DLN: 93493274012089 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2018 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 Department of the ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 04-01-2018 , and ending 03-31-2019 D Employer identification number B Check if applicable Legal Aid Society of San Mateo County ☐ Address change 94-1451894 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 330 Twin Dolphin Drive No 123 ☐ Amended return ☐ Application pending (650) 517-8913 City or town, state or province, country, and ZIP or foreign postal code Redwood City, CA  $\,$  94065  $\,$ G Gross receipts \$ 4,074,430 Name and address of principal officer **H(a)** Is this a group return for M Stacey Hawver □Yes ☑No subordinates? 330 Twin Dolphin Drive No 123 H(b) Are all subordinates Redwood City, CA 94065 ☐ Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www legalaidsmc org L Year of formation 1959 M State of legal domicile CA Summary 1 Briefly describe the organization's mission or most significant activities Legal Aid's mission is to fight social injustice through civil legal advocacy for people living in poverty. 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 Activities & Governance care providers and pro bono attorneys to provide coordinated services to low-income residents Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 18 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 36 657 6 Total number of volunteers (estimate if necessary) . . Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 3,084,448 3,960,067 8 Contributions and grants (Part VIII, line 1h) . Program service revenue (Part VIII, line 2g) . 106,611 28,573 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 3,126 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,194,185 3,990,172 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . 111,897 928,968 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . 2,228,074 2,345,761 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶189,228 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 642,596 410,038 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 2,982,567 3,684,767 Revenue less expenses Subtract line 18 from line 12 211.618 305,405 d Balances Beginning of Current Year End of Year 4,299,210 4,802,623 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 542,297 791,965 22 Net assets or fund balances Subtract line 21 from line 20 3,756,913 4,010,658 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 2019-10-01 Date Signature of officer Sign Here M Stacey Hawver Executive Director Type or print name and title Print/Type preparer's name Date Preparer's signature Check | If P01612986 Paid self-employed ► Harrington Group CPAs LLP Firm's EIN > 95-4557617 Preparer **Use Only** Firm's address ► 234 East Colorado Blvd Suite M150 Phone no (626) 403-6801 Pasadena, CA 91101 May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes □ No For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018) Cat No 11282Y

Form	990 (2018)					Page <b>2</b>
Pa	rt III Statement	of Program Service	e Accomplisi	nments		
	Check If Sche	dule O contains a respo	nse or note to a	iny line in this Part III .		🗹
1	Briefly describe the o	organization's mission				
See F	orm 990, Part I, line	1				
2	Did the organization	undertake any significa	nt program serv	rices during the year whi	ch were not listed on	
	the prior Form 990 o	or 990-EZ?				☐ Yes 🗹 No
	If "Yes," describe the	ese new services on Sch	nedule O			
3	Did the organization	cease conducting, or m	ake significant o	hanges in how it conduc	ts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedul	e O			
4	Section 501(c)(3) ar		ns are required	to report the amount of	argest program services, as meas grants and allocations to others,	
4a	(Code	) (Expenses \$	1,264,254	including grants of \$	340,421 ) (Revenue \$	)
	See Additional Data					
4b	(Code	) (Expenses \$	591,637	ıncludıng grants of \$	71,406 ) (Revenue \$	)
	See Additional Data					
4c	(Code	) (Expenses \$	380,218	including grants of \$	46,000 ) (Revenue \$	)
	See Additional Data					
	(Code	) (Expenses \$	841,424	ıncludıng grants of \$	471,141 ) (Revenue \$	28,573 )
	Other Programs - We pr	rovide legal services to help	disadvantaged pe	ople improve their lives thro	ugh equal access to justice	
4d	Other program servi	ces (Describe in Schedi	ıle O )			
	(Expenses \$	841,424 ıncl	uding grants of	\$ 471,14	1 ) (Revenue \$	28,573 )
4e	Total program ser	vice expenses ▶	3,077,5	33		

Form	990 (2018)			Page <b>3</b>
Pai	tiV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🥞	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III "	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(II)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,			

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, 22 Yes column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . Form **990** (2018)

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19

20a

20b

Yes

Nο

Nο

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?

