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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

Open to Public Inspection

Form 990 (2011)

A	For the	= 2011 calendar year, or tax year beginning $$ APR $$ 1 , $$ $$ 2011 $$ $$ and ending	MAR 31, 20	012	
_	Check if applicable		D Employer ide	entifica	tion number
	Addre				
	chang Name chang		⊣ •,	4_1 <u>4</u>	51894
F	Initial	Doing Business As Number and street (or P.0. box if mail is not delivered to street address) Room/s			31034
	return Termir ated	330 Twin Dolphin Drive 123		650)	517-8913
	Ameno	Uity or town, state or country, and ZIP + 4	G Gross receipts \$		2,546,240.
L	Applic tion pendir		H(a) Is this a gre	oup retu	ıw — —
	pendu	F Name and address of principal officer: M. Scacey nawver	for affiliates		Yes X No
_		same as C above	H(b) Are all affilia	tes inclu	ded? LYes L No
		Shipt etatae: C225 et ((*/(*) ====================================			st. (see instructions)
		te: ▶ www.legalaidsmc.org	H(c) Group exe		
			Year of formation: 19	59 M S	State of legal domicile: CA
LP	art I	Summary	dula 0		
မွ	1	Briefly describe the organization's mission or most significant activities: See Sche	dute 0		
Activities & Governance					-4-
Zer.	2	Check this box I if the organization discontinued its operations or disposed of	more than 25% of its	i i	ets. 17
ģ	3	Number of voting members of the governing body (Part VI, line 1a)		4	
త	4	Number of independent voting members of the governing body (Part VI, line 1b)	•	5	31
ţies	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		6	300
Ĭ	0	Total number of volunteers (estimate if necessary)		7a	0.
ě	/a	Total unrelated business revenue from Part VIII, column (C), line 12		7b	0.
	<u>D</u>	Net unrelated business taxable income from Form 990-T, line 34	Prior Year	1/6	Current Year
	8	Contributions and grants (Part VIII, line 1h)	2,129,9	29.	2,436,820.
) Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Ve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,5		38,050.
_{ලට} සී	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		00.	885.
2013 	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,162,7		2,475,755.
~ ~	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,0		7,089.
জ্য	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
~~		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,786,3	91.	1,888,739.
で氏的 Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
, e	b	Total fundraising expenses (Part IX, column (D), line 25) 207,667.			
ھ ج	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	385,6	20.	621,569.
	- 1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,178,0	32.	2,517,397.
氢		Revenue less expenses. Subtract line 18 from line 12	<15,2	53 . >	<41,642.
% 5		RECEIVED	Beginning of Current	Year	End of Year
SC/ t Assets or	20	Total accets (Part V line 16)	4,038,1	32.	4,114,910.
Ass	21		1,103,6	58.	1,148,516.
Set .	된 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from the 20 September 1997 September 1997	2,934,4	74.	2,966,394.
<u> </u>	art II	Signature Block			
Un	der pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and s	atements, and to the be	st of my l	knowledge and belief, it is
tru	e, corre	ct, and complete. Declaration at a repayer (other than officer) is based on all thrormation of which pre	parer has any knowledg	e. /	
		MA JA	2/5	7/3	
Si	gn	Signature of officer	Date	•	
He	ere	M. Stacey Hawver, Executive Director	<u></u>		· · · · · · · · · · · · · · · · · · ·
		Type or print name and title	I Data		TI PTIN
		Print/Type preparer's name Preparer's signature	- 1/n 2/13 ii	heck	D00475760
	id	Carmen D. Mosley		elf-employed	P00475769
	eparer	Firm's name Harrington Group, CRASALP	Firm's E	IN 🕨	95-4557617
Us	e Only	Firm's address 234 East Colorado Blvd., Suite M150		. 10	26) 403-6801
		Pasadena, CA 91101	Phone n	10. (0	
M	ay the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Part III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: See Form 990; Part I, line 1. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations, the total expenses, and revenue, if any, for each program service reported.	Yes X No
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4a (Code) (Expenses \$ 1,817,661. including grants of \$) (Revenue \$))
Legal Services - help disadvantaged people improve their lives t	hrough
equal access to justice.	
4b (Code) (Expenses \$ 175,609 • including grants of \$) (Revenue \$)
Area Agency On Aging - provide advocacy to seniors and persons w	
disabilities to ensure that their rights are protected and that	they
are receiving the benefits to which they are entitled.	
4c (Code) (Expenses \$ 34 , 763 including grants of \$) (Revenue \$)
Legal Services Trust Fund - provide advocacy services to the eld	erly,
disabled, juveniles and other disadvantaged or underserved Calif	ornia
groups.	
	·
4d Other program services (Describe in Schedule O.)	
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	

Form **990** (2011)

