			EXTENDED TO MAY 15, 202	25		
	Ω	00	Return of Organization Exempt Fro	om Income Ta	X	OMB No. 1545-0047
For	тIJ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod			2023
			Do not enter social security numbers on this form as it n		,	Open to Public
Depa Inter	artment nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the la	atest information.		Inspection
AI	or th	e 2023 calend	lar year, or tax year beginning JUL 1,2023 and endi	ng JUN 30, 20	24	
B	Check if applicat	le: C Name o	forganization	D Employer ide	entificatio	on number
	Addr		L SERVICES OF NORTHERN VIRGINIA, INC			
	Name		usiness as	54-113	7931	
	Initial			n/suite E Telephone nu		
	 Final	1070	0 PAGE AVE 100			800
	termi ated	n	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$		8,139,852.
	Amer returr		FAX, VA 22030	H(a) Is this a gro	up returr	
	Appli tion	^{ca-} F Name a	nd address of principal officer: JAMES A. FERGUSON	for subordir		
	pend		AS C ABOVE	H(b) Are all subordin	ates include	ed? Yes No
1	Гах-е>	empt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or			See instructions
	Nebs		LSNV.ORG	H(c) Group exen		
			X Corporation Trust Association Other	L Year of formation: 197	8 M Sta	ate of legal domicile: VA
Pa	art I					
ø	1	Briefly describ	be the organization's mission or most significant activities:	HEDULE O		
anc						
ern	2	Check this bo	x if the organization discontinued its operations or disposed of	of more than 25% of its n	1 1	
202	3				3	30
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		lependent voting members of the governing body (Part VI, line 1b)		4	30
Activities & Governance	5		of individuals employed in calendar year 2023 (Part V, line 2a)		5	<u>89</u> 0
tivi	6		of volunteers (estimate if necessary)		6	0.
Ac			d business revenue from Part VIII, column (C), line 12		7a 7b	0.
		Net unrelated	business taxable income from Form 990-T, Part I, line 11	Prior Year		Current Year
	8	Contributions	and grants (Part VIII, line 1h)		4	7,987,171.
onu	9				0.	0.
Revenue	10		ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		-	46,876.
ň	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			105,805.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)			8,139,852.
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
ş	15	<u> </u>			3.	6,987,778.
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 184,103.		0.	0.
ъ Бе	Ь	Total fundrais	ing expenses (Part IX, column (D), line 25) 184,103.	•		
Ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	959,33	6.	1,002,358.
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,728,07		7,990,136.
	19	Revenue less	expenses. Subtract line 18 from line 12			149,716.
s or				Beginning of Current Y		End of Year
sset 3alai	20	Total assets (I				4,726,393.
Net Assets or Fund Balances	21		(Part X, line 26)		5.	1,346,788.
			fund balances. Subtract line 21 from line 20	3,229,88	9.	3,379,605.
	art II	Signature				1 1 1 1 4 4 4 4
			I declare that I have examined this return, including accompanying schedules and		-	owiedge and belief, it is
true	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which p	reparer nas any knowledge.		

Sign	Signature of officer		Date									
Here	,	IVE DIRECTOR										
Type or print name and title												
	Print/Type preparer's name	Preparer's signature	Date Check PTIN									
Paid	FRANK BARCALOW	FRANK BARCALOW	11/20/24 ^r _{self-employed} P00446788									
Preparer	Firm's name FRANK BARCALOW CE		Firm's EIN 45-5310918									
Use Only	Firm's address 1434 DISPATCH STA	TION ROAD										
	QUINTON, VA 23141		Phone no. 804 – 557 – 5054									
May the I	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes No									

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23

Form **990** (2023)

	<u>1990 (2023)</u> LEGAL SERVICES OF NORTHERN VIRGINIA, INC 54-1137931 Page 2 t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	LEGAL SERVICES OF NORTHERN VIRGINIA (LSNV) IS A NON-PROFIT PUBLIC
	INTEREST LAW FIRM THAT PROVIDES FREE LEGAL ASSISTANCE TO LOW-INCOME RESIDENTS OF NORTHERN VIRGINIA.
	RESIDENTS OF NORTHERN VIRGINIA.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
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
4a	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 6,989,071 • including grants of \$ ) (Revenue \$ )
48	(Code:) (Expenses \$0,989,071. including grants of \$) (Revenue \$) PROVIDE LEGAL SERVICES TO PERSONS BELOW THE POVERTY LINE IN
	NON-CRIMINAL CASES THROUGHOUT THE NORTHERN VIRGINIA AREA
46	
4b	(Code:         ) (Expenses \$) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 6,989,071.
	Form <b>990</b> (2023)
33200	2 12-21-23
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### Form 990 (2023) LEGAL SERVICES OF NORTHERN VIRGINIA, INC Part IV Checklist of Required Schedules 54-1137931 Page 3

4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
1		1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	· /		- 23
0		8		x
9	Schedule D, Part III			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
•	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		<u>л</u>
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		x
20a	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
332003	3 12-21-23	Form	990	(2023)

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Form 990 (	2023)
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			Yes	No						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current									
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x						
24a	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		X						
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b								
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease									
	any tax-exempt bonds?	24c								
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b> </b>						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x						
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I									
D	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? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		x						
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current									
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%									
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X						
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,									
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x						
<b>00</b>	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27								
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):									
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If									
	"Yes," complete Schedule L, Part IV	28a		x						
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X						
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If									
	"Yes," complete Schedule L, Part IV	28c		X						
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v						
	contributions? If "Yes," complete Schedule M	30		X X						
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31								
32	Schedule N, Part II	32		x						
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02								
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and									
	Part V, line 1	34		X						
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X						
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity									
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x						
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36								
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x						
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 07								
	Note: All Form 990 filers are required to complete Schedule O	38	х							
Par										
	Check if Schedule O contains a response or note to any line in this Part V									
			Yes	No						
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a									
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>	4								
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.0	x							
33300	(gambling) winnings to prize winners?	Form		(2023)						
002002	5	1 0111		(2020)						
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Form 990 (2023)	LEGAL	SERVICES C	F NORTHERN	VIRGINIA,	INC	54-1137931	Page <b>5</b>
Part V Sta	tements Regarding	Other IRS Filing	gs and Tax Com	pliance (continuea	)		

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 8	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			v
a	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			X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		x
ام	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	- 7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of qualified intellectual property, and the organization life i officious as required intellectual property, and the organization life i officious as required intellectual property, and the organization life i officious as required intellectual property, and the organization life i officious as required intellectual property, and the organization life i officious as required intellectual property, and the organization life i officious as required intellectual property, and the organization life i officious as required intellectual property, and the organization life i officious as required intellectual property, and the organization life i officious as required intellectual property.			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
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		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans 13b	_		
	Enter the amount of reserves on hand	44-	-	x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		-	<u> </u>
ы 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		+	<u> </u>
15	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			_
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
332005	5 12-21-23	For	n <b>990</b>	(2023)