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

19

37

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Part V

Pai	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		No

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Page 4

35a

35b

36

37

38

20

0

1a

1b

Yes

Yes

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Nο

Nο

Nο

No

- 7e No 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as
- 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form
- 7h Sponsoring organizations maintaining donor advised funds.

10a

10b

11a

11b

12b

13b

13c

8

9a

9h

12a

13a

14a

14b

15

No

No

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Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

**b** Gross income from other sources (Do not net amounts due or paid to other sources 

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans . . . . c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

the following

13

Section C. Disclosure

✓ Own website

The governing body? . . . .

Part VI

Page 6

Section A. Governing Body and Management						
				Yes	No	
1a Enter the number of voting members of the governing body at the end of the tax year	1a	18				
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						

8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1h 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?

Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . Did the organization become aware during the year of a significant diversion of the organization's assets? •

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by

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 . . . . . . . .

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to

Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in

Did the process for determining compensation of the following persons include a review and approval by independent

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

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s

☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records

▶Rene Rivera - The Natalie Lanam Justice Center 330 Twin Dolphin Drive Suite 123 Redwood City, CA 94065 (650) 517-8913

and branches to ensure their operations are consistent with the organization's exempt purposes?

persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

**b** Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Did the organization have a written conflict of interest policy? If "No," go to line 13.

Did the organization have a written document retention and destruction policy?

a The organization's CEO, Executive Director, or top management official . . . .

only) available for public inspection. Indicate how you made these available. Check all that apply

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

List the States with which a copy of this Form 990 is required to be filed▶

policy, and financial statements available to the public during the tax year

Did the organization have a written whistleblower policy? . . . .

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

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

Did the organization have members or stockholders? . . . . . . . . .

Each committee with authority to act on behalf of the governing body? .

10a Did the organization have local chapters, branches, or affiliates? .

2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? .

Nο Nο 4 Nο 5 Nο

	No
	No
	No

Yes

Yes

Nο

Nο

Nο

6

7a

7b

8a

8b

10a

10b

11a

12a

12b

12c

13

14

15a

15b

16a

16h

Yes

Yes

Yes

Yes

Yes

Yes

No

No

Form 990 (2018)

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
- 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)

of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- 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, or 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 trus compensated employees, and former such perso		13, 11130			45	, .	31110	ers, key employee.	o, mgnese	
Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	ny (	current officer, dire	ctor, or trustee	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for 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)	organization and related organizations
(1) Ara R Jabagchourian President	1 00	×		×				0	0	0
(2) Adam Zapala Vice President	1 00	×		х				0	0	0
(3) Greg Regan CPA Treasurer	1 00	×		х				0	0	0
(4) Aaron M Armstrong Member	1 00	×						0	0	0
(5) Jessica Arner Member	1 00	×						0	0	0
(6) Laura I Bushnell Member	1 00	х						0	0	0
(7) Vera Elson Member	1 00	х						0	0	0
(8) Lynne Esselstein Member	1 00	х						0	0	0
(9) Stacey Keare Member	1 00	×						0	0	0
(10) Sarah Slayen Member	1 00	х						0	0	0
(11) Janice S Tam Member	1 00	×						0	0	0
(12) Ann M Thai	1 00									

0 0 0 Member 1 00 (13) Leticia G Toledo 0 0 ..... Member 1 00 (14) Robert L Uriarte 0 0 0 Х 1 00 (15) Allison R Watkins Х 0 0 0 Member 1 00 (16) Laurence A Weiss 0 0 Member 1 00 (17) Rand N White 0 Х 0 0 Member Form 990 (2018)