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endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. 2				Yes	No
2 is the organization required to complete Schedule B, Schedule C Contributors 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Pes", "complete Schedule C, Part I 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 "Pes", complete Schedule C, Part II Is the organization as defined in Revenue Procedure 99.197 If "yes", "complete Schedule C, Part II Ob the organization annahan any donor advised funds or any similar funds or accounts for which donors have the right to provide advisor on the distribution or investment of amounts in such funds or accounts? If "yes", complete Schedule D, Part II Ob the organization maintain collections of works of art, historical treasures, or other similar assets? If "yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount for lives, "complete Schedule D, Part V II If the organization, reload organization, reload assets in repropriary restricted endowments, permanent endowments, portion and amount for investments - other securities in Part X, line 107 If "yes," complete Schedule D, Part X II Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "yes," complete Schedule D, Part X II Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "yes," complete Schedule D, Pa	1	• • • • • • • • • • • • • • • • • • • •		$ \mathbf{x} $	
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4 Section 501(k)3) organizations. Did the organization engage in lobbying activities, or have a section 501(k) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(k)4, 501(k)5, or 501(k)5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98:191 If "Yes," complete Schedule C, Part III is the organization maintain any donor advesced funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investments of any accounts for the complete Schedule D, Part II is Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not steed in Part X; complete Schedule D, Part IV in the organization report an amount for the part, or debt negotiation services if If "Yes," complete Schedule D, Part V in the organization report an amount for the part, or debt negotiation services if If Yes, "complete Schedule D, Part V in the organization report an amount for other securities in Part X, line 107 If "Yes," complete Schedule D, Part X in Did the organization report an amount for other securities in Part X, line 127 If "Yes," complete Schedule D, Part X in Did the organization report an amount for other labilities in Part X, line 157 If "Yes," complete Schedule D, Part X in Did the organization report an amount for other labilities in Part X, line 157 If Yes," complete Schedule D, Part X in Did the organization report an amount for other labilities in Part X, line 157 If Yes," complete Schedule D, Part X in Did the organization report an amount for other labilities in Part X, l			3		X
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5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) or			4	Х	
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8 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I I Did the organization receiver or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II I Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV I I I the organization of detection of the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quise-endowments? If "Yes," complete Schedule D, Part V II I the organization report an amount for find, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II I the organization report an amount for investments or prosper in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for misestments or other securities in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for other assets in Part X, line 12? If "Yes," complete Schedule D, Part X II Did the organization report an amount for other labilities in Part X, line 15? If "Yes," complete Schedule D, Part X II Did the organization report an amount for other labilities in Part X, line 15? If "Yes," complete Schedule D, Part X II Did the organization shalphily for uncertain tax postions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X II Did the organization shalphily for uncertain tax postions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X II Did the organization shalphily for uncertain tax postions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X II Did the organization orbita is exparte, independent audited financial statements for the		1,1,1, 1,1,1	5		X
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or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b	b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			_
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a X	19		40		x
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20-			 	
					
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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		ĺ	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
_	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	270	-	
25a		25a		X
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	ZJa		
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			х
	Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			x
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	 	<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			177
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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 owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1	1
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
25.		35a	t	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	~~	†	1
D		35b		x
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330	 	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
	If "Yes," complete Schedule R, Part V, line 2	36	+	+
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1	1	1

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	1
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			L
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Ь
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	!	X
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		- T
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		^
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	 	\vdash
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-	1	x
h	any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a	 	 ** -
D	were not tax deductible?	6b	ŀ	İ
7	Organizations that may receive deductible contributions under section 170(c).	-00		1
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 1	ļ	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_	ļ	-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	_	1	.
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	-	X
9	Sponsoring organizations maintaining donor advised funds.			x
a	Did the organization make any taxable distributions under section 4966?	9a	 	X
10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		1
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	i		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1	İ	
	amounts due or received from them)		İ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	↓	—
	Note. See the instructions for additional information the organization must report on Schedule O.			1
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	
	organization is licensed to issue qualified health plans	ł		1
	Enter the amount of reserves on hand	44:	-	X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes" has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a	-	├ ^
	ur des inas il bied a Porm 720 to renon toese daviments (11-190° ordvide an explanation in Schedule C)	, LAN	1	t .

Form **990** (2011)

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 17			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15	i		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	ŀ
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ī	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	l
b	Other officers or key employees of the organization	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	d finar	ncial	
	statements available to the public during the tax year.	-		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion:	•	
-	Susan Stortini - (650) 517-8913			
	220 Marin Dolmbin Drives Chita 122 Dodgood City Ch 04065			

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Form 990 (2011)	Le

Legal Aid Society of San Mateo County

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

Check if Schedule O contains a response to any question 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.

