Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions.

### Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

2018 Open to Public

X Yes

Form 990 (2018)

For the 2018 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change SOUTHWEST VA LEGAL AID SOCIETY, INC Doing business as Name change 54-0918255 Number and street (or P.O. box if mail is not delivered to street address) Initial return 227 WEST CHERRY STREET Room/suite Telephone numbe 276-783-8300 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated MARION VA 24354 Amended return Name and address of principal officer: G Gross receipts \$ 2,689,868 Application pending JOSEPH R. CARICO H(a) Is this a group return for subordinates? 227 WEST CHERRY STREET H(b) Are all subordinates included? MARION 24354 If "No," attach a list. (see instructions) Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 Website: SVLAS.ORG ic H(c) Group exemption number Form of organization: X Corporation Trust Other > Association Year of formation: 1972 Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO CHAMPION EQUAL JUSTICE FOR LOW-INCOME VIRGINIANS AND TO WORK TO REMEDY Activities & Governance THE CONDITIONS THAT BURDEN THE LOW-INCOME COMMUNITY. TO THESE ENDS WE STRIVE TO PROVIDE HIGH-QUALITY, COURTEOUS, AND EFFECTIVE LEGAL SERVICES. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) No 5 34 6 Total number of volunteers 10 6 7a Total unrelated business revenue fro n Part 7a b Net unrelated business tax 0 ble i**z**eo ne fron 7b ે0 8 Contributions and grants (Part VIII, line 1h) **Current Year** Revenue 680 9 Program service revenue (Part VIII, line 2g) 074 992 2,673. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 407 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 93 29 670 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12 683 689 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,150,517 16a Professional fundraising fees (Part IX, column (A), line 11e) 222 099 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 543**,**535 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 694,05 699 19 Revenue less expenses. Subtract line 18 from line 12 16,099 Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 299,439 300 21 Total liabilities (Part X, line 26) 472,019 482 22 Net assets or fund balances. Subtract line 21 from line 20 818, 0.6 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here JOSEPH R. EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Paid DAVID B. BROWN, DAVID B. BROWN, CPA Preparer self-employed P00745399 HICOK, BROWN COMPANY **Use Only** Firm's EIN 06-1662488 PO BOX 821 ABINGDON, VA 24212 May the IRS discuss this return with the preparer shown above? (see instructions) 276-628

TO CHAMDION DOTTE	O contains a response or note to any line in		
THE CONDITIONS THA STRIVE TO PROVIDE	JUSTICE FOR LOW-INCOME VIR AT BURDEN THE LOW-INCOME CO HIGH-QUALITY, COURTEOUS, A	GINIANS AND TO WORK MMUNITY. TO THESE E ND EFFECTIVE LEGAL S	TO REMEDY NDS WE ERVICES.
2 Did the organization undertake any prior Form 990 or 990-EZ? If "Yes," describe these new service	y significant program services during the year which w		Yes X
3 Did the organization cease conduct	cting, or make significant changes in how it conducts, a	any program	
4 Describe the organization's program	m service accomplishments for each of its three large	•	Yes X I
the total expenses, and revenue, if	01(c)(4) organizations are required to report the amoust any, for each program service reported.	nt of grants and allocations to others,	
4a (Code: ) (Expenses \$ SVLAS PROVIDED FREE CLIENTS IN 2018.	2,543,833 including grants of \$ E LEGAL ASSISTANCE IN CIVII	) (Revenue \$ L CASES TO 3,187 LOW-	-INCOME
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4b (Code: ) (Expenses \$	including grants of \$	) (Revenue \$	
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	including grants of \$		
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c (Code: ) (Expenses \$ N/A	including grants of \$	) (Revenue \$	
	including grants of \$	) (Revenue \$	
		) (Revenue \$	

Form **990** (2018)

### **Checklist of Required Schedules**

	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Ye	s No
	Tompioto Condulle A	1 1	_ x	
	Schedule of Contributors (and instructions)	2		X
	candidates for public office? If "Yes," complete Schedule C. Part I	3		X
	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			3
	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives members him disconnection	····   4	X	19451
	associations, or similar amounts as defined in Revenue Procedure 98-192 if "Ves." complete School to Condition	5	-	X
(	The tile organization maintain any donor advised funds or any similar funds or accounts for which depose	··· ├ <del>-</del>	<del> </del>	+^-
	"Yes," complete Schedule D, Part I			\\\X\cdot
7	Did the organization receive or hold a conservation easement, including easements to proceed a conservation easement.	<u>6</u>		X
	"" on the control of	7		X
8	complete Schedule D, Part III		1	
9	Topolital allount in Fall A, line 21, for escrow or custodial account liability and a	8		X
	outstorian for amounts not listed in Part X; or provide credit counseling, debt management, and it counts		i .	
	and the gottation services? If thes, complete Schedule D. Part IV	ğ	1 7	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	···   9	X	
	Shadwhiens, permanent endowments, or quasi-endowments? If "Yes " complete Schodule D. Dort V.	40		X
11	" the digarizations answer to any of the following questions is "Yes," then complete Schodule D. Darte VI	10		XXXXXXX
	This interest as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
ŀ	complete schedule D, Part VI	11a	х	HY S
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		1	202
c	The total assets reported in Part X, line 15? If "Yes." complete Schedule D. Part VII	11b	l l	X
•	and the state of t			44
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		X
	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			X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidate of 5	11d		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Х	N
	and organization of unicolitatilitiax positions linder FIN AS (ACC 740)2 if the analytic and a second control of the second control			paretre
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  Schedule D. Parts VI and VII.	11f		X
	Schedule D, Parts XI and XII	ĺ		
b	and dispartment of the state of	. 12a	. X	
	105, and it the organization answered "No" to line 12e, then completing Cabadula D. D. J. Viller Comp.			
13	The street of a scripped in section 1/Ω/δ)/1)/Δ)/ii/2 If "Voo" and the Color of th	12b		X
14a		13		X
b		14a		X
	rundraising, business, investment, and program service activities outside the their start of the	1 1	ł	4-
45	Noting investments valued at \$100,000 or more? If "Yes." complete Schedule F. Perts Land IV	14b	ł	X
15		. 140		
16	is any loreign organization? If ites, complete Schedule F. Parts II and IV	15		X
10	3 more of the strip, column (A), life 3. More than \$5 (00) of addresses growth or other	1 1		ar isa
17	assistance to or for foreign individuals? If "Yes," complete Schedule F. Parts III and IV	16	1	X
"				Ž:
18	art IX, column (A), lines 6 and 116? If "Yes," complete Schedule G. Part I (see instructions)	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			C.C. L.C.
19	Did the organization report more than \$15,000 of group income for	18	1	X
	To the state of th			<u>X</u> X
20a	If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		1,2	X
b	If tes to line 20a, did the organization attach a copy of its audited financial statements to the end of the control of the co			X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	_	
	domestic government on Part IX, column (A), line 12 if "Yes," complete Schodulo I. Bodo I and II.			X X
	y res, complete schedule I, Parts I and II	21	1 2	X

### Checklist of Required Schedules (continued)

2:	2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	
	The state of the s	1		13
2	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	<u> </u>	X
	organization's current and former officers, directors, trustees, key employees, and highest companyable	[		1 × ×
_	Simple years in the state of th			1
24	la Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
,	whosped as of the last day of the year, that was issued after December 31, 20022 If "Von." analyze these 24.			V.
	unough 24d and complete Schedule K. If "No," go to line 25a	240	'	X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	L	+
	but the diganization maintain an escrow account other than a refunding escrow at any time during the year			+-
	to delease any tax-exempt bonds?	24c		
25	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		長
2.0	a Section 501(c)(5), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess have 50			ia la
	"ansassor with a disqualified person during the year? If "Yes." complete Schedule I. Port I	25a		Nic
l	is the digardization aware that it engaged in an excess benefit transaction with a disqualified person in a price	254		
	your, and that the transaction has not been reported on any of the organization's prior Forms 000 at 000 EZO	} }		X
26	" 103; Complete Schedule L, Part I	25b		X
-0	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	······   <del>-00</del>		
	current of former officers, directors, trustees, key employees, highest compensated employees, as			X
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			X
28	of family member of any of these persons? If "Yes." complete Schedule 1. Part III	27		X-
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
а	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			71.00
b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete  Schedule L, Part IV			330
С		28b	. 1	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect extract? (6.5% - 7.5%)			Zin.
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-seek partitivity in 2 (6)" a name of the control of the co	28c		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	]	X-
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate terminate or dissolve and cooperation.	30	_	X
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		X
	complete Schedule N, Part II			X.
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X.
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			- The second
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		Χ.
	or re, and rail e, line i	1 1	-	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		<u>X</u>
b	If the sold line sold, did the organization receive any nayment from a sold and the sold the organization receive any nayment from a sold and the sold the organization receives any nayment from a sold and the sold the organization receives any nayment from a sold the sold the organization receives any nayment from a sold the sold the organization receives any nayment from a sold the sold the organization receives any nayment from a sold the sold the organization receives any nayment from a sold the sold the organization receives any nayment from a sold the sold the organization receives any nayment from a sold the sold the sold the organization receives any nayment from a sold the sold t			X
	obtained entity within the meaning of section 512(b)(13)? If "Ves." complete Schodule D. Dart V. II.			<u></u>
36		35b	$\perp$	<del>30 -</del>
	related organization: If res, complete Schedule R. Part V. line 2			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a released account.	36	_	<u>X</u>
. •	and that is discled as a partnership for regeral income tax nurnoses? If "Ves." complete Selecture D. D. 1999	1		X
38	and provide explanations in Schedule O for Doct VI. Items 444	37		<u>X</u> _
7207222222	10 - 1		,	-
<b>#</b>	Statements Regarding Other IRS Filings and Tax Compliance	38   >		S.E.
	Check if Schedule O contains a response or note to any line in this Part V		ŕ	
			<del>-                                    </del>	<u>لت</u>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  In the number of Forms W 30 instant at the number of Forms W	Ye	s N	lo .
D	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to your and any	<del> </del>   -		
	reportable gaming (gambling) winnings to prize winners?	1c X		
			90 %	<u></u>