Form 990 (2018) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	•	<del> </del>		<u></u>		•							
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)		ne bo	ox, ι n of or/t	t che unle: ficer rust	ss pers	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	01	(F) Estima mount of compens from t rganizati relate organiza	ted f other sation the on and ed
	oavid C Wilson er	1 00	1 X I						0		0		0
`	1 Stacey Hawver tive Director	35 00			х				121,000		0		14,091
							<u> </u>						
c T	oub-Total				•	) )			121,000	0			14,091
2	Total number of individuals (including but of reportable compensation from the organization)		those lis	sted a	abov	e) v	vho re	ceive	ed more than \$100	,000			
3	Did the organization list any <b>former</b> offic	er director or t	rustee	kev 4	mn	love	e orh	uaha	est compensated er	nnlovee on		Yes	No
	line 1a? If "Yes," complete Schedule J for									· · ·	3		No
4	For any individual listed on line 1a, is the organization and related organizations grindividual	eater than \$150	),000? <i>I</i>	f "Ye	s," c	om	olete S	che	dule J for such		4		No

2	Total number of individuals (including but not limited to those listed above) who received more than $\$$ of reportable compensation from the organization $\blacktriangleright$ 1
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensate

	Total from continuation sheets to Part VII, Section A	121,000		0		14,091
2	Total number of individuals (including but not limited to those listed above) who received freportable compensation from the organization $\blacktriangleright$ 1	ed more than	\$100,000			
					Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or high line 1a? <i>If "Yes," complete Schedule J for such individual</i>			3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other coorganization and related organizations greater than \$150,000? If "Yes," complete Sche					
	ındıvıdual			4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated or	ganızatıon or	ındıvıdual for			

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

4	For any individual listed on line 1a, is the sum of reportable compensation and other compenorganization and related organizations greater than \$150,000? If "Yes," complete Schedule Jundividual	for such	4 No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization $^{7}$ If "Yes," complete Schedule J for such person		5 No
Se	ction B. Independent Contractors		
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the contractors.		ensation
	(A) Name and business address	<b>(B)</b> Description of services	(C) Compensation
	Training and Addition and Control	2 303p 3.311 01 301 V1003	osperioderoir

	services rendered to the organization? If "Yes," complete Schedule J for such person	[	5		No				
S	ection B. Independent Contractors								
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year								
	(A)		(C	<del>)</del>					
	Name and business address	Description of services		Compen					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0 Form **990** (2018)

Part		Statement of	Revenue								rage 9
		Check if Schedul	le O contains	a respo	onse or note to						🗆
							( <b>A)</b> revenue	( <b>B</b> Relate exen funct	ed or npt cion	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a	Federated campaig	ns	1a				rever	iue		312 - 314
nts Ints	Ŀ	Membership dues		<b>1</b> b							
Gra not		: Fundraising events		1c	532,0	62					
-	c	l Related organizatio	ns	1d							
<u>.</u>	6	Government grants (co	ontributions)	1e	1,599,6	84					
ıns, Sin	f	All other contributions and similar amounts n	, gifts, grants,			_					
uti er		above	ot included	1f	1,828,3	21					
	Ğ	Noncash contribution of the second of the se	ons included								
Contributions, Giffs, Grants and Other Similar Amounts	١,	n Total. Add lines 1a			>						
					Busir	ness Code	3,960,067				
Program Service Revenue	2a	Attorney Fees-ProBono				541100		28,573	28,57	3	
₽ ₹						341100					
Ze-	b										
ž	d			_							
E C	e			_							
ngo.	f	All other program se	rvice revenue			28,573					
4	g-	<b>Fotal.</b> Add lines 2a-2	2f		<u> </u>	20,373					
		investment income (ii imilar amounts) .			interest, and ot	her •	1,53	2			1,532
		income from investme			ond proceeds	•					
	<b>5</b> F	Royalties				<b>•</b>					
	<b>6</b> -	C	(ı) Rea	l	(II) Persona	al					
	ьа	Gross rents									
	b	Less rental expenses									
	С	Rental income or									
		(loss)									
	a	Net rental income o	(i) Securit		(II) Other	<b>&gt;</b>					
	7a	Gross amount	(1) 333411		(ii) Garier						
		from sales of assets other									
		than inventory									
	D	Less cost or other basis and sales expenses									
	С	Gain or (loss)									
		Net gain or (loss) .				<b>•</b>					
a)		Gross income from for (not including \$	undraising evo 532,062								
ž K		contributions reporte See Part IV, line 18	ed on line 1c)			350					
eve		Less direct expense				,258					
er F		Net income or (loss)				<u>·</u>		o			
Other Revenue	9a	Gross income from g See Part IV, line 19	jaming activiti	es							
		See Fait IV, IIIIe 19		а							
	b	Less direct expense	s	b							
		Net income or (loss)		activit	ies	<u> </u>					
	10a	Gross sales of invent returns and allowand									
				а							
		Less cost of goods s		b							
	С	Net income or (loss) Miscellaneous		ınvent	tory I Business Co	de [					
	11:										
	b										
	С										
		All other revenue .									
		Total. Add lines 11a			1	<b>^</b>					
	12	Total revenue. See	Instructions		<u> </u>	<b>&gt;</b>	3,990,17	2	28,573		0 1,532
											Form <b>990</b> (2018)