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

• 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)		T T			C)			(D)		/E\
رم) Name and Title	(B) Average					than		Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per	(do box	not c , unle	heck ss pe	more rson i	than is bot	one h an	compensation	compensation	amount of
	week	offle	cer an	nd a d	irecto	r/trus	tee)	from	from related	other
	(describe	ndividual trustee or director						the	organizations	compensation
	hours for	or di	22			Highest compensated employee	ŀ	organization	(W-2/1099-MISC)	from the
	related organizations	rustee	TE I		3	ubeu	ļ	(W-2/1099-MISC)		organization and related
	ın Schedule	dual t	nstitutional trustee	_	Key employee	stcor				organizations
	O)	Indiv	ınstt	Officer	Key el	Highe	Бате			J
(1) David C. Wilson	1									
President	1.00	Х		X	1			0.	0.	0.
(2) Stacey Keare										
Vice President	1.00	X		Х				0.	0.	0.
(3) Mary H. Lin										
Secretary	1.00	Х		X				0.	0.	0.
(4) Greg Regan, CPA										
Treasurer	1.00	X		Х			L	0.	0.	0.
(5) Jessica Arner										
Member	1.00	Х			<u> </u>			0.	0.	0.
(6) Laura I. Bushnell		1						_	_	_
Member	1.00	X						0.	0.	0.
(7) Lynne Esselstein			l					_		_
Member	1.00	X						0.	0.	0.
(8) Jeffrey Hyman		l								
Member	1.00	X	_	<u> </u>			<u> </u>	0.	0.	0.
(9) Robert A. Koenig		l								_
Member	1.00	X		<u> </u>				0.	0.	0.
(10) Brian Levy	1	l					ŀ			
Member	1.00	X			<u> </u>		<u> </u>	0.	0.	0.
(11) Dan K. Siegel		l								_
Member	1.00	X			_	_	<u> </u>	0.	0.	0.
(12) Leticia Toledo	1 00								_	_
Member	1.00	X	<u> </u>	_	┡		L	0.	0.	0.
(13) Rand N. White	1 1 00	,,								_
Member	1.00	X	_	_	L			0.	0.	0.
(14) Laurence A. Weiss	1 00	\ •						0.	1	_
Member	1.00	X	<u> </u>	-	├-	-		0.	0.	0.
(15) Niki B. Okcu	1 00	\ \ -						0.	0.	^
Member	1.00	X	\vdash	\vdash	\vdash	₩	\vdash	<u> </u>	ļ	0.
(16) Keith L. Wuster	1 00	x						0.	0.	0.
Member	1.00	┝	 	-	⊢	\vdash	├	ļ		J
(17) Gayle Prytz	1.00	x						0.	0.	0.
Member	1 1.00	Δ	l		L_			1 0.	J	Form 990 (2011)

		_						teo County	94-14	51	894	Pε	age 8
Part VII Section A. Officers, Directors, Tru		nplo	oyee			ligh	est						
(A) Name and title	(B) Average hours per		not c	Pos heck	more	than		(D) Reportable	(E) Reportable		Est	(F) timate	
	week					is bot v/trus		compensation from	compensation from related	'		ount o	ot
	(describe	ector						the	organizations			pensa	
	hours for related	e or da	ige (sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	C)		om the anızati	
	organizations	truste	al trus		a).ee	ошреп		(** 2, 1000 111100)			•	relate	
	in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former				orga	nızatıd	ons
(18) Lauren Zorfas	0,	ıı	Ĕ	5	ξ.	ž	R			-			
Executive Director	35.00			х				70,797.		0.	5	5,7	04.
(19) M. Stacey Hawver													,
Executive Director	35.00			X		_		20,477.	<u>-</u> .	0.		2,5	48.
						_							
				_		-							
			_		_	-	_						
		_	_	-	_	<u> </u>	-						
					_	_	L						
			L			<u> </u>							
1b Sub-total								91,274.		0.		3,2	$\frac{52.}{0.}$
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							91,274.		0 .		3,2	
Total number of individuals (including but r	not limited to th	ose	liste	ed a	bove	e) wl	no r	1	0,000 of reportable				
compensation from the organization	 			-				 			т	Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•		e, ke	ey er	nplo	уее	, or	highest compensated e	mployee on		3	103	X
4 For any individual listed on line 1a, is the si			omp	ensa	atıor	n and	d ot	her compensation from	the organization		3		
and related organizations greater than \$15	•								J		4		X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," com	•				•		elat	ted organization or indiv	idual for services		5		х
Section B. Independent Contractors													
1 Complete this table for your five highest co		-								pens	ation fi	rom	
the organization. Report compensation for (A)					vitn	or w	itnii 	(B)			(C		
Name and business	address	N	INC	<u>. </u>			\dashv	Description of s	services		omper		
							\dashv				•		
							-						
				-			-						
									- 1				<u></u>
2 Total number of independent contractors (including but s	ot l	mite	nd to	tho	ا مع	ster	d above) who received r	nore than				
\$100,000 of compensation from the organ		.J. 11				0	J. (T)	2 22010) WIO 1606W60 I					

<u> </u>					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	ions) 1e ts, and ve 1f 1,	436,112. 619,711. 380,997.	2,436,820.			
Program Service Revenue	2 a b c d e f	All other program service reve		Business Code				
	3 4 5	Investment income (including other similar amounts) Income from investment of tal Royalties		est, and	38,050.			38,050.
	b c	, ,	(i) Real	(ii) Personal				
		Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(II) Other				
enne	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$ 436,1		>				
Other Revei		contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from fund	a 1c). See a b	70 405	0.			
	9 a b	Gross income from gaming ac Part IV, line 19 Less: direct expenses	ctivities See a b					
	10 a b	Net income or (loss) from gan Gross sales of inventory, less and allowances Less: cost of goods sold	returns a b					-
	11 a		ncome	Business Code 900099	885.			885.
		All other revenue Total. Add lines 11a-11d Total revenue. See instructions.		<u> </u>	885. 2,475,755.	0.	0.	38,935