### Form 990 (2018) SOUTHWEST VA LEGAL AID SOCIETY, INC 54-0918255 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Garage Continued)	_	\$
2	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes No.
	Statements, filed for the calendar year ending with or within the year covered by this return		140
İ	in at least one is reported on line 2a, did the organization file all required federal completions at the		
	the same same and allo 2a is greater than 250, you may be required to a file (and instruction)	2b	X
3	2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
_	" 165, has it lied a Form 990-1 for this year? If "No" to line 3h, provide an explanation in Oct.	3a	X_
46	The during the calendar year, did the organization have an interest in or a signature or other public.	3b	- 1 TAK
_	and a second in a foreign country (such as a pank account securities account or other financial asset upon		X
	in 100, once the name of the foreign country:	4a	X
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	and organization a party to a promibiled tax shelter transaction at any time during the towns and	50	
b	any taxable party floury the organization that it was or is a party to a prohibited tay shelter transaction?	5a 5b	X,
c 6a	to mile out of 55, and the organization file Form 8886-17	5c	-   A
Va	boos the organization have annual gross receipts that are normally greater than \$100,000, and did the		ya.
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Ž.
•	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	girls were not tax deductible?	6b	1
a	Organizations that may receive deductible contributions under section 170(c).		
_	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?		**
b		7a	
c	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	12-
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e	<b>*</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f	290
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  Sponsoring organizations maintaining deposit of the contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g	M-27
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	' 7h	Ş.
	openioring digalization have excess business holdings at any time during the year?		1 ****
9	Sponsoring organizations maintaining donor advised funds.	8	
а	Did the sponsoring organization make any taxable distributions under section 49662		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a	
10	Section 501(c)(7) organizations. Enter:	9b	25.5
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gloss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
71	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gloss income from other sources (Do not net amounts due or paid to other sources	$\neg \neg$	102.5
12a	against amounts due or received from them.)  Section 4947(a)(4) pop exempt the river.		
b	43410 Holl-exempt Charitable trusts. Is the organization filing Form 900 in liquid Form 40440	12a	000 000000000;
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
а	Section 501(c)(29) qualified nonprofit health insurance issuers.		77
-	Is the organization licensed to issue qualified health plans in more than one state?	13a	13.44
b	Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which		
,	tile digalitzation is licensed to issue qualified health plane		-
c			-
14a	Did the organization receive any payments for indoor tanning services during the toxygon?		
· <b>b</b> I	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	X
15	s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b	
•			
1	f "Yes," see instructions and file Form 4720, Schedule N.	15	X
6	s the organization an educational institution subject to the section 4968 excise tax on net investment income?		
1	f "Yes," complete Form 4720, Schedule O.	16	X
			1333

	Part VI Governance, Management, and Displayers Farry 1 NC 54-0918255					Page (
2020	managoriorita alla Disclusura For each "Vec" reconnec to linea o the	ugh 7L	below, an	d for a	"No	"
	or changes	in Sch	edule O. S	ee ins	tructi	ons
5						X
<u> </u>	ection A. Governing Body and Management		<del> </del>	******		
4	- Establishment of the				Ye	s No
•	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	if there are material differences in voting rights among members of the governing body, or			$\dashv$		
	if the governing body delegated broad authority to an executive committee or similar	i i				
	committee, explain in Schedule O.					
	Enter the number of voting members included in line 1a, above, who are independent	16	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		<u> + J</u>	┪		
	any other officer, director, trustee, or key employee?					
3	Did the organization delegate control over management duties customarily performed by or under the direct			2	<del> </del>	X
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			1	ł	交
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed			3	<del> </del>	+ <u>*</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>.</b>		4	<del> </del>	X
6	Did the organization have members or stockholders?			5		X
7a				_6_	<u> </u>	X
	one or more members of the governing body?				,	1/2
b				7a		$\perp x$
	stockholders, or persons other than the governing body?					
8	Did the organization contemporaneously document the most loss hald as with a second			7b	'	L X
а	Did the organization contemporaneously document the meetings held or written actions undertaken during the year.  The governing body?	r by th	e following:			
b				8a	X	
9	Is there any officer, director, trustee, or low ampliance listed in B			8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
Se	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
	ction B. Policies (This Section B requests information about policies not required by the Interior	nal Re	venue Co	de.)		100
10a	Did the organization have local charters have been been a series as				Yes	No
b	Did the organization have local chapters, branches, or affiliates?			10a	X	CA Program
_	and disputation have written policies and procedures doverning the activities of such charters					\$24.
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Χ	A
b	and any organization provided a complete copy of this Form 990 to all members of its governing body before sline	the forr	n?	11a	Х	60
12a	become in ochequie of the process, if any, used by the organization to review this Form 900					
b	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	*******
c	and key employees required to disclose annually interests that could give rice	to conf	licts?	12b		X
·	The the organization regularly and consistently monitor and enforce compliance with the policy? If "Voc."					
13	describe in Schedule O how this was done			12c	Х	1144). 1144-1144
14	Did the organization have a written whistleblower policy?	• • • • • • • •		13	Х	*****
	2.5 and digamization have a written document retention and destruction policy?			14	X	3/4
15	The state of the s					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
a	The organization's CEO, Executive Director, or top management official			15a	Х	46
b	they on project of the organization			15b	<del>^</del> +	X
	to the first control of the process in Schedule O (see instructions)	• • • • • •		130	k	<u>^</u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					****
	with a taxable entity during the year?			40-		Χ
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			16a	*****	<u> </u>
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?		ľ	•		
Sect	ion of Disclosure			16b		
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 1024-A if applicable), 990, 990, 990, 990, 990, 990, 990, 99					
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	on 501	(c)			::\{\bar{\bar{\bar{\bar{\bar{\bar{\ba
	X Own website Another's website X Upon request Other (explain in Schedule O)	-				marija i ja
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest				Ś	
	financial statements available to the public during the tax year.	policy,	and	• .	· !	<b>4</b> c.
20	State the name, address, and telephone number of the person who possesses the organization's books and records					Section 1
SO	UTHWEST VA LEGAL AID SOCIETY 227 WEST CHERRY STREET				3	
	RION					46.0 48.0
DAA	VA 24354		<u> 276-</u>	<u> 783</u>	<u>-83</u>	<u>,00</u>

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

. (A) Name and Title	(A) (B) Average hours per week (list any hours for			Po check less po and a	(C) sition more erson	than is both	one n an lee)	(D) Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1)MICHAEL ABBOTT	0.00									· · · · · · · · · · · · · · · · · · ·	
VICE-PRESIDENT	0.00	X		X				0		The state of the s	
(2) DAMIE CARTER	0.00								0		
DIRECTOR	0.00	$ _{X}$									
(3) HERB CLAY		1						0	0	:. e	
VICE-PRESIDENT	0.00			3,7				_	٠.	A	
(4) STEVE MINOR	0.00	X		Х		-	-	0	0	- ************************************	
DIRECTOR	0.00										
(5) DOUGLAS BRINCKMA	0.00 .N	X		$\dashv$	$\dashv$	$\dashv$		0	0		
	0.00										
PRESIDENT (6) JOHN ROBERTSON	0.00	Х		X		$\dashv$		0	0	44.7 6.7 7	
DIRECTOR	0.00	Х					ļ	0	0	e de la companya de l	
(7) JOHN GIFFORD	0 00					T					
DIRECTOR	0.00	Х									
(8) KATHERINE PATTON						+	$\top$	0	0	<u> </u>	
DIRECTOR	0.00	Х							_		
9) AVIS WOLFE		-,,	$\dashv$	$\dashv$	$\dashv$	+	+	0	0	<u> </u>	
IRECTOR	0.00	х								. * :{ **********************************	
O)SARA JO GOINES			$\top$	$\top$	+	$\dagger$	+	0	0		
IRECTOR	0.00	X									
1) CARMEL CULLOP		Λ	+	+	+	+	+	0	0	(	
ECRETARY/TREASURER	0.00								!	100	
A LEGITARITY I REASURER	0.00	Х		X			$\perp$	0	0	Form <b>990</b> (2018	

Form **990** (2018)