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#### Form 990 (2023)

#### LEGAL SERVICES OF NORTHERN VIRGINIA, INC 54-1137931 Page **6**

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

							2
Sec	ction A. Governing Body and Management						
						Yes	I
1a	Enter the number of voting members of the governing body at the end of the tax year		1a	3(	2		
	If there are material differences in voting rights among members of the governing body, or if the governin	ng					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent		1b	30	ן		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship of a business relating relationship of a business	ationship	with	any other			
	officer, director, trustee, or key employee?				2		Г
3	Did the organization delegate control over management duties customarily performed by or u						T
	of officers, directors, 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 prio				4		t
5	Did the organization become aware during the year of a significant diversion of the organizati				5		╈
6	Did the organization become aware during the year of a significant aversion of the organization have members or stockholders?				6		╈
7a					-		╈
1a		• •			70		
Ŀ	more members of the governing body?				7a	<u> </u>	╀
a	Are any governance decisions of the organization reserved to (or subject to approval by) mer						
_	persons other than the governing body?				7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken durin		-	-	-	v	T
	<b>o o ,</b>				8a	X	╀
b	, , , , , , , , , , , , , , , , , , , ,				8b	X	╀
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		
iec	ction B. Policies (This Section B requests information about policies not required by the Int	ternal Re	venue	e Code.)			-
						Yes	╞
	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		-				
	and branches to ensure their operations are consistent with the organization's exempt purpo	oses?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its govern	ning body	befo	re filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990	0.					
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise t	o con	flicts?	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the polic	cy? If "Ye	s," de	escribe			Τ
	on Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	Х	Τ
14	Did the organization have a written document retention and destruction policy?				14	Х	T
15	Did the process for determining compensation of the following persons include a review and						t
	persons, comparability data, and contemporaneous substantiation of the deliberation and de						
а					15a	x	Г
					15a	X	╈
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				150		+
160			ont u	ith a			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a				10-		L
	taxable entity during the year?				16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to		-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard t	he organ	izatio	n's			
	exempt status with respect to such arrangements?				16b		
Sec	ction 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 (1024 or 1024-A, if applicable)	), 990, an	d 990	)-T (section 501(c)(3	3)s only	r) avai	lat
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other	(explain d	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docum	nents, cor	nflict	of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organizat	ion's boo	oks ar	id records			
	THE ORGANIZATION - 703-778-6800						
	10700 PAGE AVE, 100, FAIRFAX, VA 22030						
3200	12-21-23				Form	1 <b>990</b>	) (2
00	7				. 511		(-
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(-1		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e,			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t com /ee		1099-NEC)		and related organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DOUGLAS STEINBURG	1.00			0	×	<u>т ө</u>	<u> </u>			
BOARD OF DIRECTORS		x						0.	0.	0.
(2) ALINA JAMES	1.00									
BOARD OF DIRECTORS		X						0.	0.	0.
(3) CAROLYN GRIMES	1.00									
BOARD OF DIRECTORS		X						0.	0.	0.
(4) RYAN M. BATES	1.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(5) TODD TABOR	1.00									
BOARD OF DIRECTORS		х						0.	0.	0.
(6) KELLY O'CONNOR	1.00									
BOARD OF DIRECTORS		х						0.	0.	0.
(7) TONYA FITZGERALD	1.00									
BOARD OF DIRECTORS		X						0.	0.	0.
(8) LININA LONGEST	1.00									
BOARD OF DIRECTORS		X						0.	0.	0.
(9) DARNEICE WILLIAMS-CAMPER	1.00									
BOARD OF DIRECTORS		X						0.	0.	0.
(10) TIM LYDEN	1.00									
BOARD OF DIRECTORS	1 00	X						0.	0.	0.
(11) DONALD CULKIN	1.00									
BOARD OF DIRECTORS	1 00	X						0.	0.	0.
(12) AJAY JAGTIANI	1.00									0
SECRETARY	1 00	X		X				0.	0.	0.
(13) JASON TRI TRAN	1.00	.,								0
BOARD OF DIRECTORS	1 00	X						0.	0.	0.
(14) PEANG GAFOUR	1.00	.,								0
BOARD OF DIRECTORS	1 00	X						0.	0.	0.
(15) DAVID GREENSPAN	1.00	.,								0
PRESIDENT	1 0 0	X		X				0.	0.	0.
(16) MICHAEL A. ROSAS	1.00								_	<u>م</u>
BOARD OF DIRECTORS		X						0.	0.	0.
(17) KELLIE BUDD	1.00							0.	0.	0.
BOARD OF DIRECTORS		X						. 0.	0.	Form <b>990</b> (2023)

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2023.05000 LEGAL SERVICES OF NORTHERN

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Form **990** (2023)

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								VIRGINIA, IN		137	931	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	rees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)				C)	-		(D)	(E)			(F)
Name and title	Average			Pos	ition			Reportable	Reportable			mated
	hours per					than is bot			compensatio	n		ount of
	week					or/trus		from	from related			ther
	(list any	ctor						the	organizations	6	comp	ensation
	hours for	r director				eq		organization	(W-2/1099-MIS	C/	fro	m the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		orga	nization
	organizations	l trus	nal tr		oyee	dmo		1099-NEC)			and	related
	below	In divid ual trustee	Institutional trustee	er	Key employee	Highest compensated employee	ner				orgar	nizations
	line)	Indi	Insti	Officer	Key	High	Former					
(18) STEPHEN SHANNON	1.00											
BOARD OF DIRECTORS		Х						0.		0.		Ο.
(19) RAFAEL MARTINEZ	1.00											
TREASURER		X		X				0.		0.		Ο.
(20) JIMENA ANTELO	1.00											
BOARD OF DIRECTORS		X						0.		0.		Ο.
(21) MICHELLE HAWKINS	1.00											
BOARD OF DIRECTORS		x						0.		Ο.		0.
(22) SCOTT WALKER	1.00									•••		
IMMEDIATE PAST PRESIDENT	1.00	x		x				0.		Ο.		0.
	1.00			Δ						0.		0.
(23) MICHAEL ROBINSON	1.00									0		0
BOARD OF DIRECTORS	1 00	X						0.		0.		0.
(24) CHIDI JAMES	1.00									•		•
IMMEDIATE PAST PRESIDENT		Х		Х				0.		0.		0.
(25) CHIDINMA HARLEY	1.00									-		-
PRESIDENT ELECT		Х		Х				0.		0.		0.
(26) PHILOMENA ROMAINE	1.00											
BOARD OF DIRECTORS		X						0.		0.		Ο.
1b Subtotal								0.		0.		0.
c Total from continuation sheets to Part V								0.		0.		0.
d Total (add lines 1b and 1c)								0.		0.		0.
2 Total number of individuals (including but r								received more than \$10	) 000 of reportabl			
compensation from the organization		1000	note	Ju u		•, …	10 1			0		3
												Yes No
<b>3</b> Did the organization list any <b>former</b> officer.	director truct	~~ I	(O) (	mn		~ ~	r hic	about componented om				
											~	x
line 1a? If "Yes," complete Schedule J for s											3	
4 For any individual listed on line 1a, is the su												v
and related organizations greater than \$15											4	X
5 Did any person listed on line 1a receive or					-			-				
rendered to the organization? If "Yes," con	nplete Schedul	e J f	or si	uch ,	pers	son .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation fro	m
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithi	n the organization's tax	year.			
(A)								(B)			(C)	
Name and business	address	N	ONE	3				Description of	services	С	ompens	sation
• Total number of independent contractions (		ot l'		d + -	+	oc !'	-+-		aara thar			
2 Total number of independent contractors (	•	iot II	mite	u 10		se II: 0	stec	above) who received r	nore trian			
\$100,000 of compensation from the organ		ידח	<b>TTT</b>	<u></u>		-	211				- ^	00 /00
SEE PART VII, SECTIO	N A CON	ττ	NU/	7.1.7	LOI	N N	эн.	PP.19			Form <b>9</b>	<b>90</b> (2023)

