2a-2f . . g Investment income (including dividends, interest, and other similar amounts) 7,899 0. Income from investment of tax-exempt bond proceeds ▶ 4 5 Royalties (i) Real (ii) Persona Gross rents . . 6a Less: rental expenses Rental income or (loss) С Net rental income or (loss) d (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses . Gain or (loss) . Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses b Net income or (loss) from fundraising events С 9a Gross income from gaming activities. See Part IV, line 19 Less: direct expenses С Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances . . . Less: cost of goods sold . . . Net income or (loss) from sales of inventory . Miscellaneous Revenue **Business Code** Litigation income 541100 25,547. 0. 11a 25,547. 0. Miscellaneous b 541100 550. 550. 0. 0. С d All other revenue

0.

7,899.

26,097.

26,097.

3,100,451.

Total. Add lines 11a-11d.

Total revenue. See instructions.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (C) Management and general expenses **(D)** Fundraising Do not include amounts reported on lines 6b, 7b, (A) Total expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 208,663. 0. 197,317. 11,346. Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages <u>115</u>,572. 7 1,788,366. 1,570,509. 102,285. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 473,999. 393,623. 67,644. 12,732. 10 Payroll taxes 156,548. 126,776. 20,139. 9,633. Fees for services (non-employees): 11 Accounting 0. 9,112. 0. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 52**,**1**1**4. 41,826. 10,288. f 0. Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion . 13 Office expenses 25,610. 120,401. 95,029. 10,180. Information technology . 14 15 Royalties 7,097. Occupancy 56,733. 16 63,830. 0. Travel 30,067. 20,546. 7,270. 2,251. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 3,897. 3,897. 20 0. 0. 21 Payments to affiliates 64,089. 64,089. 0. 22 Depreciation, depletion, and amortization . 0. 23 14,557. 12,110. 2,447. 0. Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Library maintenance 21,173. 20,817. 356. 0. 22,584. 27,167. 4,583. Training 0. 6,690. 6,690. Litigation 0. 0. Miscellaneous 19,226. 6,262. 0. 12,964. All other expenses Total functional expenses. Add lines 1 through 24e 3,165,108. 25 2,466,863. 523,567. 174,678. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) if

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Part X Balance Sheet

Г	art X		+ V		
		Check if Schedule O contains a response or note to any line in this Pa	(A)	· ·	<u>□</u> (B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	1,832.	1	11,109.
	2	Savings and temporary cash investments	1,067,012.	2	1,079,376.
	3	Pledges and grants receivable, net	155 , 819.	3	131,835.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
sts		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	84,009.	9	57,610.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1.497.812.			
			076 700	10-	004 400
	b	Less: accumulated depreciation	976,729.	10c	924,409.
	11 12	Investments – publicly traded securities		11	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	15,492.	15	18,421.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,300,893.	16	2,222,760.
	17	Accounts payable and accrued expenses	142,017.	17	147,539.
	18	Grants payable	142,017.	18	147,000.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Screedule D .		21	
S	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	70,796.	23	42,721.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	57.	25	9,134.
	26	Total liabilities. Add lines 17 through 25	212,870.	26	199,394.
S		Organizations that follow SFAS 117 (ASC 958), check here ► 🗵 and complete lines 27 through 29, and lines 33 and 34.			
nce	07	-	1 700 070	07	1 775 104
<u>ala</u>	27 28	Unrestricted net assets	1,782,879. 305,144.	27 28	1,775,184. 248,182.
Ä	29	Permanently restricted net assets	303,144.	29	240,102.
ŭ	29	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		29	
Ī		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds .		32	
<u>let</u>	33	Total net assets or fund balances	2,088,023.	33	2,023,366.
~	34	Total liabilities and net assets/fund balances	2,300,893.	34	2,222,760.
	<u> </u>	Total habilities and het accets/rand balances	=,000,000.	•	2,222,700

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Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	3,1	00,4	51.
2	Total expenses (must equal Part IX, column (A), line 25)	3,1	65 , 1	08.
3	Revenue less expenses. Subtract line 2 from line 1	_	64,6	57.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	2,0	88,0	23.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O) 9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	2,0	23,3	66.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash 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?			×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled of	or		
	reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	. 2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant		×	
	If the organization changed either its oversight process or selection process during the tax year, explain	in		
_	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth			
_	the Single Audit Act and OMB Circular 4-133?	· 3a	×	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		.	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	×	
		Forn	n 990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service 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.