Section A. Officer	s, Directors, Tr	uste	es, i	(ey l	Emp	loye	es, a	and Highest Compensate	d Employees (continued)	ray
(A) Name and title	Average hours per week (list any hours for	(c)	do not ox, uni ficer a	Po check less p	(C) sition more erson directo	than is bot	one h an itee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
		ıstee	trustee		8	pensate				4 3
(12) TAMI GREHOFS	1			<u> </u>	-	<u> </u>				
DIRECTOR	0.00	X						0	0	
(13) SUSAN CANTER	0.00								O O	
DIRECTOR	0.00	Х						0	0	
(14) LARRY HARLEY	50.00									
EXECUTIVE DIRECTOR (15) JOSEPH R. CAP	0.00			Χ				109,186	0	
	50.00									
EXECUTIVE DIRECTOR	0.00		_	Х				0	0	
					$\dashv$	_	-			
										**************************************
		_	$\dashv$	-	-	$\dashv$	-			
										هيد.
			$\top$		7	$\dashv$	$\dashv$			P <sub>a</sub> co.
		}							ł	•×nñe
b Sub-total						. •		109,186		State
c Total from continuation sheet d Total (add lines 1b and 1c)						•	-	109,186		
? Total number of individuals (inc reportable compensation from t	luding but not lin	nited 1	to th	ose	liste	d ab	ove)	who received more than \$	100,000 of	8-22 2-1
Did the organization list any form employee on line 1a? If "Yes," of For any individual listed on line organization and related organization individual	mer officer, directions of the second of the	ctor, or start of the start of	or tru for s ortab 150,	ucn le co 000°	indiv ompe ? If "	ridua. ensa Yes,	tion a " con	and other compensation from the supplete Schedule J for such	om the	Yes No
Did any person listed on line 1a for services rendered to the orga	receive or accru	e coi	mnei	nean	ion ti	rom ·	anv i	unrelated organization or in	ıdividual	4 X
ction B. Independent Contractors	<u> </u>									5 X
Complete this table for your five compensation from the organiza	MON. Report Con	sate pens	d ind	lepei n for	nden the	t cor cale	ntrac <u>nd</u> ar	tors that received more that year ending with or within	an \$100,000 of the organization's tax year	N
Name and but	A) siness address							(E Description	of services	(C) Compensation
										1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
										No
										6.82.5
						+				X 7
		<del>-</del>				+				X.
										X2.
Total number of independent con received more than \$100,000 of o	tractors (includir	ng bu	t not	l limi	ted t	o the	ose li	isted above) who		

2000

100

Part VIII Statement of Revenue

3		Chec	K If Schedule	O contair	is a respons	e or note to any li	ne in this Part VIII		نکه نین ا
	n wi					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
į	and Other Similar Amounts	1a Federated c		1a					012-014
Ċ	5일	b Membership		1b					
å	ŝξ	c Fundraising	events	1c					
Ċ	<u> </u>	d Related orga		1d					
2		e Government grant		1e	2,673,99	<u>)2</u>			
1	ē	f All other contributi	ons, gifts, grants, ets not included above	ĺ					1.0
Ę	8			1f					
Č	힏		ions included in lines 1a-						
2	9	n Total. Add lir	nes 1a-1f		<u> </u>	2,673,99	)2		Gira- terio
Program Convice Dance	B   .	?a			Busn. Cod	<u>e</u>			100
ě		h	••;••••••••••••						9: 50 
	3	~			···				
Š		-1							\$ 100 miles
E		^			.				enghasa Se S
5	<u></u>	f All other prog	ram service reven		.				***
۵	<u> </u>	a Total Add lin	es 2a-2f	ue	·· L				- A
_	3	Investment in	come (including d	ividondo in					
		and other sim	ilar amounte)	ividerius, in	iterest,	0.10			
	4	Income from i	nvestment of tax-	avamnt har		2,19	3 2,19	3	F-4,50
	5	Rovalties	······································	exempt bor	ia proceeds				8.00
	1 .		(i) Real	······	(ii) Personal				
	6	a Gross rents			(ii) i oroonal	-			2.5
	1	Less: rental exps.				-			
	1.	Rental inc. or (loss)				7			466
	_0		ome or (loss)		<b>•</b>	_			
	78	Gross amount from sales of assets	(i) Securities		(ii) Other				Harris.
		other than inventory				1			
	t	Less: cost or other	-			1			440.
	1	basis & sales exps.							##
		Gain or (loss)				1			777
	d	Net gain or (los	ss)	· · · · · <u>· · · · · · · · · · · · · · </u>	<b>.</b>				
une	8a		m fundraising events	;					
ē	1	(not including \$	***************	.					
æ	ĺ	of contributions re	eported on line 1c).						
Other Reve	<b>!</b> .	See Part IV, line		a					100
ᇴ		Less: direct exp		b					72
	C	Net income or	(loss) from fundra	isin <u>g event</u>	s <b>&gt;</b>				
	ya.		m gaming activities.						
	١,	See Part IV, line 1		a					
			enses	b					
	102	Gross sales of	loss) from gaming	activities	<u></u>		***************************************		
i		returns and allo							
	b	Less: cost of go		a b					
1									
-		c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code							14
l	11a		OUS INCOME			11 200	11 000		
	b	DONATIONS		• • • • • • • • • • • •		11,280 2,403	11,280		
	c		*****************			2,403	2,403	*.	<u> </u>
	d	All other revenu	e			··			
- [	е	Total. Add lines	11a-11d		<b>•</b>	13,683			
	12	Total revenue.	See instructions.	· · · · · · · · · · · · · · · · · · ·	········· • • • • • • • • • • • • • • •	2,689,868	15,876	^	
							10,010	0	

### Statement of Functional Expenses

o n	Check if Schedule O contains a res of include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
b, 8	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising
1	Grants and other assistance to domestic organizations			5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	expenses
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	109,186	109,186	5	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			A	
	persons described in section 4958(c)(3)(B)	}			
7	Other salaries and wages	1,591,338	1,484,272	101 202	<del>                                     </del>
8	Pension plan accruals and contributions (include	7 = 2 7 3 3 0	<u> </u>	101,292	5,7
;	section 401(k) and 403(b) employer contributions)	82,157	76 001	4 004	1
9 (	Other employee benefits	314,333	76,984 294,543		
0 1	Payroll taxes	125,085	<u>294,343</u> 117,209		1,0
1	Fees for services (non-employees):	123,003	117,209	7,451	4
	Management				
b l	Legal				
c /	Accounting				
d L					
	Professional fundraising services. See Part IV, line 17			500000000000000000000000000000000000000	
fl	nvestment management fees				
go	Other. (If line 11g amount exceeds 10% of line 25, column				
9 (	A) amount liet line 144 every 200 of line 25, column				
2 /	A) amount, list line 11g expenses on Schedule O.)				ings ings ge
	Advertising and promotion				4.
	Office expenses	11,577	10,529	1,027	2
lı	nformation technology				-
	Royalties				
- -	Occupancy	66,898	63,804	2,928	16
	ravel	100,695	100,695		
	ayments of travel or entertainment expenses	ĺ			
fc	or any federal, state, or local public officials				
	conferences, conventions, and meetings				
In	nterest	10,926	10,926		)
Ρ	ayments to affiliates				
D	epreciation, depletion, and amortization	19,507	19,507		
In	surance				
O	ther expenses. Itemize expenses not covered				
ab	pove (List miscellaneous expenses in line 24e. If				**
lin	e 24e amount exceeds 10% of line 25, column				2. 24
(A)	) amount, list line 24e expenses on Schedule O.)				
٠.	PROGRAM EXPENSES	91,768	91,768		***
	SUPPLIES	38,072		0 705	
	DUES & SUBSCRIPTIONS	33,690	35,091	2,785	19
	TELEPHONE		33,690		
	I other expenses		<u>25,436</u>	1,233	7
	tal functional expenses. Add lines 1 through 24e	77,250	70,193	6,598	4.5
Jo	int costs. Complete this line only if the	2,699,222	2,543,833	146,931	8,45
org froi fun	ganization reported in column (B) joint costs m a combined educational campaign and adraising solicitation. Check here				Andrew Andrew Andrew Andrew
£_11	lowing SOP 98-2 (ASC 958-720)			ĺ	The state of the s