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stees, Key Er (B) Average hours per week (list any hours for related organizations below line) 1.00 1.00 1.00	stee or director		(C Posi all t	<b>2)</b> ition			Compensated Employ (D) Reportable compensation from the organization (W-2/1099-MISC)	ees (continued) (E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Average hours per week (list any hours for related organizations below line) 1.00 1.00	X Individual trustee or director	heck	Posi all t	ition that	app		Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the organization and related
hours per week (list any hours for related organizations below line) 1.00 1.00	X Individual trustee or director	heck	all t	that	app		compensation from the organization	compensation from related organizations	amount of other compensation from the organization and related
per week (list any hours for related organizations below line) 1.00 1.00	X Individual trustee or director						from the organization	from related organizations	other compensation from the organization and related
week (list any hours for related organizations below line) 1.00 1.00	x x	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related
(list any hours for related organizations below line) 1.00 1.00	x x	Institutional trustee	Officer	Key employee	Highest compensated employ	Former	organization		from the organization and related
hours for related organizations below line) 1.00 1.00	x x	Institutional trustee	Officer	Key employee	Highest compensated er	Former			and related
organizations below line) 1.00 1.00 1.00	x x	Institutional trustee	Officer	Key employee	Highest compensa	Former			
below line) 1.00 1.00 1.00	x x	Institutional t	Officer	Key employee	Highest comp	Former			organizations
line) 1.00 1.00 1.00	x x	Instituti	Officer	Key emp	Highest	Former			-
1.00 1.00 1.00	x x	<u> </u>	Of	Ke	ΪΗ	ß			
1.00	x								
1.00	x						0.	0.	0
1.00							0.	0.	0
							0.	0.	0
	v	-					0.	0.	0
1.00							0.	0.	0
1.00							0.	0.	0
	x						0.	0.	0
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Form				RVICE	S OF NOR	THERN VIRG	SINIA, INC	54-1137	931 Page 9
Par	t V	/							
			Check if Schedule O contains a r	esponse	or note to any lir	ne in this Part VIII (A)	(B)	(C)	(D)
						Total revenue	Related or exempt		Revenue excluded
ts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts				1b					
Am C				1c					
ar fi				1d					
ini,		е	Government grants (contributions)	1e 7,	061,185.				
erS		f	All other contributions, gifts, grants, and						
<u>Ş</u>				1f	925,986.				
nd		-		1g \$		7 007 171			
a C		h	Total. Add lines 1a-1f		Business Code	7,987,171.			
	•	_			Business Code				
, ki	2	a b							
Ser		c							
eve		d							
Program Service Revenue		е							
۲ ۲		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividen	ds, intere	est, and	46.006			46.006
						46,876.			46,876
	4		Income from investment of tax-exemp	-					
	5 Royalties			(ii) Personal					
	6				(ii) Personal				
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
				curities	(ii) Other				
			assets other than inventory <b>7a</b>						
		b	Less: cost or other basis						
evenue			and sales expenses 7b						
eve			Gain or (loss)						
ж В			Net gain or (loss)						
Other R	8	а	Gross income from fundraising events (no						
۲U			including \$ contributions reported on line 1c). Se	of					
			Part IV, line 18		105,805.				
		b	Less: direct expenses		<u> </u>				
			Net income or (loss) from fundraising		·	105,805.			105,805
			Gross income from gaming activities.						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming act		1				
	10	а	Gross sales of inventory, less returns						
		h	and allowances						
		b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory							
		<u> </u>		ontory	Business Code				
Miscellaneous Revenue	11	а							
ane		b							
cell eve		с							
В Ш		d	All other revenue						
		е	Total. Add lines 11a-11d						150 601
	12		Total revenue. See instructions			8,139,852.	0.	0.	152,681 . Form <b>990</b> (2023

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#### 54-1137931 Page 10 LEGAL SERVICES OF NORTHERN VIRGINIA, INC 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).

D	Check if Schedule O contains a response	(A) se or note to any line in	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	رط) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)	5,415,564.	4,820,520.	509,063.	85,981
7	Other salaries and wages	J, HIJ, J04.	4,040,040.	505,005.	105,20
8	Pension plan accruals and contributions (include	237,119.	214,830.	22,289.	
•	section 401(k) and 403(b) employer contributions)	934,285.	846,456.	87,829.	
9	Other employee benefits	400,810.	356,556.	37,676.	6,578
10	Payroll taxes	400,010.	550,550.	57,070.	0,570
11	Fees for services (nonemployees):				
	Management				
		13,320.		13,320.	
	Accounting	13,520.		13,520.	
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)	41,410.	41,410.		
12	Advertising and promotion	11,1100	11,1100		
13	Office expenses	124,656.	110,445.	11,718.	2,493
14	Information technology	,			_,
15	Royalties				
16	Occupancy	282,978.	250,717.	26,600.	5,661
17	Travel	79,779.	70,477.	7,499.	1,803
18	Payments of travel or entertainment expenses	-, -	- ,	<b>,</b>	,
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,701.	11,507.	1,194.	
23	Insurance	32,452.	29,402.	3,050.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
2	CONTRACT SERVICES	261,860.	95,164.	86,749.	79,947
a b	EQUIPMENT SUPPLY AND MA	81,051.	71,792.	7,619.	1,640
c	LIBRARY COSTS	29,916.	29,916.	.,	_,
d	DUES AND LICENSES	25,069.	22,713.	2,356.	
	All other expenses	17,166.	17,166.		
25	Total functional expenses. Add lines 1 through 24e	7,990,136.	6,989,071.	816,962.	184,103
26	<b>Joint costs</b> . Complete this line only if the organization	.,,	-,,-,-,-		
-0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Form <b>990</b> (2023