Inspection

Name of the organization **Employer identification number** Virginia Legal Aid Society, Inc. 51-0226448 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 Under An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ☐ An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised or controlled by its supported organization(s), typically by giving a the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization (s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 2,599,358. 3,286,887. 3,214,294. 3,114,444. 3,066,455. 15,281,438. levied 2 revenues the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge 2,599,358. 3,286,887. 3,214,294. 3,114,444. 3,066,455. 15,281,438. Total. Add lines 1 through 3. . . . 4 The portion of total contributions by 5 each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 141,245. Public support. Subtract line 5 from line 4 15,140,193. **Section B. Total Support** Calendar year (or fiscal year beginning in) ▶ **(b)** 2014 **(c)** 2015 (d) 2016 (e) 2017 (a) 2013 (f) Total 2,599,358.3,286,887. 3, 2, 4, 294. 3, 114, 444. 3, 066, 455. 15, 281, 438. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 11,043. 58 8,000. 8,047. 7,899. 41,647. Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 9,216. 50,476. 26,097. 11,425. 114,676. **Total support.** Add lines 7 through 10 11 15,437,761. 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 98.07% 14 Public support percentage from 2016 Schedule A, Part II, line 14 15 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

Secti	on A. Public Support			· •	·	,	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees	` ,	, ,	, ,	, ,	`,	1,,
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
Ū	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
, a	received from disqualified persons .						
L	·						
b	Amounts included on lines 2 and 3 received from other than disqualified		(\			
	persons that exceed the greater of \$5,000		\	\ \			
	or 1% of the amount on line 13 for the year			7 /			
	·						+
С 8	Add lines 7a and 7b						_
O	line 6.)						
Sacti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	10/2015	(D) 2014	(0) 2013	(a) 2010	(6) 2017	(i) Total
10a	Gross income from interest, dividends,		$\langle \cdot \rangle$				
104	payments received on securities loans, rents,		\ \				
	royalties, and income from similar sources .	\)				
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		1				
	acquired after June 30, 1975 . (
С	Add lines 10a and 10b	} 					
11	Net income from unrelated business	/ /					
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						+
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						+
. •	and 12.)						
14	First five years. If the Form 990 is for the	∟ ne organizatio	ı 1's first, secon	d. third. fourth	ı. or fifth tax v	Lear as a secti	on 501(c)(3)
	organization, check this box and stop he	J					(, (,
Secti	on C. Computation of Public Support						
15	Public support percentage for 2017 (line			3, column (f))		15	%
16	Public support percentage from 2016 Sci	, , , , , , , , , , , , , , , , , , , ,	•	, , , , , , , , , , , , , , , , , , , ,			%
	on D. Computation of Investment In						
17	Investment income percentage for 2017 (y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2016			-			%
19a	331/3% support tests-2017. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2016. If the organize		-			_	_
-	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di		_		· ·	-	_

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.)

ecti	on A. All Supporting Organizations			
			Yes	No
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.	1		
2		-		
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).			
0-		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.	3a		
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.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
4-	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
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.	4a		
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.	4b		
С	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.	4c		
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 org <mark>a</mark> nizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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).	8		
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.	9a		
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.	9b		
С	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.	9с		
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.	10a		
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.)	10b		

Part	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		
	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		
	ion 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		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? In "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		
Secti	ion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	4		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
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.	00		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
2	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. <i>Answer (a) and (b) below.</i>	20		
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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	'		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III support	ing organization (see