**Balance Sheet** 

	Check if Schedule O contains a response or note to any line in this Part X			
		(A)	·····	(B)
$\Box$	1 Cash—non-interest bearing	Beginning of year		End of year
- 1	2 Savings and temporary cash investments		1	612,92
		100,121	2	100,17
	4 Accounts receivable net		3	36 V-
	Loans and other receivables from current and former officers, directors,	198,296	4	143,24
- }	trustees, key employees, and highest compensated employees.			44.
	Complete Part II of Schedule L			
ļ	Loans and other receivables from other disqualified persons (as defined under section	***************************************	5	¥-
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			-4
ا يو	organizations (see instructions). Complete Part II of Schedule L			•
Assets		10 410	6	See -
۶   ک	Inventories for sale or use	16,410	7	13 <b>,</b> 03
,	*****************************		8	12.10
1	Da Land, buildings, and equipment: cost or		9	round The
	other besis County D. 130 and 1			No. of the last of
}	b Less: accumulated depreciation 10a 604,724			
11	Investments—publicly traded societies	7,7,7,7	10c	430,935
12	Investments—other securities, See Bort IV, line 44		11	
13			12	<b>3</b> 37
14	Intangible assets		13	
15	Other assets See Port IV line 11		14	
16			15	##(14) 1865
17	Accounts payable and account owners	0.0 0.4 0.1	16	1,300,312
18	Cranto merchito		17	21,908
19	Deferred revenue		18	Manada org ty ty type type type type
20	***************************************		19	- CV 99
21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	Street Spirit
ဖ္တ 22	Loans and other payables to current and former officers, directors,	3,898	21	<u>1,790</u>
≝	trustees, key employees, highest compensated employees, and			
Liabilities	disqualified persons. Complete Part II of Schedule L			
⊐   23	Secured mortgages and notes payable to unrelated third parties		22	#-6
24	Unsecured notes and loans payable to unrelated third parties		23	280,3 <del>9</del> 4
25	Other liabilities (including federal income tax, payables to related third		24	
	parties, and other liabilities not included on lines 17-24). Complete Part X		-	an pagasan and a said a
	-101	140 024		Application of the second
26	or Schedule D  Total liabilities. Add lines 17 through 25		25	<u>178,154</u>
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	472,019 2	26	482,246
27 28 29 30 31 32	complete lines 27 through 29, and lines 33 and 34.			Parameter (Control of Control of
27	Unrestricted net assets	205 /17 .		000
28	Temporarily restricted net assets		27	<u>266,696</u>
29	Permanently restricted net assets		8	551,460
<b>:</b>	Organizations that do not follow SEAS 447 (ASC 050)		9	- Spine -
5	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	_		
31	Paid-in or capital surplus, or land, building, or only mont for d	3		
32	Retained earnings, endowment, accumulated income, or other funds	3	_	
33	Total net assets or fund balances	827,420 <b>3</b>		010 066
34	Total liabilities and net assets/fund balances	1 000 100		818,066
		1,299,439  3	*	1,300,312
				Form <b>990</b> (2018)
		<u>.</u>		
				~ (1 £
				tintes.
<b>A</b> '		**************************************		
		* *		

For	m 990 (2018) SOUTHWEST VA LEGAL AID SOCIETY, INC 54-0918255			e.,	ار 1944 مار در دو او شدا
P	Reconcination of Net Assets			<u>P</u>	Page 12
	Check if Schedule O contains a response or note to any line in this Part XI			•	<u> </u>
1	rotal totolide (must equal Part VIII, Column (A) line 17)	1		500	0.66
2					868
3					<u>, 222</u>
4					<u>, 354</u>
5	riot dinodileod gains (1035es) (ii) tilves[[f]ef][s	1 _ 1		12/	<u>,420</u>
6		6			1 32 1 12 7
7	* *************************************	7			A Tar State
8	· not ported adjustification	8			
9	Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at and of year Combine line 2.	9			- 15 A
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	-			7,000
1000000	33, column (B))	10	Ω	e1 O	066
	art XII Financial Statements and Reporting		0	10,	0,0,0
	Check if Schedule O contains a response or note to any line in this Part XII				
	·	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			1 68	100
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		— J		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<b>*******</b>	X
	if res, check a box below to indicate whether the financial statements for the year were compiled or	• • • • • • • • • • • • • • • • • • • •	20		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		20		
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			***********	3383 <b>8</b> 88
	of the addit, review, or compilation of its financial statements and selection of an independent accountant?		2c	$ \mathbf{x} $	100
	if the organization changed either its oversight process or selection process during the tax year, explain in		20		100
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			*******	
	the Single Audit Act and OMB Circular A-133?		3a	Y	25
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		.   3a		2.3
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		.   3b	x	5 8 do 10 do 10 do
				<sub>n</sub> 990	(2018)

### **SCHEDULE A** (Form 990 or 990-EZ)

**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.

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. SOUTHWEST VA LEGAL AID SOCIETY

Employer identification number

Part I Rea	son for Public Charit	ty Status (All organization	<u> </u>	INC	154-09	18255	Ų.
	of a private foundation beca	ty Status (All organization use it is: (For lines 1 through 12	is musi	comple	te this part.) See instruct	tions.	<u>.</u>
1 A church c	onvention of churches, or o	ruse it is. (For lines 1 through 12	2, check (	only one b	ox.)		. 43 6
2 A school de	escribed in section 170/by:	ssociation of churches describe	d in sect	ion 170(b	)(1)(A)(i).		
3 A hospital o	or a cooperative hospital ser	1)(A)(ii). (Attach Schedule E (Forvice organization described in s	orm 990 (	or 990-EZ)	.)		
4 A medical r	esearch organization onera	ted in conjunction with a baselie	ection 1	70(b)(1)(A	()(III).		
city, and sta	ate:	ted in conjunction with a hospita	ai describ	ed in sect	ion 170(b)(1)(A)(iii). Enter the	hospital's name,	÷.,
		it of a college or university and					45. 11.
section 170	O(b)(1)(A)(iv). (Complete Pa	it of a college or university owne	a or ope	rated by a	governmental unit described in	n	.1.
6 A federal, st	tate, or local government or	governmental unit described in	soction	470/5//4/	(4)/)		
7 X An organiza	tion that normally receives	a substantial part of its support	from a m	)(1)(0)011	A)(V).		10
described in	section 170(b)(1)(A)(vi). (	Complete Part II.)	nom a g	vemment	al unit or from the general pub	olic	ं
8 A communit	y trust described in section	170(b)(1)(A)(vi). (Complete Pa	art II.)				
9 An agricultu	ral research organization de	escribed in section 170/hV/1V/A	Viv) one	ated in co	niunction with a land grant and	la	i ji Vest
	or a non-land-grant college	of agriculture (see instructions	). Enter t	he name.	city, and state of the college o	r ege	4
							سوردند د
10 An organizat	tion that normally receives:	(1) more than 33 1/3% of its support functions	pport fror	n contribut	tions, membership fees, and o	iross	• • • • • •
	. donatics related to its exe	HIDLIUNCHOUS-SIDIECT to certa	in avcant	ione end	/?\ ma	S	
		and unrelated business taxable 30, 1975. See section 509(a)(2	IDAAMA /	lace sessio	m E 4 4 Amil Europe 1		7.5
11 An organizat	ion organized and operated	exclusively to test for public sa	foto Con	nete Part II	II.)		14.3
12 An organizat	ion organized and operated	exclusively for the benefit of to	norform	tha formati			
							***
	The timough 12d	mar describes the type of Suppo	ora pnima	anization a	and complete lines 12e, 12f a	nd 12a	4.4
" Lype I. A	r aubbouning organization of	Derated supervised or controlle	d hy ite e	upported.	organization/s) to the termination	ria 129.	15.3
יקקשט טייי	orted organization(3) tile po	wer to requiativ appoint or elect	a maiori	ty of the d	irectors or trustees of the	any .	E.
	ig organization. Tou must (	complete Part IV, Sections A a	and B.				14014
control or	A supporting organization si	upervised or controlled in conne	ction with	n its suppo	orted organization(s), by having	g	
	management of the suppo	orting organization vested in the Part IV, Sections A and C.	same pe	rsons that	control or manage the suppor	ted	,
c Type III f	unctionally integrated A	supporting organization and C.					4
its suppor	rted organization(s) (see ins	supporting organization operate structions). <b>You must complet</b> e	o in conn Part IV	ection with	n, and functionally integrated v	vith,	
u iype iii n	ion-functionally integrated	d. A supporting organization one	arated in	connection	n saidh ian na mar an an an an	· · · · · · · · · · · · · · · · · · ·	
	randadiany integrated, 171	e viualiization deneraliv milet e	atiety a d	ietribution	rominous and and an incident	on(s)	
	ont (see manuchons). Tou i	must complete Part IV. Sectio	ns A and	ID and P	art V	.000	
e   Check this	s box if the organization rec	Rived a written determination fo	+b- 17	00 44 -4 14 1	s a Type I, Type II, Type III		1.3
	nber of supported organizati	ii-iuiiciionaliy integrated suppor	ting orga	nization.			
g Provide the fo	lowing information about the	ne supported organization(s).					
(i) Name of supported	(II) EIN		T				
organization	(1) (1)	(iii) Type of organization (described on lines 1–10	(IV) is the	organization our governing	(v) Amount of monetary	(vi) Amount of	3 T 30
		above (see instructions))	docu	iment?	support (see instructions)	other support (see instructions)	The second
			Yes	No		mandchons)	
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B)							
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Se	Part III. If the organization ction A. Public Support	on rails to quality	under the tests	listed below, p	olease comple	te Part III.)	
Cal	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(a) 2019	20 T 1 1 22
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the	2,236,102		2,266,238		(e) 2018 2, 673, 992	<b>(f)</b> Total 12,316,69
-	organization's benefit and either paid to or expended on its behalf						en e de la companya d
3	The value of services or facilities furnished by a governmental unit to the organization without charge						je.
4	Total. Add lines 1 through 3	2,236,102	2,460,292	2,266,238	2,680,074	2,673,992	12 216 60
5	The portion of total contributions by				2/000/0/4	2,673,992	12,316,69
	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)						egen and a second
6	Public support. Subtract line 5 from line 4						7 to 19 to
	ction B. Total Support						12,316,698
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(c) 2040	1313)
7	Amounts from line 4	2,236,102	2,460,292	2,266,238	(d) 2017	(e) 2018	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			2,200,238	2,680,074	2,673,992	12,316,698
_		369	159	136	407	2,193	3,264
9	Net income from unrelated business activities, whether or not the business is regularly carried on						6.92
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	11,017	6,965	70,271	20 671	10.00	enta Mort
1	Total support. Add lines 7 through 10		5/255	70,271	29,671	13,683	131,607
2	Gross receipts from related activities, etc.	(see instructions)				12	12,451,569
3	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	h. or fifth tax vear	as a section 501/	2)(3)	45,953
-	organization, check this box and stop her	9			as a section 501(t	J)(3)	
ec	tion C. Computation of Public Su	pport Percenta	ige				2.33
4	Public support percentage for 2018 (line 6, Public support percentage from 2017 Sche	, column (f) divided l	by line 11, column	<b>(f)</b> )		14	98.92 <b>%</b>
5 e-	Tappett personning month 2017 Oction	Judio M. Pait II. IIIIe	14			4=	98.71%
6a	33 1/3% support test—2018. If the organi	zation did not check	The box on line 13	and line 14 ie 33	1/3% or more, che	eck this	7. V.
	box and stop nere. The organization qualit	ries as a publicly sur	oported organizatio	n			<b>▶</b> 🗓
	33 1/3% support test—2017. If the organization and stop here. The argument is a	zation did not check	a box on line 13 or	r 16a. and line 15 i	is 33 1/3% or mor	e, check	
7a	this box and stop here. The organization q	lualifies as a publicly	supported organiz	ation	*******		▶-
-	10%-facts-and-circumstances test—2018	b. If the organization	odd not check a bo	ox on line 13, 16a,	or 16b, and line 1	4 is	-: <u>-</u> -:-
	10% or more, and if the organization meets	s the Tacts-and-circu	umstances" test, ch	eck this box and s	<b>stop here.</b> Explair	ı in	EU.
	Part VI how the organization meets the "factorganization 10%-facts-and-circumstances test-2013"						
	2011	i. II the organization	did not check a bo	x on line 13 16a	16h or 17a and 1	ine	
	15 is 10% or more, and if the organization r Explain in Part VI how the organization mee supported organization	ets the "facts-and-ci	rcumstances" test.	The organization of	qualifies as a publ	icly	a di la
3	Private foundation. If the organization did	not check a box on	iine is. Iba. Ibb i	/a or 17h chack	thic hav and acc		
	instructions					*******************	►Í