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Form **990** (2023)

07531120 794671 LSNV

54-1137931 Page 11 LEGAL SERVICES OF NORTHERN VIRGINIA, INC Part X Balance Sheet

		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments			3,634,117.	2	3,664,468.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			447,192.	4	454,993.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			94,043.	9	109,445.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	642,912.			
	b	Less: accumulated depreciation		475,692.	5,720.	10c	167,220.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		376,782.	15	330,267.	
	16	Total assets. Add lines 1 through 15 (must equ			4,557,854.	16	4,726,393.
	17	Accounts payable and accrued expenses	329,894.	17	337,831.		
	18	Grants payable		18			
	19	Deferred revenue			655,007.	19	712,408.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, subs					
iab.		controlled entity or family member of any of the	se perso	ons		22	
	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s <b>1</b> 7-24)	. Complete Part X	242 064		
		of Schedule D			343,064.	25	296,549.
	26	Total liabilities. Add lines 17 through 25		77	1,327,965.	26	1,346,788.
ŝ		Organizations that follow FASB ASC 958, che	eck her	e X			
nce		and complete lines 27, 28, 32, and 33.			2 220 200		2 270 605
ala	27	Net assets without donor restrictions			3,229,889.	27	3,379,605.
d B	28	Net assets with donor restrictions				28	
'n		Organizations that do not follow FASB ASC 9					
P.		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or ed				30	
et A	31	Retained earnings, endowment, accumulated in			3 770 000	31	
ž	32	Total net assets or fund balances			3,229,889.	32	3,379,605.
	33	Total liabilities and net assets/fund balances			4,557,854.	33	4,726,393.

Form **990** (2023)

Form	990 (2023) LEGAL SERVICES OF NORTHERN VIRGINIA, INC	54-	1137931	Pag	ge <b>12</b>
Pa	t 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)	1	8,139		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,990		
3	Revenue less expenses. Subtract line 2 from line 1	3			16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,229	9,8	89.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,379	9,6	05.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	i i		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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?			Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule (	D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	Х	

Form **990** (2023)

332012 12-21-23

Department of the Treasury

(Form 990)

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2023
Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspecti						Inspection						
Name of the organization			ion	Employer						identification number		
							4-1137931					
Pa	rt I	Reason	for Public	Iblic Charity Status. (All organizations must complete this part.) See instructions.								
The o	organ	ization is not a	a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)					
1		A church, co	nvention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	on 170(b)( ⁻	I)(A)(i).				
2		A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)						
3					anization described in <b>s</b> e		)(b)(1)(A)(i	ii).				
4		A medical res	search organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,		
		city, and stat										
5		-	-	or the benefit of a co	llege or university owned	d or opera	ted by a q	overnmental	unit descrik	 bed in		
				Complete Part II.)	<b>o</b> ,		, ,					
6					nental unit described in	section 17	70(b)(1)(A)	(v).				
7	Х				ntial part of its support f				the general	public described in		
				omplete Part II.)		. e u get			ine general			
8					1)(A)(vi). (Complete Par	E II )						
9					in section 170(b)(1)(A)(		ed in conii	inction with a	land-grant	college		
•					ulture (see instructions).							
		university:		grant conege of agric			name, en	, and state e	i the coneg			
10		· _	ion that norma	Illy receives (1) more	than 33 1/3% of its sup	nort from	contributio	ns members	thin fees a	nd gross receipts from		
10					t to certain exceptions;							
					(less section 511 tax) fr							
				mplete Part III.)			sses acqu	ined by the O	ganzation			
11				•	ively to test for public sa	foty Soo	saction 5(	)Q(a)(4)				
12		-	-		ively for the benefit of, to	-			arry out the	purposes of one or		
12					ed in section 509(a)(1) o							
•		7			f supporting organizatio							
а	L				upervised, or controlled							
					gularly appoint or elect a	a majonty				upporting		
h		7		complete Part IV, Se		tion with it		ad arganizati	on(o) by be	wina		
b	L				or controlled in connec			-		-		
					anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported		
-		7 [°]	. ,	t complete Part IV,						ما بن بنام		
С			-		g organization operated				illy integrate	ea with,		
		7			). You must complete I							
d		••	-	• • •	orting organization oper				•			
			-		ation generally must sat	-		-	d an attent	iveness		
		- ·	-		plete Part IV, Sections							
е					written determination fro			a Type I, Type	il, Type III			
		-		••	nally integrated support	ing organi	zation.					
g		i) Name of supp		n about the supporte (ii) EIN	d organization(s).	(iv) Is the orga	inization listed	(v) Amount o	fmonotony	(vi) Amount of other		
	(	organizatior			(described on lines 1-10	in your governi	ing document?	support (see ii	-	support (see instructions)		
		9			above (see instructions))	Yes	No					
										ļ		
										ļ		
										ļ		
Tota												

#### LEGAL SERVICES OF NORTHERN VIRGINIA, INC54-1137931 Page 2 Schedule A (Form 990) 2023 Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6295745.	7973127.	7564986.	7916144.	7987171.	37737173.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$	146,901.		146,901.			734,505.
4	Total. Add lines 1 through 3	6442646.	8120028.	7711887.	8063045.	8134072.	38471678.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						38471678.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	6442646.	8120028.	7711887.	8063045.	8134072.	38471678.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	18,240.	7,851.	2,810.	15,187.	46,876.	90,964.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	71,320.		45,611.	51,305.	105,805.	274,041.
11	Total support. Add lines 7 through 10						38836683.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stor	here					
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2023 (	line 6, column (f), c	livided by line 11,	column (f))		14	99.06 %
	Public support percentage from 2022					15	99.39 %
<b>1</b> 6a	33 1/3% support test - 2023. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pu	ublicly supported of	organization		
b	10% -facts-and-circumstances tes	<b>t - 2022.</b> If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and <b>st</b>	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization						
						Schedule A	(Form 990) 2023

Schedule A (Form 990) 2023

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#### LEGAL SERVICES OF NORTHERN VIRGINIA, INC54-1137931 Page 3 Schedule A (Form 990) 2023 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not	ſ					
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513	l i					
4 Tax revenues levied for the organ-	1					
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to	ſ					
the organization without charge	ſ					
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disgualified persons	I					
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> </ul>						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	inization,
check this box and stop here Section C. Computation of Publ	ic Support Pe					L
15 Public support percentage for 2023 (	line 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from 2022					16	%
Section D. Computation of Inve	stment Incom	e Percentage				
<ul><li>17 Investment income percentage for 20</li><li>18 Investment income percentage from 2</li></ul>					17 18	%
19a 33 1/3% support tests - 2023. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2022. If the						/3%, and
line 18 is not more than 33 1/3% , che						
20 Private foundation. If the organization						<u></u>
332023 12-21-23						lule A (Form 990) 2023
			17			

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#### Schedule A (Form 990) 2023

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

332024 12-21-23

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

## Schedule A (Form 990) 2023 LEGAL SERVICES OF NORTHERN VIRGINIA, INC54-1137931 Page 5

				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
с	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	ction E	3. Type I Supporting Organizations			
				Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>
2	Did the exemption exercise for the herefit of any supported exemitation other than the supported

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.