Form **990** (2011)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon-	se to any dijestion in thi	s Part IX		
Do :	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	7,089.	7,089.	j	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	102,891.	57,619.	39,099.	6,173.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,340,940.	1,102,558.	112,440.	125,942.
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	36,946.	29,016.	4,341.	3,589. 27,208.
9	Other employee benefits	289,177.	233,741.	28,228.	27,208.
10	Payroll taxes	118,785.	98,320.	11,137.	9,328.
11	Fees for services (non-employees):				
а	Management				
b	Legal	15 500	5.560	6 204	44.5
C	Accounting	15,500.	7,763.	6,324.	1,413.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	26 557		26 557	
f	Investment management fees	26,557.	276 270	26,557.	20 055
g	Other	304,864.	276,378.	7,631.	20,855.
12	Advertising and promotion	44 500	31,629.	10 000	1,990.
13	Office expenses	44,508.	31,029.	10,889.	1,990.
14	Information technology				
15	Royalties	28,115.	19,514.	6,314.	2,287.
16	Occupancy	9,644.	6,863.	2,781.	2,201.
17	Travel	7,044.	0,003.	2,701.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings				
19	Interest	33,152.	28,909.	2,254.	1,989.
20 21	Payments to affiliates	33,132.	20,3031	2,234.	1,505.
22	Depreciation, depletion, and amortization	25,972.	25,972.		
23	Insurance	13,913.	6,741.	6,312.	860.
24	Other expenses. Itemize expenses not covered		0,,,,,,		
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Equipment repairs and m	43,575.	30,846.	7,502.	5,227.
b	Strategic planning	37,736.	33,962.	3,774.	0.
С	Library supplements	13,367.	13,367.	0.	0.
d	Dues and memberships	6,889.	6,120.	769.	0.
е	All other expenses	17,777.	11,626.	5,345.	806.
25	Total functional expenses. Add lines 1 through 24e	2,517,397.	2,028,033.	281,697.	207,667.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
40004	0. 01-23-12				Form 990 (2011)

Pai	rt X	Balance Sheet	-		
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing .	319,032.	1	414,693.
	2	Savings and temporary cash investments	76.	2	76.
	3	Pledges and grants receivable, net	322,467.	3	374,131.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		j	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
"		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	40,084.	9	42,157.
	10a	Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D Less: accumulated depreciation 10a 1,344,885. 10b 327,929.			4 045 055
	b	Less: accumulated depreciation 10b 327,929.	902,070.	10c	1,016,956.
	11	Investments - publicly traded securities	454466	11	0.00
	12	Investments - other securities. See Part IV, line 11	2,454,403.	12	2,266,897.
	13	Investments - program-related. See Part IV, line 11		13	<u>.</u>
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1 000 100	15	4 4 4 4 0 4 0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,038,132.	16	4,114,910.
	17	Accounts payable and accrued expenses	246,317.	17	220,582.
	18	Grants payable	206 077	18	467 005
	19	Deferred revenue	386,877.	19	467,995.
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
草		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L .	470,464.	22	459,939.
	23	Secured mortgages and notes payable to unrelated third parties	4/0,404.	23	433,333.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	1	parties, and other liabilities not included on lines 17-24). Complete Part X of		0.5	
		Schedule D	1,103,658.	25	1,148,516.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here	1,100,000.	26	1,140,310.
		-			
ĕ	0.7	lines 27 through 29, and lines 33 and 34.	1,036,300.	27	877,537.
lan	27	Unrestricted net assets	222,583.	28	410,747.
Ã	28	Temporarily restricted net assets Permanently restricted net assets	1,675,591.	29	1,678,110.
Ē	29	Organizations that do not follow SFAS 117, check here	2707070524	23	2,0,0,1220
Ē		•			
ts o	30	complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	2,934,474.	33	2,966,394.
	34	Total liabilities and net assets/fund balances	4,038,132.	34	4,114,910.
	<u> </u>	Total liabilities alto het assets/fullo balalloes		, ,,,	Form 990 (2011)