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.

	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					*	(//
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						36
5	The value of services or facilities furnished by a governmental unit to the organization without charge						9.7 2.3 2.4 2.4
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						And and and and and and and and and and a
	Add lines 7a and 7b						<u> </u>
8	Public support. (Subtract line 7c from line 6.)						47
Sec	tion B. Total Support						ii.
	4		T				, A
9	A	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_	*************						
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						O C C Property Transfer
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					· · ·	200 and 100 an
	Other income. Do not include gain or loss from the sale of capital assets						distriction of the second of t
3	Total support. (Add lines 9, 10c, 11,						Secretary Secretary
٠.	First five years. If the Form 990 is for the organization, check this box and stop here	organization's first,	, second, third, fou	rth, or fifth tax year	as a section 501	(c)(3)	244
4	ion C. Computation of Public Su	pport Porcent				<u></u>	<u>,</u> ▶. [.
ect	Dublic comparation of 1 abile ou	pport rercent	aye				
ect	PUDIC SUDDON Dercentage for 2018 (line 9	column (1), alvided	by line 13, colum	n (f))		15	%
;	Public support percentage for 2018 (line 8, Public support percentage from 2017 Scho	dula A. Dark III. II				16	%
	Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche	uule A. Part III. Iine	9 15				
ect	ion D. Computation of Investmen	nt Income Per	entage				70
ect	on D. Computation of Investmer Investment income percentage for 2018 (lir	nt Income Pero ne 10c, column (f),	centage divided by line 13,	column (f))		17	%
ect	ion D. Computation of Investmer Investment income percentage for 2018 (linustment income percentage from 2017 S	nt Income Perone 10c, column (f), Schedule A. Part II.	centage divided by line 13,	column (f))		17	ann a
ect	ion D. Computation of Investmer Investment income percentage for 2018 (lin Investment income percentage from 2017 5 33 1/3% support tests—2018. If the organ	nt Income Perone 10c, column (f), Schedule A, Part II.	centage divided by line 13, I, line 17 ck the box on line	column (f))	oore than 22 1/20/	17 18	% %
ect	ion D. Computation of Investmer Investment income percentage for 2018 (lin Investment income percentage from 2017 State of the Investment income percentage from 2017 State of the Investment income percentage from 2017 State of the Investment income percentage from 2017 State of the Investment income percentage from 2018 (lin Investment income percentage from 2017 State of Investment income percentage from 2017 State of Investment income percentage from 2017 State of Investment income percentage from 2017 State of Investment income percentage from 2017 State of Investment income percentage for 2018 (lin Investment income percentage from 2017 State of Investment income percentage for 2018 (lin Investment income percentage from 2017 State of I	nt Income Perone 10c, column (f), Schedule A, Part II. ization did not check and stop here. T	centage divided by line 13, l, line 17 ck the box on line the organization gu	column (f))  14, and line 15 is n	nore than 33 1/3%	17 18 , and line	% %
ect	ion D. Computation of Investmer Investment income percentage for 2018 (lin Investment income percentage from 2017 5 33 1/3% support tests—2018. If the organ	nt Income Percent 10c, column (f), Schedule A, Part III. ization did not check and stop here. Tization did not check and stop here. Tization did not check and stop here.	divided by line 13, l, line 17 ck the box on line the organization quick a box on line 14	column (f))  14, and line 15 is nullifies as a publich	nore than 33 1/3% y supported organ	17 18, and line ization	% %

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Schedule A (Form 990 or 990-EZ) 2018

### Page 4

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### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Sch	edule A (Form 990 or 990-EZ) 2018 SOUTHWEST VA LEGAL AID SOCIETY, INC 54-0918:	255		100
	art IV Supporting Organizations (continued)	<u> 255</u>		Page
				170
11	and of garmanian accepted a gift of contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			1.50
	below, the governing body or a supported organization?	44-		4
	b A family member of a person described in (a) above?	11a		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b		
<u>5e</u>	ction B. Type I Supporting Organizations	1110		1 30
4	District the second sec		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
_	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,			
Sec	supervised, or controlled the supporting organization.  tion C. Type II Supporting Organizations	2		
	The in Supporting Organizations			dospital.
1	Were a majority of the organization's directors or trustees during the		Yes	No
	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 prospiration was vested in the same of the supporting prospiration was vested in the same of the supporting prospiration was vested in the same of the supporting prospiration was vested in the same of the supporting prospiration was vested in the same of the supporting prospiration was vested in the same of the supporting prospiration was vested in the same of the supporting prospiration was vested in the same of the supporting prospiration was vested in the same of the supporting prospiration was vested in the same of the supporting prospiration was vested in the same of the supporting prospiration was vested in the same of the supporting prospiration was vested in the same of the supporting prospiration was vested in the same of the same of the supporting prospiration was vested in the same of the sam			φ.,
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Sec	tion D. All Type III Supporting Organizations	11		33
				2.53
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	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			James .
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	***********	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			-
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2	**********	****
	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			<b>W</b>
	supported organizations played in this regard			
Sect	ion E. Type III Functionally-Integrated Supporting Organizations	3	L	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		:	Maria de la compania del compania del la compania del compania de la compania de la compania del compania d
a	The diguilization satisfied the Activities Test. Complete line 2 below.	•		(e)
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)	lions)	. 195	(22)
2				
	Activities Test. Answer (a) and (b) below.	. 「	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Ves " then in Part VI Identific			
	those supported organizations and explain how these activities directly furthered their exempt purposes			***
	now the organization was responsive to those supported organizations, and how the organization determined			
<b>L</b>	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the digarization's supported organization(s) would have been engaged in? If "Yes " explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
•	activities but for the organization's involvement.	2b	000000000000000000000000000000000000000	() ()

Parent of Supported Organizations. Answer (a) and (b) below. 3

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? 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. DAA