Section C.	rype ii Supporti	ng 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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
See	ction D. All Type III Supporting Organizations			

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

#### Section E. Type III Functionally Integrated Supporting Organizations

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

c L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins
----------------------------------------------------------------------------------------------------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

За

No

Yes

1

2

19

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	(Form 990) 2023						INC54-1137931
Part V	Type III Non-Funct	cionally inte	egrated 509(a)	(3) 5	Supporting Org	ganizations	

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
-	Distributable Amount. Subtract line 5 from line 4, unless subject to			
6	, J			

instructions).

Schedule A (Form 990) 2023

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### LEGAL SERVICES OF NORTHERN VIRGINIA, INC54-1137931 Page 7

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	-
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	1		
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	9	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, <i>explain in</i>			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
	Breakdown of line 7: Excess from 2019			
	Excess from 2019 Excess from 2020			
	Excess from 2020 Excess from 2021			
	Excess from 2022			
	Excess from 2022 Excess from 2023			
e				

Schedule A (Form 990) 2023

art VI	(Form 990) 2023 LEGAL SERVICES OF NORTHERN VIRGINIA, INC54-1137931 P. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
8 12-21-2	
	22

Schedule E	3
(Form 990)	

Department of the Treasury Inter

## Schedule of Contributors

OMB No. 1545-0047

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



tion number

Name of the organizat	ion	Employer identification nu
	LEGAL SERVICES OF NORTHERN VIRGINIA, INC	54-1137931
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	tion is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	cial Rule. See instructions.
General Rule		
	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to n any one contributor. Complete Parts I and II. See instructions for determining a contri	
Special Rules		
sections 509 contributor, c	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% su (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 1 during the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amount 90-EZ, line 1. Complete Parts I and II.	6b, and that received from any one

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

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

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

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

LEGAL SERVICES OF NORTHERN VIRGINIA, INC

Name of organization

Employer identification number

54-1137931

	Contributors (see instructions). Use duplicate copies of Part I		1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
1	LEGAL SERVICES CORP OF VA 919 EAST MAIN STREET		Person X Payroll Noncash
	RICHMOND, VA 23219		(Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
2	LEGAL SERVICES CORPORATION		Person
	3333 K STREET NW	\$\$_320,541.	Payroll Noncash
(a) No. 1 1 5 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7	WASHINGTON, DC 20007		(Complete Part II for noncash contributio
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash (Complete Part II for noncash contribution)
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash Complete Part II for noncash contribution
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash Complete Part II fo

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
323453 12-26-23	25	5	Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

LEGAL SERVICES OF NORTHERN VIRGINIA, INC

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

Name of organization

Part II

(a)

Employer identification number

54-1137931

(c)

2023.05000 LEGAL SERVICES OF NORTHERN

LSNV___1

07531120 794671 LSNV

Schedule E	B (Form 990) (2023)			Page <b>4</b>
Name of or	rganization			Employer identification number
LEGAL	SERVICES OF NORTHERN V	/IRGINIA, INC		54-1137931
Part III	Exclusively religious, charitable, etc., contribu from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	tions to organizations described in se ) through (e) and the following line ent charitable, etc., contributions of \$1,000 or I	v For organizations	that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of gif		
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	Insferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gif	t	
ŀ	Transferee's name, address, a	and ZIP + 4	Relationship of tra	Insferor to transferee
(a) No.		l		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
ľ		(e) Transfer of gif	L	
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of gif	<u> </u> :	
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	Insferor to transferee
323454 12-26	6-23	26		Schedule B (Form 990) (2023)

07531120 794671 LSNV 2023.05000 LEGAL SERVICES OF NORTHERN LSNV___1

SCHEDULE D

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 3 Open to Public Inspection

Name of the organization

LEGAL SERVICES OF NORTHERN VIRGINIA, INC

Employer identification number 54-1137931

Pa	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		s or Accounts. Complete if the
	organization answered fes on Form 990, Part IV, in	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value of grants norm (during year)		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
5	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
U	for charitable purposes and not for the benefit of the donor of		
Pa			
1	Purpose(s) of conservation easements held by the organizati		· · ·
	Preservation of land for public use (for example, recrea	tion or education)	a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
с	Number of conservation easements on a certified historic str		
d	Number of conservation easements included on line 2c acqu	iired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation easily	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	YesNo
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
•			
8	Does each conservation easement reported on line 2d above		
•	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
9	balance sheet, and include, if applicable, the text of the footr		
	organization's accounting for conservation easements.	Tote to the organization's mancial statem	
Pa	t III Organizations Maintaining Collections o	f Art. Historical Treasures. or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
<b>1</b> a	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			<b>A</b>
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2023
	1 09-28-23		
		27	