Schedule A (Form 990 or 990-EZ) 2017

Part	V Type III Non-Functionally Integrated 509(a)(3	8) Supporting Organi	zations (continued)	
	ion D - Distributions	of Capporting Organi	zations (continuca)	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		- Carrone Tour
	Amounts paid to perform activity that directly furthers exe			
_	organizations, in excess of income from activity	itea		
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets	occor or capported orga	- Inzationo	
<u>.</u> 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 whic	h the organization is res	nonsive	
·	(provide details in Part VI). See instructions.	Trulo organization lo roc	Poriore	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
			(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016	\wedge		
f	Total of lines 3a through e)) ,		
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i/from 3f.			
4	Distributions for 2017 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI

B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Pt II Ln 10: Other Income Part II, Line 10 Description: Litigation income 2013:
12169. 2014: 7046. 2015: 8066. 2016: 11425. 2017: 25547. Description: Miscellaneous
2013: 2173. 2014: 2170. 2015: 42410. 2017: 550. Description: Special events 2013:
3120.
/

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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

• Se	ection 501(c)(4), (5), or (6) orga	nizations: Complete Part III.			
	of organization			Employer iden	ntification number
Virg	inia Legal Aid So	ciety, Inc.		51-02264	48
Part	I-A Complete if the	e organization is exempt unde	er section 501(d	c) or is a section 527 of	organization.
1	definition of "political can	the organization's direct and incompaign activities") y expenditures (see instructions).	·		IV. (see instructions for
3		cal campaign activities (see instruc			
Part		e organization is exempt und			
1 2 3 4a b Part	Enter the amount of any of Enter the amount of any of If the organization incurred Was a correction made? If "Yes," describe in Part	excise tax incurred by the organization excise tax incurred by organizationed a section 4955 tax, did it file For	ation under section n managers under rm 4720 for this ve	n 4955 ▶ \$ section 4955 ▶ \$ ear?	Yes No
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	
2	527 exempt function activ	filing organization's funds contributions	\		
3	line 17b			> \$	
4 5	Enter the names, address organization made payme the amount of political co	n file Form 1120-ROL for this year? ses and employer identification nur ents. For each organization listed, contributions received that were profund or a political action committee.	mber (EIN) of all se enter the amount p mptly and directly	paid from the filing organi delivered to a separate p	zation's funds. Also enter political organization, such
	(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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Pa	rt II-A	Complete if the organizatio section 501(h)).	n is exempt ι	ınder section 50	01(c)(3) and filed	l Form 5768 (ele	ection under
Α	Check ►	if the filing organization belon address, EIN, expenses, and				iated group memb	er's name,
В	Check ►	if the filing organization check	ed box A and "	'limited control" pi	rovisions apply.		
		Limits on Lobb			\	(a) Filing organization's totals	(b) Affiliated group totals
_	- T.4-11-	(The term "expenditures" m		-	•	organization o totalo	group totalo
1		bbying expenditures to influence					
		bbying expenditures to influence	•	• •	•		
		obbying expenditures (add lines 1	•				
		exempt purpose expenditures . xempt purpose expenditures (add					
				•			
	f Lobbyi columr	ng nontaxable amount. Enter as.	ine amount ir	on the following	g table in both		
	If the an	nount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over	\$500,000	20% of the an	nount on line 1e.			
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1	000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
	Over \$1	500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000.		
	_	7,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (enter 25% of line 1f)						
		ct line 1g from line 1a. If zero or le					
		ct line 1f from line 1c. If zero or le			<u> </u>		
	-	e is an amount other than zerong section 4911 tax for this year?			the organization	Г	Yes No
	(Som	e organizations that made a se	ction 501(h) ek	Period Under sec ection do not hav fuctions for lines	e to complete all	of the five columr	ns below.
		Lobbying	Expenditures	During 4-Year A	veraging Period		
	Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2	a Lobbyi	ng nontaxable amount					
		ng ceiling amount of line 2a, column (e)					
	c Total lo	obbying expenditures))				
	d Grassr	oots nontaxable amount					
		oots ceiling amount of line 2d, column (e))					
	f Grassr	oots lobbying expenditures					