<u>Form</u>	990 (2011) Legal Ald Society of San Mateo County	94-14:	1894	Pag	1 <u>8</u> 12	
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,47			
2	Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses. Subtract line 2 from line 1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,93			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			62.	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,96	6,3	94.	
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				X	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	and the contract of the contra					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	1			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	ed on a	ŀ			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt				
	Act and OMB Circular A-133?		3a_		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b			
			Form	990	2011)	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of t	he organizati	on			-			E	mployer id	entificati	on nu	mber
		Legal A	id Society o	f San	Mate	o Cou	nty		94	-1451	894	
Part I	Reason	for Public Char	ty Status (All organiz	ations mu	st complet	e this part	.) See inst	tructions.				
The organ			pecause it is: (For lines 1									
1	A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
з 🗀	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4 🔲	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
	city, and state	e:										
5 🗀	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governi	mental uni	t described	d in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6 🖳	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8 🖳			ection 170(b)(1)(A)(vi).	•	· · · · · · · · · · · · · · · · · · ·							
9	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fr	rom contri	butions, n	nembershi	p fees, and	d gross red	ceipts	from
		•	nctions - subject to certa	•		-				-		
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization af	ter June 3	30, 197	7 5.
		509(a)(2). (Complete	•									
10	J	,	perated exclusively to te	•	•			•				
11 📖	•	•	perated exclusively for the		•					•		or
			tions described in section				2). See se c	etion 509(a)(3). Uned	K the box	tnat	
			organization and comple		e III - Func				. 🗀 د	Type III - (Othor.	
_ [a Type I		••			•	•	r mara dia		• •		'n
e 📖		· · · · · ·	it the organization is not han one or more publich		•	-	-		-			
f		•	ten determination from t		_				5(a)(1) UI 50	BCLIOIT JUS	n(a)(2).	
	•	rganization, check th		uie ino iii	антату	pe i, Type	ii, oi Typi	C 111				
g		•	rganization accepted ar	ny aift or c	ontribution	from any	of the foll	owing per	sons?			
9	_		rectly controls, either al			•					Yes	No
	••		upported organization?					(,	,,,	11g(i)		
	-	= :	n described in (i) above?	,						11g(ii)		
		•	person described in (i)		e?					11g(iii)	1	
h		•	about the supported or									
		J		•	` '							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did you	u notify the	(vi) ļ	the	(vii) An	nount c	of
• •	anization	(, =	organization (described on lines 1-9		sted in your		ion in col.	organizáti (i) organiz	ed in the		port	
			above or IRC section	governing	document?	(i) of your	r support?	U.S	5.7			
			(see instructions))	Yes	No	Yes	No	Yes	No			
									1			
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Schedule A (Form 990 or 990-EZ) 2011 Legal Aid Society of San Mateo County 94-1451894 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 2333303. 2129929. 2436820.10434385. 1892234 1642099. include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1642099. 2129929. 2436820.10434385. 1892234. 2333303. 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, 373,681. column (f) 10060704. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2007 1892234 (c) 2009 1642099 (d) 2010 2129929. (e) 2011 (f) Total 2436820 • 10434385 • Calendar year (or fiscal year beginning in) **(b)** 2008 2333303. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 60,588. 32,446 32,550. 38,050. 217,145. 53,511 and income from similar sources 9 Net income from unrelated business activities, whether or not the 10 1 ร

	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV.)	4,749.	8,540.	12,040.	300.	885.				
11	Total support. Add lines 7 through 10						10678044.			
12	Gross receipts from related activities	, etc. (see instructi	ons)			12				
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)				
	organization, check this box and stop here									
Sec	Section C. Computation of Public Support Percentage									
14	4 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))						94.22 %			
15	5 Public support percentage from 2010 Schedule A, Part II, line 14						<u>87.86 %</u>			
16a	16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and									
	stop here. The organization qualifies	as a publicly supp	orted organization			•	$\triangleright [X]$			
b	33 1/3% support test - 2010. If the	organization did no	nt check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box			
	and stop here. The organization qua	lifies as a publicly :	supported organiza	ation _.			▶∟			
17a	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not o	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pai	rt IV how the organ	nization			
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	dorganization		▶□			
b	10% -facts-and-circumstances tes	st - 2010. If the org	anization did not d	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or			
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, cl	neck this box and	stop here. Explair	n in Part IV how the	.			
	organization meets the "facts-and-cir	cumstances" test.	The organization of	qualifies as a public	cly supported orga	anization .	▶□			
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	ıs			
	Schedule A (Form 990 or 990-EZ) 2011									

Schedule À (Form 990 or 990-EZ) 2011 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed Section A. Public Support	below, please com	plete Part II.)		 		
.		1 (1) 0000	4 3 2 2 2 2	1 1 2 2 2 2	1 1 1 1 1 1 1	
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not	1					
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that	ľ					
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf					1	
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5		1		ļ		
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	3					
c Add lines 7a and 7b						
8 Public support (Subtractline 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income					1	
(less section 511 taxes) from businesses acquired after June 30, 1975	5					
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3 1					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)	L				<u> </u>	
14 First five years. If the Form 990 is f	or the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
check this box and stop here						▶∟⅃
Section C. Computation of Put	olic Support Pe	ercentage			· · · · · · · · · · · · · · · · · · ·	
15 Public support percentage for 2011	(line 8, column (f)	divided by line 13,	column (f))		15	%
16 Public support percentage from 20					16	%
Section D. Computation of Inv	estment Incon	ne Percentage	!			
17 Investment income percentage for 2	2011 (line 10c, colu	ımn (f) dıvıded by lı	ne 13, column (f))		17	%
18 Investment income percentage from	n 2010 Schedule A	, Part III, line 17			18	%
19a 33 1/3% support tests - 2011. If the	ne organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box	and stop here. Th	e organization qua	lifies as a publicly	supported organiz	zation	▶□
b 33 1/3% support tests - 2010. If the	ne organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
line 18 is not more than 33 1/3%, cl						
20 Private foundation. If the organizat	ion did not check a	a box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶∟

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III			
Nan	ne of organization			En	nployer identification number
	Legal A	id Society of Sai	n Mateo Cour	nty	94-1451894
Pa	rt I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 527	organization.
2	Provide a description of the organize Political expenditures Volunteer hours	zation's direct and indirect politica	al campaign activities ii		*\$
Pa	art I-B Complete if the org	ganization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955	i,	\$
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955		\$
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 t	for this year?		└─ Yes └─ No
4a	Was a correction made?			•	└─ Yes └─ No
	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	ganization is exempt und	er section 501(c),	except section 50)1(c)(3).
1	Enter the amount directly expended	d by the filing organization for sec	ction 527 exempt funct	ion activities	\$
2	Enter the amount of the filing organ	nization's funds contributed to oth	ner organizations for se	ection 527	
	exempt function activities			•	* \$
3	Total exempt function expenditures	s. Add lines 1 and 2 Enter here a	nd on Form 1120-POL,		
	line 17b			•	* \$
4	Did the filing organization file Form	1120-POL for this year?		•	└─ Yes └─ No
5		• •	•	•	• •
	made payments. For each organiza	•			·
	contributions received that were pr	• •		•	arate segregated fund or a
	political action committee (PAC) If	1			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	
				filing organization's funds. If none, enter-	
				Turido: Il riorio, oriior	delivered to a separate
					political organization. If none, enter -0
			ļ.———		ii none, enter-o
				1	
			<u>-</u>		
			+		
		1			1

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

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990 EZ) 2011 I Part II-A Complete if the org (election under section)	anizatio	n is exen	ociety of Sanpt under section	an Mateo Co n 501(c)(3) and file	unty 94-16 ed Form 5768	451894 Page 2	
A Check If the filing organizate expenses, and share	on belong	gs to an affili s lobbying e	- · ·	Part IV each affiliated	group member's name	e, address, EIN,	
Limit	s on Lobb	ying Expen			(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to influ	ence pub	lic opinion (g	grass roots lobbying)				
b Total lobbying expenditures to influ	ience a leç	gislative bod	ly (direct lobbying)		674.	···	
c Total lobbying expenditures (add lii	nes 1a and	d 1b)			674.		
d Other exempt purpose expenditure	s				2,516,723.		
e Total exempt purpose expenditures	s (add line	s 1c and 1d)		2,517,397.		
f Lobbying nontaxable amount. Ente	r the amo	unt from the	following table in both	n columns	275,870.		
If the amount on line 1e, column (a) o	r (b) is:	The lobi	oying nontaxable amo	ount is:			
Not over \$500,000		20% of t	the amount on line 1e.				
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.			
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000			
Over \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exces	ss over \$1,500,000.			
Over \$17,000,000							
g Grassroots nontaxable amount (en	g Grassroots nontaxable amount (enter 25% of line 1f)						
h Subtract line 1g from line 1a. If zero					0.		
i Subtract line 1f from line 1c. If zero				_	0.		
j If there is an amount other than zer	ro on eithe	er line 1h or l	line 1i, did the organiza	ation file Form 4720			
reporting section 4911 tax for this	year?					Yes No	
		at made a s		Section 501(h) i do not have to comp s 2a through 2f on pa			
	Lobi	ying Exper	ditures During 4-Yea	r Averaging Period			
Calendar year (or fiscal year beginning in)	(a) :	2008	(b) 2009	(c) 2010	(d) 2011	(e) Total	
2a Lobbying nontaxable amount	24	7,774.	253,975.	258,902.	275,870.	1,036,521.	
b Lobbying ceiling amount (150% of line 2a, column(e))						1,554,782.	
c Total lobbying expenditures		894.	1,984.	3,000.	674.	6,552.	
d Grassroots nontaxable amount	6	1,944.	63,494.	64,726.	68,968.	259,132.	
e Grassroots ceiling amount (150% of line 2d, column (e))		_				388,698.	
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990 EZ) 2011 Legal Aid Society of San Mateo County 94-1451894 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)	
of the lobbying activity.	Yes	No	Amo	unt
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:		1		
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u> </u>			
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
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?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	tion 501(c))(5), or se	ection	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." 1 Dues, assessments and similar amounts from members		1		
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) 	tical	<u> </u>	-	
expenses for which the section 527(f) tax was paid).	licai			
		2a		
a Current year		2b		
b Carryover from last year c Total		2c	· · · · · · ·	
and the second s		3		•
	VCOCC			
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
expenditure next year?	political	4		
·		·		
	· · · · · · · · · · · · · · · · · · ·			
Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; this part for any additional information.	Part II-A; and	5	ne 1. Also, d	complet
				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Legal Aid Society of San Mateo County

Employer identification number 94-1451894

Par	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line to	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor or		-
	Impermissible private benefit?		Yes No
Par	rt II Conservation Easements. Complete if the orga	nızatıon answered "Yes" to Form 990, Pai	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of an histo	orically important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter 8/17/06, and not on a historic structure	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it l		. Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and en	nforcing conservation easements during th	he year ▶ \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h	
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIV, describe how the organization reports conservation	n easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes th	ne organization's accounting for
D	conservation easements.	A. J. Illiana de al Taransana a con Otto	- Olmellan Assach
Pai	rt III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
12	If the organization elected, as permitted under SFAS 116 (ASC	••	·
	historical treasures, or other similar assets held for public exhi		ce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ		
b		•	
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of publ	ic service, provide the following amounts
	relating to these items:		~ ^
	(i) Revenues included in Form 990, Part VIII, line 1		. \$
_	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treat	•	gain, provide
	the following amounts required to be reported under SFAS 11	b (ASC 958) relating to these items:	> 4
a	Revenues included in Form 990, Part VIII, line 1	•	\$
b	Assets included in Form 990, Part X		▶ \$