2023.05000 LEGAL SERVICES OF NORTHERN LSNV___1

Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)         a Using the organization accession, and other records, check any of the following that make significant use of its collection terms (check all that apply). <ul> <li>Delute exhibition</li> <li>Bestevation for future generations</li> <li>Delute exhibition</li> <li>Provise a collection state user attraction is exempt purpose in Part XIII.</li> <li>Diring the year, did the organization solic or receive donations of at, historical treasures, or other similar assets to be solid or insite funds rather than to be minimized as a part of the organization answered "Yes" on Form 900, Part X, Ine 3.           Part III Encore and Custodial Arrangements (Line 21, Sin 21, Sin</li></ul>	Sche		SERVICES OF						54-11			age <b>2</b>
collection ferms (check all that apply).       a       Debic exhibition       d       Loan or exchange program         b       Scholarly research       o       Other	Par	t III Organizations Maintaining	Collections of A	rt, Histori	cal Trea	asures, o	r Other	Simila	ar Asse	<b>ts</b> (contii	nued)	
a       Public exhibition       d       Can or exchange program         b       Scholary research       o       Other	3	Using the organization's acquisition, access	sion, and other record	ds, check any	y of the fo	ollowing that	make sig	nificant	use of its			
b       Scholarly research       e       Other         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization societ or receive donations of art, historical treasures, or other similar assets       to be solid to raise hunds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or respondent an anount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization include an amount on Form 990, Part X, line 21.       Intervent formed for the organization include an amount on Form 990, Part X, line 21.       Intervent formed for the organization answered 'Yes' on Form 900, Part X, line 21.       Intervent formed for the organization answered 'Yes' on Form 900, Part X, line 21.       Intervent formed for the organization answered 'Yes' on Form 900, Part X, line 21.       Intervent formed for the organization formed for the organization answered 'Yes' on Form 900, Part X, line 10.       Intervent formed for the organization for the organization for the organization for year balance       Intervent formed formed formed formed formed formed formed form years back (e) four years back (e) four years back (e) four year		collection items (check all that apply).										
b       Scholarly research       e       Other         c       Preventation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization's collection's collection's exempt purpose in Part XIII.         6       Description of the organization solicit or receive donations of art. Instorical treasures, or other similar assets         10       Description and Custodial ArrangementS Complete if the organization answered 'Yes' on Form 990, Part X, line 21.         11       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Amount         12       Bit fries, 'explain the arrangement in Part XIII and complete the following table:       Amount       Interdid the organization include an amount on Form 990, Part X, line 21. for escrive or outstodial account liability?       Yes       No         28       Did the organization include an amount on Form 990, Part X, line 21. for escrive or custodial account liability?       Yes       No         29       If Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Provide the estimated prevention on Form 990, Part X, line 21. for escrive or custodial account liability?       Yes       No         30       If Yes, 'explain the arrangement in Part XIII. Check here if the expl	а	Public exhibition	c	l 🗌 Loar	n or excha	ange prograi	n					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization silo of art, historical treasures, or other similar assets     to be sold to raise funds rather than to be maintained as part of the organization is collection?     Part V Escrow and Custodial Arrangements Complete if the organization answered "Ves" on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 990, Part X ine 21.     Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 990, Part X ine 21.     Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 990, Part X ine 21.     Is diations during the year     Is degrination include an amount on Form 990, Part X, line 21, for escrow or custodial account lability?     Is degrination include an amount on Form 990, Part X, line 21, for escrow or custodial account lability?     Provide the arrangement in Part XIII.     Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 21.     Is degrination organization inscrease diverse if the explanation has been provided in Part XIII.     Is degrination or facilities     and programs     Is don'not the possession of the organization flame data administered for the     organization Pice frame dowment implete if the organization's endowment funds.     Is don'not so that has b	b	Scholarly research	e									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization silo of art, historical treasures, or other similar assets     to be sold to raise funds rather than to be maintained as part of the organization is collection?     Part V Escrow and Custodial Arrangements Complete if the organization answered "Ves" on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 990, Part X ine 21.     Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 990, Part X ine 21.     Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 990, Part X ine 21.     Is diations during the year     Is degrination include an amount on Form 990, Part X, line 21, for escrow or custodial account lability?     Is degrination include an amount on Form 990, Part X, line 21, for escrow or custodial account lability?     Provide the arrangement in Part XIII.     Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 21.     Is degrination organization inscrease diverse if the explanation has been provided in Part XIII.     Is degrination or facilities     and programs     Is don'not the possession of the organization flame data administered for the     organization Pice frame dowment implete if the organization's endowment funds.     Is don'not so that has b	с	Preservation for future generations										
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1       Is the organization an agent. It rustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?       Ives       No         bit f"Yes," explain the arrangement in Part XII and complete the following table:       Amount       Ic       Amount         c       Beginning balance       It       It       Amount       Id       Id         2a Old the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         bit "Yes," explain the arrangement in Part XIII. Check here if the organization has been provided in Part XIII.       Im       Im         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b Contributions       Im Cart Texe are (b) Prior year       Im       Im       Im         2a Did the organization lickude an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b Contributions       Im Cart Texe are (b) Prior year       Im       Im       Im         2a Did the organization solications <t< th=""><th>4</th><th colspan="10"></th></t<>	4											
to be sold to raise funds rather than to be maintained as part of the organization's collection?         Yes         No.           Part IW         Escrow and Custodial Arrangements Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         The set the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Amount         Yes         No.           b         If 'Yes,' explain the arrangement in Part XIII and complete the following table:         Amount         Amount         Id         Id <td< th=""><th>5</th><th></th><th></th><th>-</th><th></th><th>-</th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	5			-		-						
Part IV       Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XP       Image: Contributions of Contributions or other assets not included on Form 990, Part XP         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Contributions during the year       Image: Contributions during the year </th <th></th> <th></th> <th></th> <th>-</th> <th></th> <th>-</th> <th></th> <th></th> <th></th> <th>Yes</th> <th></th> <th>No</th>				-		-				Yes		No
reported an amount on Form 990, Part X, line 21.         1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         b If 'Yes,' explain the arrangement in Part XIII and complete the following table:         c Beginning balance       10         d Additions during the year       14         2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         Part V       Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         Part V       Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         a Beginning of year balance       (a) Current year         b Contributions       (b) Prior year         c Nat Investment earnings, gains, and losses       1         d Grants or scholarships       1         g End of year balance       %         b Period year balance       %         a Red preventage of the current year end balance (line 1g, column (a)) held as:         a Board designated or quasications when the designated or quasication by:       (i) Hore yearizations ?         i O Hor expenditures for faellities       1       1	Par								. Part IV. I	ine 9. or		
on Form 990, Part X?       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         e Distributions during the year       1d         a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Part V       Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 10.         Part V       Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 10.       Image: Part A in Part A				Ũ					, ,			
on Form 990, Part X?       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         e Distributions during the year       1d         a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Part V       Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 10.         Part V       Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 10.       Image: Part A in Part A	1a	Is the organization an agent, trustee, custo	dian. or other interme	diary for con	tributions	s or other as	sets not ir	ncluded				
b       If "Yes," explain the arrangement in Part XII and complete the following table:										Yes		No
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         f       Ending balance       If         a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Image: Check here if the organization answered "Yes' on Form 990, Part X, line 10.         Part V       Endowment Funds       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (d) Three years back       (e) Four years back	b											
d Additions during the year       1d         e Distributions during the year       1d         1 Ending balance       1t         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes,' explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII       Yes       No         Part V       Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (e) Four years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b Contributions       (main so scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c Read diverse       (a) diverse       (a) diverse       (a) diverse       (a) diverse       (a) diverse         g End of year balance       (f) Acomstent year end balance (line 1g, column (a)) held as:       Board designated or quasi-andowment       %         Provide the estimated perce		······································								Amoun	t	
d Additions during the year       1d         e Distributions during the year       1d         1 Ending balance       1t         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes,' explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII       Yes       No         Part V       Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (e) Four years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b Contributions       (main so scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c Read diverse       (a) diverse       (a) diverse       (a) diverse       (a) diverse       (a) diverse         g End of year balance       (f) Acomstent year end balance (line 1g, column (a)) held as:       Board designated or quasi-andowment       %         Provide the estimated perce	с	Beginning balance						1c				
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Did the expanditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         g       End of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         g       End of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         g       End of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         g       End of year balance       (b) Prior year       (c) Two years back												
f       Ending balance												
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Ves       No         Part V       Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Control strains       (a) Current year       (b) Control years       (c) Three years back       (e) Four years         1b       Conter expenditures for facilities       (												
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII         Part V       Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         e       Other expenditures for facilities       (a) Current year end balance (line 1g, column (a)) held as:       (a) Complete if the organization of the organization that are held and administered for the organization by:       (i) Unrelated organizations?       (a) (i) Intere endowment funds not in the possession of the organization that are held and administered for the organization by:       (i) Unrelated organizations?       (a) (i) Intere year organizations?         (i)       Unrelated organizations?       (a) Cost or other       (b) Cost or other       (c) Accumulated         (ii)       Unrelated organization answered "Yes" on Form 990, Part V, line 10.       (ii) Cost or other       (b) Cost or other       (b) Cost or other       (b) Cost or other										Yes		No
Part V       Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c) Two stars back       (d) Three years back       (e) Four years back         d       Other expenditures for facilities       (c) Two stars back       (d) Three years back       (e) Four years back         d       Other expenditures for facilities       (c) Two stars back       (d) Three years back       (e) Four years back         d       Contributions       (c) Two stars back       (d) Three years back       (e) Four years       (f) Three years back         g       End of year balance       (f) Two years bac		•		-								]
Ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Ia       Contributions       (c) Two years back       (c) two years ba	_											
b       Contributions		·	(a) Current year	(b) Prior	year	(c) Two years	back (d	I) Three y	ears back	(e) Fou	years	back
b       Contributions	1a	Beginning of year balance										
c       Net investment earnings, gains, and losses	b											
d Grants or scholarships	с											
e       Other expenditures for facilities and programs												
and programs												
f       Administrative expenses												
g End of year balance	f											
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment%         b       Permanent endowment%         c       Term endowment%         main percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations?         (ii)       Related organizations?         (iii)       Related organizations?         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answerd "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         basis (investment)       basis (other)         depreciation       (d) Book value         basis (investment)       basis (other)         basis (other)       475, 692.         16       Complete improvements         0       0         10       0         11       Land         12       0         13       0												
a Board designated or quasi-endowment%         b Permanent endowment%         c Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i) Unrelated organizations?         (ii) Related organizations?         b If "Yes" on line 3a(ii), are the related organization's endowment funds.         Part VI         Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)         b Buildings	-			ce (line 1a. ca	olumn (a))	held as:						
b       Permanent endowment%         c       Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:            Yes       No         (i)       Unrelated organizations?       3a(i)       3a(i)       3a(i)       3a(i)         (ii)       Related organizations?       3a(ii)       3a(ii)       3b       3b       3c         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI       Land, Buildings, and Equipment       Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         0       Description of property       (a) Cost or other       (c) Accumulated       (d) Book value         1a       Land       Land       b       Buildings	а		•	%	( )/							
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Part VI Land, Buildings, and Equipment</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> Part VI Land, Buildings, and Equipment         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         642,912.         475,692.         167,220.           e Other         0         105,220.         1057,220.	b											
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Part VI Land, Buildings, and Equipment</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> Part VI Land, Buildings, and Equipment         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         642,912.         475,692.         167,220.           e Other         0         105,220.         1057,220.	с	Term endowment	%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) Part VI Land, Buildings, and Equipment</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> </ul> 1a Land <ul> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> </ul> 1a Land <ul> <li>(c) Leasehold improvements</li> <li>(c) Leasehold improvements</li> <li>(c) Equipment</li> <li(c) equipment<="" li=""> <li>(c) Equipment</li></li(c)></ul>			- ould equal 100%.									
organization by:       Yes       No         (i)       Unrelated organizations?       3a(i)       3b       3a(i)       3b       3c       3b       3c       3b       3b       3b       3b       3c       3b       3c       3b       3c       3c <td< th=""><th>3a</th><th></th><th></th><th>ation that are</th><th>e held and</th><th>d administer</th><th>ed for the</th><th>•</th><th></th><th></th><th></th><th></th></td<>	3a			ation that are	e held and	d administer	ed for the	•				
(i)       Unrelated organizations?       3a(i)         (ii)       Related organizations?       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other         b       basis (investment)         basis (other)       (b) Cost or other         b       Buildings         c       Leasehold improvements         d       Equipment         e       Other			5								Yes	No
(ii) Related organizations?       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land		(i) Unrelated organizations?								3a(i)		
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land												
4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       Land       Image: Complete if the organization and the basis (investment)       Image: Complete if the organization and the basis (other)       Image: Complete if the organization and the basis (investment)       Image: Complete basis (other)       (c) Accumulated depreciation         1a       Land       Image: Complete basis (investment)       Image: Complete basis (other)       Image: Complete basis (othe	b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requi	red on Scheo	dule R?							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	4	Describe in Part XIII the intended uses of th	e organization's endo	owment fund	S.							
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	Par	t VI Land, Buildings, and Equipr	nent									
basis (investment)     basis (other)     depreciation       1a Land		Complete if the organization answere	ed "Yes" on Form 99	0, Part IV, line	e 11a. Se	e Form 990,	Part X, lir	ne 10.				
b Buildings		Description of property					• •		ed	( <b>d)</b> Boo	k valu	e
b Buildings	1a	Land										
c Leasehold improvements         642,912.         475,692.         167,220.           e Other         642.912.         642.912.         167.220.												
d Equipment         642,912.         475,692.         167,220.           e Other         167,220.         167,220.												
e Other					642	2,912.	4	75,69	92.	16	7,2	20.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))												
	Total	Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, line 10c,	column (l	B))				16	7,2	20.