Part II-B

	(election under section 501(h)).					
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(6	a)		(b)	
	iption of the lobbying activity.	Yes	No	Aı	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		×			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	×				
С	Media advertisements?		×			
d	Mailings to members, legislators, or the public?		×			
е	Publications, or published or broadcast statements?		×			
f	Grants to other organizations for lobbying purposes?		×			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	×			8	353.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		×			
i	Other activities?		×			
j	Total. Add lines 1c through 1i				8	353.
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		×			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	\				
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), (or se	ction		
					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 ox less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	•	-			
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes.")(5), (R (b)	or se Parl	ction t III-A,	line 3	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year . /		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	ying				
_	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5			
Provic	Supplemental Information le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Pai	rt II-A, I	ines 1	and
	I-B Line 1: Organization's Executive Director lobbied Virginia Gene	eral	Ass	embly	7	
memb	ers in support of legal aid funding.					
	ers in support of legal and lunding.					

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

Schedule C (Forr	n 990 or 990-EZ) 2017	Page 4
Part IV	Supplemental Information (continued)	
	(())	
	\-\-\\-\\-\\-\\-\\-\-\-\-\-\-\-\	

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Virginia Legal Aid Society, Inc. 51-0226448 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements. . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

Schedule D (Form 990) 2017 Page **2**

Part	III Organizations Maintaining Coll	lections of Art, His	torical Treasures,	or Other Similar As	ssets (continued)
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and other reco	ds, check any of the	following that are a s	significant use of its
а	☐ Public exhibition	d	Loan or exchange	programs	
b	☐ Scholarly research	е	Other		
С	☐ Preservation for future generations				
4	Provide a description of the organization's XIII.	collections and expla	in how they further th	ne organization's exer	mpt purpose in Part
5	During the year, did the organization solic				
	assets to be sold to raise funds rather than		part of the organizatio	n's collection?	☐ Yes ☐ No
Part	Complete if the organization ans 990, Part X, line 21.	wered "Yes" on For		•	
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?		=		ot
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	llowing table:		
				Α	mount
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		7 1		
Dor.	If "Yes," explain the arrangement in Part XI Endowment Funds.	II. Check here if the ex	kplanation has been p	rovided on Part XIII .	· · · L
Par	Complete if the organization ans	wered "Ves" on For	m 000 Part IV line	10	
			or year (c) Two years		k (e) Four years back
1a	Beginning of year balance	(10)	(0,000)	(4)	(4)
b	Contributions				
С	Net investment earnings, gains, and losses				
d	Grants or scholarships /				
е	Other expenditures for facilities and		>		
	programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the cu	irrent year end balanc	e (line 1g, column (a))	held as:	
а	Board designated or quasi-endowment	%			
b	Permanent endowment ▶				
С	Temporarily restricted endowment	%			
20	The percentages on lines 2a, 2b, and 2c sh		ration that are hold a	nd administered for th	
3a	Are there endowment funds not in the posoganization by:	ssession of the organi	zation that are neid a	na administered for tr	
					Yes No
	(i) unrelated organizations (ii) related organizations				3a(i) 3a(ii)
b	If "Yes" on line 3a(ii), are the related organizations.				3b
4	Describe in Part XIII the intended uses of the	-			
Part					
	Complete if the organization ans		m 990, Part IV, line	11a. See Form 990,	, Part X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		152,815.		152,815.
b	Buildings		1,129,732.	422,634.	707,098.
С	Leasehold improvements				
d	Equipment		184,533.	127,637.	56,896.
e	Other		30,732.	23,132.	7,600.
Total.	Add lines 1a through 1e. (Column (d) must e	equal Form 990 Part 2	Column (B) line 10c	a)	924,409.