		ld Society					1451894		
P.ar									
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that	are a si	ignificant use of	ts collection	n items	
	(check all that apply):								
а	a Public exhibition d Loan or exchange programs								
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.								
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	sures, or other	r sımılaı	assets		_	
	to be sold to raise funds rather than to be ma						Yes	No_	
Par			ete if the organizatio	n answered "\	es" to	Form 990, Part	IV, line 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for contribution	s or other ass	ets not	ıncluded			
	on Form 990, Part X?						Yes	L No	
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:						
							Amount		
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Yes	☐ No	
b	If "Yes," explain the arrangement in Part XIV.								
Par	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.								
		(a) Current year	(b) Prior year	(c) Two years	back	(d) Three years b	ack (e) Four	years back	
1a	Beginning of year balance	1,792,001.	1,588,577.	1,080	,619.	1,294,9	90.		
b	Contributions	2,519.	65,713.	27	,488.	176,1	63.		
С	Net investment earnings, gains, and losses	16,935.	174,711.	508	,040.	<320,3	11.>		
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	0.	37,000.	27	,570.	59,0	40.		
f	Administrative expenses					11,1	83.		
g	End of year balance	1,811,455.	1,792,001.	1,588	,577.	1,080,6	19.		
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	8.00	%						
b	Permanent endowment ▶ 92.00	%	_						
С	Temporarily restricted endowment ▶								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administer	ed for t	he organization			
	by:	-				_		Yes No	
	(i) unrelated organizations						3a(i)	X	
	(ii) related organizations						3a(ii)	X	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				3b		
4	Describe in Part XIV the intended uses of the	organization's endo	wment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) A	ccumulated	(d) Boo	k value	
		basis (investr	nent) basis	(other)	de	preciation			
1a	Land		37	5,000.				5,000.	
	Buildings		72	5,968.		247,979.		7,989.	
С	Leasehold improvements								
d	Equipment			5,146.		79,950.		5,196.	
	Other			8,771.				8,771.	
	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. column (B), line 1	10(c).)			1,01	6,956.	

<u>Sche</u>	dule D (Form 990) 2011 Legal Aid Society of San M					<u>1451894</u>	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	o Audite	ed Financia	I State	ment		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		2,475	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		2,517	,397.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		· F			<41	,642.>
4	Net unrealized gains (losses) on investments			1			,562.
5	Donated services and use of facilities			;			
6	Investment expenses						
7	Prior period adjustments			,			
8	Other (Describe in Part XIV.)		-	3			
	Total adjustments (net). Add lines 4 through 8		—	•		73	,562.
9		nd 0	<u> </u>	0			,920.
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 at XII Reconciliation of Revenue per Audited Financial Statements.				leturr		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	Total revenue, gains, and other support per audited financial statements			- p	1	3,195	.512.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				┢╧╅	<u> </u>	, , , , , ,
2		2a			l [
a	Net unrealized gains on investments	2b	649	272.	1 1		
þ	Donated services and use of facilities		047		∤ 		
C	Recoveries of prior year grants	2c	70	485.	1 I		
d	Other (Describe in Part XIV.)	2d	70	, 405.	1 . 1	710	757
е	Add lines 2a through 2d				2e	719 2,475	755
3	Subtract line 2e from line 1				3	2,475	<u>, 755.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			- 1		
b	Other (Describe in Part XIV.)	4b			4 1		^
C	Add lines 4a and 4b				4c	A 455	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	2,475	<u>, 755 </u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Staten	nents V	Vith Expens	es per	Retu	<u>rn</u>	454
1	Total expenses and losses per audited financial statements				1	3,237	,154.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		- 4 -		1		
а	Donated services and use of facilities	2a	649	<u>,272.</u>	1 1		
b	Prior year adjustments .	2b					
С	Other losses	2c			_		
d	Other (Describe in Part XIV.)	2d	70	,485.	<u>.</u>]		
е	Add lines 2a through 2d		•		2e	719	<u>,757.</u>
3	Subtract line 2e from line 1				3	2,517	<u>,397.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]]		
b	Other (Describe in Part XIV.)	4b]		
С	Add lines 4a and 4b	<u> </u>			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	2,517	<u>,397.</u>
	rt XIV Supplemental Information			•			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1	la and 4; Part	V, lines 1	b and	2b; Part V, line	4; Part
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	nplete this	s part to provid	e any ad	ditiona	I information.	
Pa:	rt V, line 4: The interest income is used	for	operati	ng ex	tpen	ses of	
th	e organization while the corpus remains in	ntact	in per	petui	ty.		
		_	_			_	
Pa:	rt X, Line 2: Legal Aid is exempt from tax	<u>xatio</u>	n under	Inte	erna	<u> 1 </u>	
_							
Re	venue Code Section 501(c)(3) and Californ	ia Re	venue a	nd Ta	ıxat	ion Cod	<u>e</u>
σ-	-hi 22701d						
<u>5e</u>	ction 23701d.						
				_			
Ge	nerally accepted accounting principles pro	<u>ovide</u>	accoun	ting	and	disclo	sure