Schedule D (Form 990) 2023

332052 09-28-23

Schedule D (Form 990) 2023 LEGAL SERVI	CES OF NORTHE	RN VIRGINIA,	INC 54-	-1137931	Page <b>3</b>
Part VII Investments - Other Securities					
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part	X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat	tion: Cost or end-	of-year market va	alue
(1) Financial derivatives					
(2) Closely held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	on Form 000 Part IV line	11c Soc Form 000 Part	V line 13		
(a) Description of investment	(b) Book value	(c) Method of valuat		of-vear market va	alue
				or your market ve	
<u>(1)</u> (2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))					
Part IX Other Assets					
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part	X, line 15.		
	Description			(b) Book val	
(1) SECURITY DEPOSITS					718.
(2) CLIENT ESCROW DEPOSITS					185.
(3) OPERATING LEASE				277,	364.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)				220	267
Total. (Column (b) must equal Form 990, Part X, line 15, c Part X Other Liabilities	ог. (В))			330,	267.
Complete if the organization answered "Yes"	on Form 000 Dart IV line	110 or 11f Soo Form 00	0 Dart V line 25		
(a) Described and other of the billion	on Form 990, Fart IV, line	The of Thi. See Form 99	$0, \text{ Fart } \Lambda, \text{ Interval} 23.$	(b) Book val	
				(b) DOOR Val	
(1) Federal income taxes (2) CLIENT ESCROW				19	185.
(3) LEASE PAYABLE				192,	
(4) LEASE PAYABLE LONG TERM					872.
				04,	572.
(5)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, line 25, c	o/ (B))			296,	549.