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	Yes	No
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Type III Non-Functionally Integrated 500(2) 2018	SOCIETY	TNC 54 0010	NO E E
- 1750 in Non-1 directionally integrated 509(a)(3) Support	ina Oraanizat	iono	
The organization satisfied the Integral Part Test as a qualifying tr	rust on Nov. 20. 1	970 (ovelein in Best 14)	<u> </u>
instructions. All other Type III non-functionally integrated supporting organization	ations must comp	eto Soctions A through 5	500
Section A - Adjusted Net Income	ations must comp		
		(A) Prior Year	(B) Current Year
1 Net short-term capital gain	1	- <u> </u>	(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		Andrew S
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		Acceptance of the Control of the Con
Portion of operating expenses paid or incurred for production or			(-)
collection of gross income or for management, conservation, or	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		1,2,0
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		· · · · · · · · · · · · · · · · · · ·	(P) C.:
	i	(A) Prior Year	(B) Current Year
Aggregate fair market value of all non-exempt-use assets (see			(optional)
instructions for short tax year or assets held for part of year):			4960.0
Average monthly value of securities	1a		Carrent Carrent
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			77.2
see instructions).	4	***	9 17 19 19 19 19 19 19 19 19 19 19 19 19 19
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			
			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		N 1
2 Enter 85% of line 1.	2		1177
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		######################################
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			ingalana. Pagara
emergency temporary reduction (see instructions).	6		April 100
7 Check here if the current year is the organization's first as a non-functionally inter-	grated Type III ev	pporting organization (	9
instructions).	3	pporting organization (se	B

Schedule A (Form 990 or 990-EZ) 2018

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instructions).

	ule A (Form 990 or 990-EZ) 2018 SOUTHWEST VA LEG	AL AID SOCIET	Y, INC 54-091	8255
******	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organiz	zations (continued)	0233 Pag
Sect	tion D - Distributions		, , , , , , , , , , , , , , , , , , , ,	
1	Amounto noid to assess the			Current Year
2	Amounts paid to supported organizations to accomplish exempt pur	poses		800
~	Amounts paid to perform activity that directly furthers exempt purpos organizations, in excess of income from activity	ses of supported	Α,	
3			V	
4	Administrative expenses paid to accomplish exempt purposes of sup Amounts paid to acquire exempt-use assets	oported organizations		
5	Qualified set-aside amounts (prior IRS approval required)			7 (7) V
6	Other distributions (describe in Part VI). See instructions.			1 Ten
7	Total annual distributions. Add lines 1 through 6.			20. T
8	Distributions to attentive supported experiently at the state of the s			19.50 40.50
•	Distributions to attentive supported organizations to which the organi (provide details in <b>Part VI</b> ). See instructions.	zation is responsive		
9	Distributable amount for 2018 from Section C, line 6			Soja a
10	Line 8 amount divided by line 9 amount			Her
	and a mood of mile of annount		1	Con a shapping
	Section E - Distribution Allocations (see instructions)	(i)	(ii)	(III) * ~ * * * * * * * * * * * * * * * * *
		Excess Distributions	Underdistributions	Distributable
1	Distributable amount for 2018 from Section C, line 6		Pre-2018	Amount for 2018
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required-explain in Part VI). See			7.77
	instructions.			<del>21122</del>
	Excess distributions carryover, if any, to 2018			****
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
<u>g</u> ,	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
_ ! :	Carryover from 2013 not applied (see instructions)			
!	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
_	Distributions for 2018 from			777
	Section D, line 7: \$			e de la companya del companya de la companya del companya de la co
	Applied to underdistributions of prior years			77.44
	Applied to 2018 distributable amount			P*** + 16)
5 F	Remainder. Subtract lines 4a and 4b from 4.	***************************************		
9	Remaining underdistributions for years prior to 2018, if			-
ď	any. Subtract lines 3g and 4a from line 2. For result preater than zero, explain in <b>Part VI</b> . See instructions.			944.
6 R	Remaining underdistributions for 2018. Subtract lines 3h			<del>(Fig.</del>
а	and 4b from line 1. For result greater than zero, explain in			5 % S
P	Part VI. See instructions.			
	excess distributions carryover to 2019. Add lines 3j			No. State of the S
a	nd 4c.			
	reakdown of line 7:			
	xcess from 2014			
	xcess from 2015			
	xcess from 2016			77
	xcess from 2017			#544 <u>.</u> -
	xcess from 2018			200
				999

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (For	Supplemental Information Provide the evaluation and SOCIETY, INC	E 4 0014	0055		***
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, 3a, and 3b; Part V, line 1; Part V, Section B, line 1c; Part V, Section D, lines 2 and 3; Part IV, 3a, and 3b; Part V, line 1; Part V, Section B, line 1c; Part V, Section D, lines 2 and 3; Part IV, 3a, and 3b; Part V, line 1; Part V, Section B, line 1c; Part V, Section D, lines 2 and 3c; Part IV, Section D,	Part II, line , and 11c; V, Section	17a or Part IV,	Section	
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, a lines 2, 5, and 6. Also complete this part for any additional information. (See instru	and 8; and ctions )	Part V, S	Section E,	<u></u>
PART I	I, LINE 10 - OTHER INCOME DETAIL	040110.)		· · · · · · · · · · · · · · · · · · ·	11
MISCEL	LANEOUS \$ 131,607			· · · · · · · · · · · · · · · · · · ·	
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### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Go to www.irs.gov/Form990 for instructions and the latest information.

► Attach to Form 990 or Form 990-EZ.