BAA

	Complete if the organization ans				
	(a) Description of security or category (including name of security)		(b) Book value	(c) M	ethod of valuation: nd-of-year market value
· Financia				0031 01 01	a or year market value
	I derivatives				
-	held equity interests				
Other A)					
Г) В)			-		
C)			-		
D)			-		
			-		
E)			-		
F)			-		
(G) (H)			-		
	(/)		-		
	(b) must equal Form 990, Part X, col. (B) line 12.)	al			
art VIII	Investments—Program Related		ours 000 Doubly lin	- 11- C F	000 David V Iiina
	Complete if the organization ans	wered "Yes" on Fo			
	(a) Description of investment		(b) Book value		ethod of valuation: nd-of-year market value
)					
)					
)					
)			71		
)					
)		/ _	\ \ \ >		
)					
)					
)	(b) must equal Form 990, Part X, col. (B) line 13.) ▶				
8) b) tal. (Column (Part IX	Other Assets.				
e) tal. (Column (wered "Xes" on Ko	orm 990, Part IV, lin	e 11d. See For	m 990, Part X, line
tal. (Column	Other Assets. Complete if the organization ans	wered "Yes" on Fo	prm 990, Part IV, lin	e 11d. See For	m 990, Part X, line
o) dal. (Column (Part IX	Other Assets. Complete if the organization ans		orm 990, Part IV, lin	e 11d. See For	
e) tal. (Column (Other Assets. Complete if the organization ans		orm 990, Part IV, lin	e 11d. See For	
al. (Column (Part IX	Other Assets. Complete if the organization ans		prn 990, Part IV, lin	e 11d. See For	
o) ial. (Column (Part IX (Other Assets. Complete if the organization ans		prn 990, Part IV, lin	e 11d. See For	
) Part IX))	Other Assets. Complete if the organization ans		prin 990, Part IV, lin	e 11d. See For	
al. (Column (Other Assets. Complete if the organization ans		orm 990, Part IV, lin	le 11d. See For	
al. (Column (Other Assets. Complete if the organization ans		orm 990, Part IV, lin	e 11d. See For	
) al. (Column (art IX)))))	Other Assets. Complete if the organization ans		orm 990, Part IV, lin	e 11d. See For	
al. (Column (art IX	Other Assets. Complete if the organization ans	a Description	prm 990, Part IV, lin	e 11d. See For	
) al. (Column (cart IX)))))))))))	Other Assets. Complete if the organization ans	a Description	prin 990, Part IV, lin		(b) Book value
al. (Column (Other Assets. Complete if the organization ans (a) (b) must equal Form 990, Part X, c Other Liabilities.	Description ool. (B) line 15.)		•	(b) Book value
al. (Column (Other Assets. Complete if the organization ans	Description ool. (B) line 15.)		•	(b) Book value
al. (Column (Other Assets. Complete if the organization ans (a) (b) must equal Form 990, Part X, c Other Liabilities.	Description ool. (B) line 15.)		•	(b) Book value
al. (Column (Other Assets. Complete if the organization ans finn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans	Description ool. (B) line 15.)		•	(b) Book value
al. (Column (leart IX	Other Assets. Complete if the organization ans finn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25.	ol. (B) line 15.)		•	(b) Book value
) al. (Column (lart IX))))))) tal. (Column (lart IX)) tal. (Column (lart IX))) Federal in	Other Assets. Complete if the organization ans funn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25. (a) Description of liability income taxes	col. (B) line 15.)		•	(b) Book value
al. (Column (cart IX)	Other Assets. Complete if the organization ans from (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	col. (B) line 15.)		•	(b) Book value
al. (Column (cart IX)	Other Assets. Complete if the organization ans funn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25. (a) Description of liability income taxes	col. (B) line 15.)		•	(b) Book value
) al. (Column (Part IX))))))))))))))))))	Other Assets. Complete if the organization ans funn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25. (a) Description of liability income taxes	col. (B) line 15.)		•	(b) Book value
) al. (Column (Part IX))))))) tal. (Column) Part X) Federal in) Client))	Other Assets. Complete if the organization ans funn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25. (a) Description of liability income taxes	col. (B) line 15.)		•	(b) Book value
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) al. (Column (Part IX) c) b) c)	Other Assets. Complete if the organization ans funn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25. (a) Description of liability income taxes	a Description Fol. (B) line 15.) Wered "Yes" on Fol. (b) Book value		•	(b) Book value