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

#### Schedule D (Form 990) 2023

332053 09-28-23

_	edule D (Form 990) 2023 LEGAL SERVICES OF NORTHERN				
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	eturr	า
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	8,779,503.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	639,651.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	639,651.
3	Subtract line 2e from line 1			3	8,139,852.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	8,139,852.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per	Retu	Irn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	8,629,787.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	639,651.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	639,651.
3	Subtract line 2e from line 1			3	7,990,136.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
L.					
b	Other (Describe in Part XIII.)	4b			_
а С	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>			4c	0.
с 5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			4c 5	0. 7,990,136.
с 5	Add lines <b>4a</b> and <b>4b</b>			5	7,990,136.

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

332054 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming	Activ	vities	OMB No. 1545-0047
(Form 990)	Complete if the	2023						
Department of the Treasury	U		Open to Public					
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and t	he latest informatio	n.		Inspection
Name of the organization			NT T7					lentification number
Part I Fundrais		ERVICES OF NORTHER				line 1	54-113	
	complete this part	<ul> <li>Complete if the organization answe t.</li> </ul>	ered r	es o	n Form 990, Part IV, I	line i	7. Form 990-	EZ mers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	ions email solicitations tations licitations on have a written c ed in Form 990, P ) highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Υ	
(i) Name and address of individual or entity (fundraiser)		(ii) Activity		aiser ustody trol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ted in col. <b>(i)</b>	( <b>vi)</b> Amount paid to (or retained by) organization
			Yes	No				
			1					
		on is registered or licensed to solicit		oution	s or has been notified	d it is	exempt from	registration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

LEGAL SERVICES OF NORTHERN VIRGINIA, INC54-1137931 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr			<b>.</b>	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				FIRM STAND		(add col. (a) through
			FALL GALA	CAMPAIGN	2	
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue			(	(	(	
ver			49,805.	56,000.		105 805
Be	ר	Gross receipts	49,005.	50,000.		105,805.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	49,805.	56,000.		105,805.
	4	Cash prizes				
	6	Nonooch prizoo				
ŝ	5	Noncash prizes				
JSe		<b>D</b> 1/4 100				
bei	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages				
Ē						
	8	Entertainment				
	9	Other direct expenses				
	10			•		
		Net income summary. Subtract line 10 from				105,805.
Pa						
		\$15,000 on Form 990-EZ, line 6a.				
				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
ven				·····9-··-9····9-		
Be						
	1	Gross revenue				
Se	2	Cash prizes				
sus						
g	3	Noncash prizes				
Direct Expenses						
Ser	4	Rent/facility costs				
ā						
	5	Other direct expenses				
	Ĕ		Yes %	Yes %	Yes %	
		Voluntaar labar				
	0	Volunteer labor	No No	│└──│ No	└── No	
	_					
	'	Direct expense summary. Add lines 2 throug	n 5 in column (a)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
		nter the state(s) in which the organization cond				
a	ı Is	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b		"No," explain:				
	) If '					
	) If '					
	)  f					
10a	_			erminated during the tax	vear?	Yes No
	w	ere any of the organization's gaming licenses r	evoked, suspended, or t		year?	Yes No
	w		evoked, suspended, or t		year?	Yes No
	w	ere any of the organization's gaming licenses r	evoked, suspended, or t		year?	Yes No
	w	ere any of the organization's gaming licenses r	evoked, suspended, or t		year?	Yes No

Sch	edule G (Form 990) 2023	LEGAL	SERVICES	OF 1	NORTHERN	VIRGINIA,	INC54-	1137933	1 Page <b>3</b>
11	Does the organization conduct ga	aming activiti	es with nonmemb	ers?				Yes	No
12	Is the organization a grantor, ben	eficiary or tru	stee of a trust, or	a memb	er of a partnersh	nip or other entity fo	rmed		
	to administer charitable gaming?							Yes	No No
13	Indicate the percentage of gamin								
a	The organization's facility							13a	%
b	An outside facility							13b	%
14	Enter the name and address of the	ne person wh	o prepares the or	ganizatio	on's gaming/spec	cial events books ar	nd records:		
	Name								
	Address								
45			la final na antara fina na and					Vee	
158	Does the organization have a cor	itract with a t	nird party from wi	nom the	organization rec	eives gaming reven	ue?	L Yes	
F	If "Yes," enter the amount of gam		received by the e	raanizati	on \$	and	the amount		
L	of gaming revenue retained by th			iyanizati	011	and	the amount		
	If "Yes," enter name and address								
			Juity.						
	Name								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation	\$							
	Description of services provided								
	Director/officer	Employ	/ee	Inde	pendent contrac	tor			
17	Mandatory distributions:								
	Is the organization required unde	r state law to	make charitable	distributi	ons from the gar	ming proceeds to			
	retain the state gaming license?				-	-		🖸 Yes	No No
b	Enter the amount of distributions								
_	organization's own exempt activit								
Pa	rt IV Supplemental Infor						and (v); and P	art III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable.	Also provide any a	additiona	al information. Se	ee instructions.			
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Schedule C	G (Form 990) Supplemental Info	LEGAL	SERVICES	OF	NORTHERN	VIRGINIA,	INC54-1137931	Page <b>4</b>
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SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization Employer identification number LEGAL SERVICES OF NORTHERN VIRGINIA, INC

54-1137931

### FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LEGAL SERVICES OF NORTHERN VIRGINIA'S MISSION IS TO PROMOTE JUSTICE BY

PROVIDING FREE, HIGH-QUALITY LEGAL ADVOCACY AND INFORMATION FOR

ELDERLY, DISABLED, AND LOW-INCOME INDIVIDUALS AND FAMILIES WHO FACE THE

LOSS OF A CRITICAL NEED, SUCH AS PERSONAL SAFETY, INCOME, HOUSING,

MEDICAL BENEFITS, EDUCATION, OR FAMILY STABILITY.

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

EXECUTIVE DIRECTOR AND ACCOUNTANT REVIEW THE FORM 990 ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE PROHIBITED FROM HAVING INTERESTS THAT WOULD BE IN CONFLICT WITH THE ORGANIZATION AND THIS IS REVIEWED ON AN ANNUAL BASIS.

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

OFFICER AND EMPLOYEE SALARIES ARE APPROVED BY THE BOARD ON AN ANNUAL BASIS AND LOCAL AREA SALARY INFORMATION IS USED TO ESTABLISH SALARIES.

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

ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE BUDGET AND FINANCE COMMITTEE REVIEWS THE AUDIT ON AN ANNUAL BASIS.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. I HA 332211 11-14-23

Schedule O (Form 990) 2023

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