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

•	Section 501(c)(3) organizations: Complete Parts I-A an	d B. Do not complete Part I.C	•		s), uieii
	Section 501(c) (other than section 501(c)(3)) organizati	ons: Complete Parts I-A and C I	selow. Do not comp	ulata Dart I D	
•	occion 327 organizations: Complete Part I-A only.				
lf t	he organization answered "Yes," on Form 990, Part I	V, line 4. or Form 990-FZ Par	VI line 47 /I obby	don Antivition Alexandria	 1
	5/ and so to to to to the second seco	68 (election under section 501/k	W. Complete Dest I		75
	The Follows of the Follows that have NOT like Follows	IM 3/68 (election under section	501/h)\\		
	Parties and the rest of the same and the sam	V, line 5 (Proxy Tax) (see sepa	rate instructions)	or Form 990 E7 Box	ete Part II-A.
				or rollin 990-EZ, Part	v, line 35c (Proxy
-	Section 501(c)(4), (5), or (6) organizations: Complete P	art III.			$\frac{\tilde{\chi}}{\chi}$ .
Nar	ne of organization			Employer ide	ntification number
	SOUTHWEST VA LEGA	L AID SOCIETY,	INC	1 5 4 0010	055
	Complete if the organization is e	xempt under section 50°	(c) or is a sect	ion 527 organizat	ion
1	treating a description of the organization's direct and i	indirect political campaign activit	ies in Part IV. (see	instructions for	
_	definition of political campaign activities")		(200		es).
2	Political campaign activity expenditures (see instruction	ons)		<b>▶</b> \$	14
3	Volunteer hours for political campaign activities (see in	nstructions)		······	• • • • • • • • • • • • • • • • • • • •
	rt I-B Complete if the organization is e	xempt under section 501	(c)(3).		
1	Enter the amount of any excise tax incurred by the ord	lanization under section 4055		<b>&gt;</b> \$	2.7
2	Enter the amount of any excise tax incurred by organize	zation managers under section 2	955	••••••••••••••••••••••••••••••••••••••	
3	o manage a decision 4955 tax, did it ill			·····	Voc DNo
	Was a correction made?			*******************	Ves No
	and the same of th				[] 163 [] NO
	Enter the amount directly accorded by the	cempt under section 501	(c), except sec	tion 501(c)(3).	to describe
1	Emer the amount directly expended by the filing organi	ization for section 527 exempt fu	ınction		
2	activities			<b>&gt;</b> \$	404.
	Enter the amount of the filing organization's funds conf				170-1
	F27	tributed to other organizations fo	r section		in the second second second second second second second second second second second second second second second
2	527 exempt function activities			<b>▶</b> s	Apple de la Companya
3	Total exempt function expenditures. Add lines 1 and 2.	Enter here and on Form 1120-F	 POL,		
	Total exempt function activities  Total exempt function expenditures. Add lines 1 and 2. line 17b	Enter here and on Form 1120-F	 POL,		And the second s
4	Total exempt function activities  Total exempt function expenditures. Add lines 1 and 2. line 17b  Did the filing organization file Form 1120-POL for this variable.	Enter here and on Form 1120-F	POL,	<b>&gt;</b> \$	
	Total exempt function activities  Total exempt function expenditures. Add lines 1 and 2. line 17b  Did the filing organization file Form 1120-POL for this y  Enter the names, addresses and employer identification	Enter here and on Form 1120-F	POL,	<b>&gt;</b> s	Yes No
4	Total exempt function activities  Total exempt function expenditures. Add lines 1 and 2. line 17b  Did the filing organization file Form 1120-POL for this yenter the names, addresses and employer identification organization made payments. For each organization lise	Enter here and on Form 1120-F year? n number (EIN) of all section 52	POL, 7 political organizati	ions to which the filing	Yes No
4	Total exempt function activities  Total exempt function expenditures. Add lines 1 and 2. line 17b  Did the filing organization file Form 1120-POL for this y  Enter the names, addresses and employer identification organization made payments. For each organization lise the amount of political contributions received that were	Enter here and on Form 1120-F year? n number (EIN) of all section 52 ted, enter the amount paid from	POL, 7 political organizati	ions to which the filing on's funds. Also enter	Yes No
4	Total exempt function activities  Total exempt function expenditures. Add lines 1 and 2. line 17b  Did the filing organization file Form 1120-POL for this y  Enter the names, addresses and employer identification organization made payments. For each organization lis the amount of political contributions received that were as a separate segregated fund or a political action com	Enter here and on Form 1120-F year? n number (EIN) of all section 52 ted, enter the amount paid from	POL, 7 political organizati	ions to which the filing on's funds. Also enter	Yes No
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4	Total exempt function activities  Total exempt function expenditures. Add lines 1 and 2. line 17b  Did the filing organization file Form 1120-POL for this y  Enter the names, addresses and employer identification organization made payments. For each organization lis the amount of political contributions received that were as a separate segregated fund or a political action com	Enter here and on Form 1120-F year? n number (EIN) of all section 52' ted, enter the amount paid from promptly and directly delivered to mittee (PAC). If additional space	POL, 7 political organizati the filing organizati o a separate politic	ions to which the filing on's funds. Also enter al organization, such information in Part IV.	
4	Total exempt function activities  Total exempt function expenditures. Add lines 1 and 2. line 17b  Did the filing organization file Form 1120-POL for this y  Enter the names, addresses and employer identification organization made payments. For each organization lis the amount of political contributions received that were as a separate segregated fund or a political action com	Enter here and on Form 1120-F year? n number (EIN) of all section 52' ted, enter the amount paid from promptly and directly delivered to mittee (PAC). If additional space	POL, 7 political organizati the filing organizati o a separate politic	ions to which the filing on's funds. Also enter al organization, such information in Part IV.  (d) Amount paid from filing organization's	Yes No  No  (e) Amount of political contributions received and-promptly and directly delivered to a separate
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(1)	Total exempt function activities  Total exempt function expenditures. Add lines 1 and 2. line 17b  Did the filing organization file Form 1120-POL for this y  Enter the names, addresses and employer identification organization made payments. For each organization lis the amount of political contributions received that were as a separate segregated fund or a political action com	Enter here and on Form 1120-F year? n number (EIN) of all section 52' ted, enter the amount paid from promptly and directly delivered to mittee (PAC). If additional space	POL, 7 political organizati the filing organizati o a separate politic	ions to which the filing on's funds. Also enter al organization, such information in Part IV.  (d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization, if none, enter -0.
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(1) (2) (3)	Total exempt function activities  Total exempt function expenditures. Add lines 1 and 2. line 17b  Did the filing organization file Form 1120-POL for this y  Enter the names, addresses and employer identification organization made payments. For each organization lis the amount of political contributions received that were as a separate segregated fund or a political action com	Enter here and on Form 1120-F year? n number (EIN) of all section 52' ted, enter the amount paid from promptly and directly delivered to mittee (PAC). If additional space	POL, 7 political organizati the filing organizati o a separate politic	ions to which the filing on's funds. Also enter al organization, such information in Part IV.  (d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization, if none, enter -0.
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Scriedule C (Form 990 or 990-E)	Z) 2018 SOUTH	WEST VA	LEGAL ATD S	$\bigcirc$	TNC E4 00100		40
	uio oigainz	ation is exen	npt under section	501(c)(3) a	1NC 54-09182 nd filed Form 5768 (	election under	Page
		belongs to an a	effiliated group (and	liet in Double			jų.
addres	ss, EIN, expenses	and share of	excess lobbying exp	iist in Part IV 6	each affiliated group me	ember's name,	3
B Check ▶ ☐ if the f	iling organization	checked hov A	and "limited control"	enaitures).			فينؤى
	l imite on Lobi	by in a Eye	and limited control	provisions ap	ply.		e e An
(The term '	Limits on Lobi	oying Expend	oitures s paid or incurred.)		(a) Filing	(b) Affiliated	A service
1a Total lobbying expendit	ures to influence nut	lic opinion (groot	s paid or incurred.		organization's totals	group totals	₹U-!
b Total lobbying expendite	ures to influence a le	raislative body (d	is roots lobbying)				
c Total lobbying expenditu	ures (add lines 1a ar	ogisiative body (d od 16)	irect lobbying)				
d Other exempt purpose e	expenditures	id 1b)					
e Total exempt purpose e	xpenditures (add line	 es 1c and 1d)	**********				 N 81
f Lobbying nontaxable an	ount. Enter the amo	ount from the follo					
_columns.			owing table in both		ļ		je 2
If the amount on line 1e,	column (a) or (b) is	The lobbying n	ontaxable amount is:				
Not over \$500,000		20% of the amo					
Over \$500,000 but not ove	r \$1,000,000		5% of the excess over \$5	200,000			
Over \$1,000,000 but not ov			0% of the excess over \$1				
Over \$1,500,000 but not ov			% of the excess over \$1,				
Over \$17,000,000		\$1,000,000.	70 OF the excess over \$1,	500,000.			2000 2000 2000 2000 2000 2000 2000 200
g Grassroots nontaxable a	mount (enter 25% o	fling 16					
h Subtract line 1g from line	a 1a. If zero or less,	enter -0-					all the
i Subtract line 1f from line	1c. If zero or less, e	nter -0-		,			** reservables
j If there is an amount other	er than zero on eithe	r line 1h or line 1	i. did the organization				
reporting section 4911 ta	x for this year?		and the organization	1110 1 01111 4720			7 v
	tions that made a	4-Year Averag a section 501(I	ing Period Linder (	Section 501(h nave to compl	) ete all of the five colu	mns below.	No
	Lobb	ying Expendit	ures During 4-Yea	Averaging P	Period		
Calendar year (or fisca	al vear			Averaging	eriod		risset 4
beginning in)	ar your	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total	
2a Lobbying nontaxable amo	ount						- 2
b Lobbying ceiling amount						***	
(150% of line 2a, column	(e))						and the second
c Total lobbying expenditure	es						Lo
d Grassroots nontaxable am	nount						No
e Grassroots ceiling amount				×		1	200
(150% of line 2d, column (							The second
(10070 of fille 20, column (	e))						21.4
f Grassroots jobbying average	adituura –		İ			T	

Schedule C (Form 990 or 990-EZ) 2018

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Schedule C (Form 990 or 990-EZ) 2018 SOUTHWEST VA LEGAL AID SOCIETY, INC 54-0918255 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed (a) (b) description of the lobbying activity. Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? X d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? Χ g Direct contact with legislators, their staffs, government officials, or a legislative body? X h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Yes No Did the organization make only in-house lobbying expenditures of \$2,000 or less? 343-44 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of 100 political expenses for which the section 527(f) tax was paid). والمراجعة والمراجعة a Current year b Carryover from last year 2b لهيدون 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2018 SOUTHWEST VA LEGAL AID SOCIETY, INC 54-0918255  Part V Supplemental Information (continued)	Page 4
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### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

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

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

Name of the organization Employer identification number SOUTHWEST VA LEGAL AID SOCIETY, INC 54-0918255 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 2.... 201: (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used No only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2b Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year No Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Yea. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and No balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Trans Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. No b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 fidal. (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018 SOUTHW Part III Organizations Maintai 3 Using the organization's acquisition, acc	mina conscions vi	LAPT Historiaa	I Tee			e (continue	P
3 Using the organization's acquisition, accollection items (check all that apply):	cession, and other record	ls, check any of the	following tha	t are a significant u	se of its	s (conunue	<u>(a)</u>
a Public exhibition				•			
b Scholarly research	d	Loan or exchange	programs				
- Landiany rescarcit	e	Other					
Li Troot fattor for fattare generations							
4 Provide a description of the organization XIII.	's collections and explair	n how they further t	he organizatio	n's exempt purpose	e in Part		
- and your, did the organization sol	cit or receive donations of	of art, historical trea	sures, or othe	er similar			
assets to be sold to faise funds rather th	an to be maintained as n	art of the organizat	ion's collectio	n?		Yes	Г
	Allanuements.						
Complete if the organiza	tion answered "Yes"	' on Form 990, ∣	Part IV, line	9, or reported	an amount	on Form	
						0	
1a Is the organization an agent, trustee, cus	todian or other intermedi	ary for contribution	s or other ass	ets not	<del> </del>		
moraded on Folin 990, Part X?						Yes	X
b If "Yes," explain the arrangement in Part	XIII and complete the following the complete the following the complete the following the complete the following the complete the following the complete the following the complete the following the complete the following the complete the following the complete the following the complete the following the complete the following the complete the following the complete the following the complete the following the complete the following the complete the following the complete the complete the following the complete the comp	lowing table:			***********	res	
a Basis I I I						Amount	
<ul><li>c Beginning balance</li><li>d Additions during the year</li></ul>					1c	- Antodric	
					1e		
f Ending balance a Did the organization include an amount o	******		• • • • • • • • • • • • • • • • • • • •		1f		
						<u> </u>	_
www.common.	KIII. Check here if the ext	planation has been	provided on E	ont vill		X Yes	_
and a second sec						······	X
Complete if the organizat	ion answered "Yes"	on Form 990 P	art IV line	10			***
	(a) Current year	(b) Prior year	(c) Two ye			T :	
Beginning of year balance		,, , , , , , , , , , , , , , ,	(S) I WO YE	als back (d) Thr	ee years back	(e) Four year	s b
Contributions			-		•	<del></del>	
Net investment earnings, gains, and							
losses						ļ	
Grants or scholarships			+			·-	
Other expenditures for facilities and							
programs Administrative expenses	1			1			
Administrative expenses							
End of year balance			<del> </del>				
Provide the estimated percentage of the c	Urront was and balance						
Board designated or quasi-endowment		line 1g, column (a)	) held as:				
Dormonant and a	, <b>%</b>						
Temporarily restricted endowment							
The percentages on lines 25. 25. 5.4.2	······ %					P.	
The percentages on lines 2a, 2b, and 2c si	nould equal 100%.			•			-
Are there endowment funds not in the possorganization by:	ession of the organizatio	n that are held and	administered	for the			Ċ
organization by:						Yes	,
						3a(i)	H
(ii) related organizations If "Yes" on line 3a(ii), are the related organi				*****************			-
If "Yes" on line 3a(ii), are the related organi Describe in Part XIII the intended uses of the	zations listed as required	on Schedule R?				3a(ii)	-
		nent funds.				3b	
nt VI Land, Buildings, and Equ	Jipment						
Committee and Co	n answered "Yes" o	n Form 990. Pa	rt IV. line 1	1a See Form 0	00 Dody	line 40	
Complete if the organization	(a) Cost or other basis	(b) Cost or o	ther basis	(a) Assumulated	90, Part X,		
Complete if the organizatio	(=) Cool of Other Dasis	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J	(c) Accumulated depreciation	Í	(d) Book value	Ť
Complete if the organizatio	(investment)	(othe	er) i				411
Complete if the organization  Description of property  Land	(investment)	(othe		approciation	********		-
Complete if the organizatio  Description of property  Land  Buildings	(investment)		48,826			48,8	32
Complete if the organizatio  Description of property  Land  Buildings	(investment)			105,5	511	0.0.0	
Complete if the organizatio  Description of property  Land  Buildings  Leasehold improvements	(investment)	4.	48,826 39,435	105,5			32 92
Complete if the organizatio  Description of property  Land  Buildings	(investment)	4.	48,826			333,9	