Schedule D (Form 990) 2017 Page 4

Part			r Returr	۱.
	Complete if the organization answered "Yes" on Form 990, F			
1	Total revenue, gains, and other support per audited financial statements		1	3,225,418.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	0-		
a	Net unrealized gains (losses) on investments	2a 104 067	-	
b	Donated services and use of facilities	2b 124,967	-	
c d	Recoveries of prior year grants	2c 2d	-	
e	Add lines 2a through 2d		2e	124,967.
3	Subtract line 2e from line 1		3	3,100,451.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3,100,431.
a .	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	3,100,451.
Part			er Retu	
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	3,290,075.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a 124,967		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d	1	2e	124,967.
3	Subtract line 2e from line 1		3	3,165,108.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	Ча		
a b	Other (Describe in Part XIII.)	4b	-	
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	3,165,108.
Part		,		
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2 <mark>d</mark> ar <mark>l</mark> d 4b. Also <mark>\com</mark> plet ě this part t	to provide any additional i	nformati	on.

Schedule D (Fo	m 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	
	<pre></pre>	

SCHEDULE O (Form 990 or 990-EZ)

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.

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
Virginia Legal Aid Society, Inc.	51-0226448
	rning body
via its Budget and Personnel Committee prior to filing.	
Pt VI, Line 12c: The governing body, through its designated indiv	iduals, conducts
periodic reviews to ensure that the organization is in compliance	with its Conflict
of Interest policy.	
Pt VI, Line 15a: The governing body, through its Budget and Perso	nnel Committee,
reviews and approves compensation increases for the organization'	s Executive
Director and other key employees. These reviews and approvals ar	e periodically
made after salary comparability surveys are conducted.	
Pt VI, Line 15b: The governing body, through its Budget and Perso	nnel Committee,
reviews and approves compensation increases for the organization'	s Executive
Director and other key employees. These keviews and approvals ar	e periodically
made after salary comparability surveys are conducted.	
Pt VI, Line 19: The organization's governing documents, conflict	of interest
policy, and financial statements are available to the public upon	request.
t VI, Line 11b: A draft of the Form 990 was provided to the governing body ia its Budget and Personnel Committee prior to filing. t VI, Line 12c: The governing body, through its designated individuals, conducts eriodic reviews to ensure that the organization is in compliance with its Conflict f Interest policy. t VI, Line 15a: The governing body, through its Budget and Personnel Committee, eviews and approves compensation increases for the organization's Executive irector and other key employees. These reviews and approvals are periodically ade after salary comparability surveys are conducted. t VI, Line 15b: The governing body, through its Budget and Personnel Committee, eviews and approves compensation increases for the organization's Executive irector and other key employees. These reviews and approvals are periodically	

Schedule A (Form 990 or 990-EZ) Part II, Line 10

Other Income Worksheet

2017

Name as Shown on Return	Employer Identification No.
Virginia Legal Aid Society, Inc.	51-0226448

Do **not** include gain or (loss) from sale of capital assets.

Description	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Litigation income Miscellaneous Special events	12,169. 2,173. 3,120.	7,046.	8,066.	11,425.	25,547. 550.	64,253. 47,303. 3,120.
			\			
Totals to Schedule A, Page 2, or Page 3, Part II, Line 10	17,462.	9,216.	50,476.	11,425.	26,097.	114,676.

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