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 Legal Aid Society of San Mateo County 94-1451894 Page 5 Part XIV Supplemental Information (continued)
guidance about positions taken by an organization in its tax returns that
might be uncertain. Management has considered its tax positions and
believes that all of the positions taken by Legal Aid in their federal and
state exempt organization tax returns are more likely than not to be
sustained upon examination. Legal Aid's returns are subject to examination
by federal and state taxing authorities, generally for three and four
years, respectively, after they are filed.
Part XII, Line 2d - Other Adjustments:
Special events expenses 70,485.
Part XIII, Line 2d - Other Adjustments:
Special events expenses 70,485.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization							Employer ide	ntification number
Legal A	id Society of	San 1	Mat	eo	County		94-1451	894
Part I Fundraising Activities. required to complete this part	Complete if the organizati	ion answe	red "Y	'es" to	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	e f g or oral agreement with any art VII) or entity in connectividuals or entities (fundrais	Solicitati Solicitati Special i Individual Ion with pi	ion of ion of fundra (includ	non-go govern using of ding of ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		(iii) fundr have con or con contribi	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
								_
		:					:	
Total				•				
3 List all states in which the organizatio or licensing.	n is registered or licensed	to solicit o	contrib	utions	s or has been notifie	d it is	exempt from re	egistration
	<u> </u>							
								
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				<u>-</u>				
								
								

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Golf None (add col. (a) through Luncheon Tournament col. (c)) (event type) (event type) (total number) Revenue 148,517. 358,080. 506,597. 1 Gross receipts 318,094. 118,018. 436,112. 2 Less: Charitable contributions 39,986. 30,499. 70,485. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment 39,986. 30,499. 70,485. 9 Other direct expenses 70,485 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: Yes a is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? __ Yes b if "Yes," explain:

Schedule G (Form 990 or 990 EZ) 2011 Legal Aid Society of San Mateo County

94-1451894 Page 2

Sch	edule G (Form 990 or 990-EZ) 2011 Legal Ald Society of San Mateo County 94	L451894	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	L∐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:		
	The organization's facility	13a	%
	o An outside facility .	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
17	Line the manie and address of the person who properts the organization organization organization of		
	Name		
	Address ►		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	of "Yes," enter name and address of the third party:		
	Name		
			_
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
ŧ	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	L∐ No
ŧ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
-	organization's own exempt activities during the tax year > \$		
P	art IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (i	u) and (v), and	Part III.
<u> </u>	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information		
	lines 9, 90, 100, 130, 130, 10, and 170, as applicable. Also complete this part to provide any additional information	211 (000 ii 10ii 0 0	J.1.0110/j.
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2 [] Employer identification number 94-1451894 OMB No 1545-0047 Open to Public Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient to an end address of organization

(b) EiN

(c) IRC section

(d) Amount of or government

(d) Amount of or government

(e) Amount of or government

(b) Amount of or government

(b) EiN

(c) IRC section

(d) Amount of or government

(e) Amount of or government

(f) Method of organization (book, non-cash assistance assistance

(g) Description of organization organization (configuration organization organizat 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. San Mateo County Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Legal Aid Society of General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Parti Part II

3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

Page 2 94-1451894

(Form 990) (2011) Legal Aid Society of San Mateo County

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2011)

Part III Grants and Other

(d) Amount of non- (e) Method of valuation (f) Description of non-cash assistance (book, FMV, appraisal, other)	.0			ine 2, and any other additional information.	families and	emergency needs for food and shelter.	the Executive	requestor's client in	
(c) Amount of cash grant	7,089.			required in Part I, I	provided to help	eds for fo	sition by	to the reque	
(b) Number of recipients	29			de the information	provided	gency ne	ck reguis	issued to	
(a) Type of grant or assistance	Emergency assistance			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	Emergency assistance to clients is	individuals in crisis to meet emerg	Upon approval of the emergency check requisition by the Executive	tor, the emergen	

Schedule I (Form 990) (2011)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
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Name of the organization

Legal Aid Society of San Mateo County

Employer identification number 94-1451894

Form 990, Part I, Line 1, Description of Organization Mission:
Legal Aid's mission is to help disadvantaged and vulnerable persons
improve their lives through equal access to justice. Legal Aid provides
individual representation, community education, systemic advocacy and
strategic collaborative approaches to address legal issues and resolve
problems in important areas of basic need including health, education,
housing, income and freedom from violence. Legal Aid is an integral
part of San Mateo County's safety net and has a history of successfully
collaborating with community agencies, local governments, health care
providers and pro bono attorneys to provide coordinated services to
low-income residents.
Form 990, Part VI, Section B, line 11: A copy of the Form 990 is presented
to the Board for review prior to submission.
Form 990, Part VI, Section B, Line 12c: Board members are asked to
complete and sign conflict of interest disclosures at the Annual Meeting.
Form 990, Part VI, Section B, Line 15a: The organization uses the following
to establish the compensation of its Executive Director:
- Compensation Committee;
- Written Employment Contract;
- Compensation survey, and
- Approval by the Board.

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization Legal Aid Society of San Mateo County	Employer identification number 94-1451894
documents available to the public:	
a. Form 990 is available on its website, another organiza	tion's website,
and upon request.	
b. Governing documents: Website and upon request.	
c. Conflict of Interest Policy: Website and upon request.	
d. Financial Statements: Upon request.	
Form 990, Part XI, line 5, Changes in Net Assets:	
Net unrealized gains on investments:	73,562.
Form 990, Part XII, Line 2c: There was no change in the process from the prior year.	
	