Part VII	Investments—Other Securities. Complete if the organization answered	"Yes" on Form 000 Dawn	/ lime 441 =	_
	Complete if the organization answered (a) Description of security or category	(b) Book value	/, line 11b. See	: Form 990, Part X, line 12.
	(including name of security)	(5) SOOK Valida		(c) Method of valuation: Cost or end-of-year market value
) Financial	derivatives			Cost of end-or-year market value
) Closely-he	eid equity interests			
,	**********			
	Adamson	•		
\ <del>\</del> ,	***********			
	***************************************			
( <del>)</del> / _(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.			
Part VIII	Investments—Program Related.	) ▶		
*******	Complete if the organization answered	"Voo" on Farm 000 D		
	Complete if the organization answered (a) Description of investment	res on Form 990, Part IV	line 11c. See	Form 990, Part X, line 13.
		(b) Book value		(c) Method of valuation:
)				Cost or end-of-year market value
<u> </u>				
)				
) al. (Column	(b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>		
) al. (Column art IX	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
al. (Column art IX	Other Assets.		line 11d. See F	Form 990 Part X line 15
al. (Column art IX	(b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered " (a) Desc.	Yes" on Form 990, Part IV,	line 11d. See F	
il. (Column art IX	Other Assets.  Complete if the organization answered "	Yes" on Form 990, Part IV,	line 11d. See F	Form 990, Part X, line 15.
al. (Column art IX	Other Assets.  Complete if the organization answered "	Yes" on Form 990, Part IV,	line 11d. See F	
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al. (Column art. IX	Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15	Yes" on Form 990, Part IV,		(b) Book value
al. (Column art IX	Complete if the organization answered "  (a) Desc  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Y	Yes" on Form 990, Part IV, oription  Yes" on Form 990, Part IV, I		(b) Book value
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. (Column (I	Complete if the organization answered "  (a) Description of liability  (b) must equal Form 990, Part X, col. (B) line 15.)  (c) Description of liability  (d) Description of liability  (e) VACATION PAY	Yes" on Form 990, Part IV, oription  Yes" on Form 990, Part IV, I	ne 11e or 11f.	(b) Book value
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organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

chedule D (Form 990) 2018 SOUTHWEST VA LEGAL A	11D DOCTETT, INC	<u>94-0918255</u>	Pa
Complete if the organization answered "Ves" of	ancial Statements With Re	enue per Return.	
state of the support per audited financial statem	nents	3.	
		<u>1</u>	2,755,6
a Net unrealized gains (losses) on investments	2a		
and use of facilities	01-	65,776	
The state of prior jour grants	1 0 - 1		
Add Bass 6- 45 - 1 - 2	<b>_2d</b>		
The man and the control of the contr		2e	65,7
Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	2,689,8
Investment expenses not included on Form 990, Part VIII, line 7b	1 1		
Other (Describe in Part XIII.)	4a		
· ····································			
	L. line 12 )		
reconclination of Expenses per Audited Fina	ancial Statemente With Ev		2,689,8
- The organization answered "Yes" or	n Form 990. Part IV line 12a	benses per Return.	***
rotal expenses and losses per audited financial statements			2,764,9
Amounts included on line 1 but not on Form 990. Part IX line 25.			2,704,9
Donated services and use of facilities  Prior year adjustments	2a	65,776	
On the state of th	2b		
	i an i		į
Other (Describe in Part XIII.) Add lines 2a through 2d	2d		%,
Add lines 2a through 2d Subtract line 2e from line 1		2e	65,7°
Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		3	2,699,22
Investment expenses not included on Form 990, Part VIII, line 7b			į,
Other (Describe in Part XIII.)  Add lines 4a and 4b	4a		i i
The same of the cold AD			
			re-
Total expenses: Add lines 3 and 4C. (This must equal Form 900 Port	I, line 18.)	4c	2 600 06
n XIII. Supplemental Information.	I, line 18.)	5	2,699,22
T XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9: Part III, lines 4.	I, line 18.)	5	2,699,22
Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1  t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this	I, line 18.)	Part V, line 4; Part X, line	2,699,22
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Part XIII Supplemental Information (continued)	Page
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### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2018

QUIO
Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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

| Inspection | Employer identification number

SOUTHWEST VA LEGAL AID SOCIETY, INC 54-0918255 FORM 990, PART I, LINE 6 NINE PRIVATE ATTORNEYS PROVIDED PRO BONO LEGAL SERVICES. ONE SUMMER INTERN PROVIDED OFFICE SERVICES. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE AUDITOR SUBMITS A DRAFT VERSION OF THE FORM 990 TO THE DEPUTY DIRECTOR OF THE ORGANIZATION. THE DEPUTY DIRECTOR, EXECUTIVE DIRECTOR AND BOOKKEEPER REVIEW THE FORM 990 FOR ACCURACY AND COMPLETENESS. A FINAL DRAFT IS MADE AVAILABLE ELECTRONICALLY TO THE FULL BOARD. THE FULL BOARD MAKES A DECISION ABOUT WHETHER OR NOT TO APPROVE THE FORM 990. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE MEMBERS OF THE BOARD OF DIRECTORS AND SVLAS EMPLOYEES ARE MADE AWARE THE SVLAS CONFLICTS OF INTEREST POLICY AT ORIENTATION. THE POLICY IS MONITORED AND ENFORCED BY THE EXECUTIVE DIRECTOR AND DEPUTY DIRECTOR WHO APPROVE ALL PROGRAM CONTRACTS AND EXPENDITURES. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES BASED ON COMPARABILITY DATA MADE AVAILABLE TO THEM FROM INDEPENDENT SOURCES. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION SVLAS MAKES ITS GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S FORM 990, ANNUAL

Schedule O (Form 990 or 990-EZ) (2018)

90115 SOUTHWEST VA LEGAL AID SOCIETY, INC 54-0918255 Federal Statements 54-0918255

4/18/2019 12:59 PM

Page 1

FYE: 12/31/2018

### Taxable Interest on Investments

Description				· . · :
INTEREST	Amount	Unrelated Exclusion Business Code	Postal Acquired after Code 6/30/75	US Obs (\$ or %)
TOTAL	\$ 2,193 \$ 2,193		VA	sancina.

90115 SOUTHWEST VA LEGAL AID SOCIETY, INC Federal Statements

4/18/2019 12:59 PM Page 2

# Form 990, Part IX, Line 24e - All Other Expenses

	Fund Raising	\$ 75	\$ 459
.1	Management & General	\$ 1,312	5,286
	Program Service	\$ 24,360 20,711 12,946 11,917	\$ 70,193
	Ш	\$ 25,747 20,711 12,946 11,917	s, 929 \$ 77, 250
	Description MAINTENANCE & REPAIRS	LAW LIBRARY PROFESSIONAL SERVICES EQUIPMENT RENTAL MISC EXPENSES	TOTAL

90115 SOUTHWEST VA LEGAL AID SOCIETY, INC Federal Statements 54-0918255 FYE: 12/31/2018

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### Schedule A, Part II, Line 1(e)

Description	
GOVERNMENT GRANTS	TOTAL

Amount	2,673,992	2,673,992
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## Schedule A, Part II, Line 12 - Current year

Description

	INCOME	
INTEREST	MISCELLANEOUS	DONATIONS

Z	
ATIONS	TOTAL

mount	2,193 11,280 2,403	15,876
<	<b>\$</b>	⟨V-