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .	<u> </u>		<u> <math>\square</math></u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	844,568	844,568		
2 Grants and other assistance to domestic individuals See Part IV, line 22	84,400	84,400		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	135,091	71,860	50,128	13,103
<b>6</b> 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	1,706,705	1,413,049	175,779	117,877
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	41,756	33,665	5,122	2,969
9 Other employee benefits	191,024	154,008	23,432	13,584
<b>10</b> Payroll taxes	271,185	218,635	33,265	19,285
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	49,760	19,870	29,890	
c Accounting	59,167	11,699	45,670	1,798
<b>d</b> Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	21,907		21,907	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,899	1,899		
12 Advertising and promotion	11,250			11,250
13 Office expenses	34,187	31,691	1,617	879
14 Information technology	60,673	45,581	9,554	5,538
15 Royalties				
<b>16</b> Occupancy	62,550	60,147	2,403	
<b>17</b> Travel	5,485	5,485	·	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	,	,		
19 Conferences, conventions, and meetings				
<b>20</b> Interest	1,769		1,769	
21 Payments to affiliates	·		,	
22 Depreciation, depletion, and amortization	22,221	16,695	3,498	2,028
23 Insurance	14,144	11,645	1,582	917
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)			-,	
a Miscellaneous	30,376	18,546	11,830	
<b>b</b> Library supplements	17,882	17,882		
c Dues and memberships	8,416	7,856	560	
d Training	8,352	8,352		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,684,767	3,077,533	418,006	189,228
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)				

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Liabilities 22

Fund Balances

Assets or 30

Net

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Grants payable . . .

Deferred revenue . . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

**Total assets.**Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

		check if schedule o contains a response of note to any line in this Part ix			
			(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash-non-interest-bearing	145,004	1	180,360
	2	Savings and temporary cash investments	963,750	2	1,157,393
	3	Pledges and grants receivable, net	287,132	3	884,037
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
s	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
sset	7	Notes and loans receivable, net	66,531	7	
SS	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	43,455	9	60,926

	voluntary employees' beneficiary organizations  Part II of Schedule L					
7	Notes and loans receivable, net			66,531	7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges	43,455	9	60,926		
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	257,769			
b	Less accumulated depreciation	10b	188,559	91,431	10c	69,210
4.4						
11	Investments—publicly traded securities .			2,694,034	11	2,442,824
12	Investments—publicly traded securities •  Investments—other securities See Part IV, line	11 .		2,694,034	11 12	2,442,824
	, ,			2,694,034		2,442,824
	<b>10</b> a	<ul> <li>7 Notes and loans receivable, net</li> <li>8 Inventories for sale or use</li> <li>9 Prepaid expenses and deferred charges</li> <li>10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D</li> <li>b Less accumulated depreciation</li> </ul>	7 Notes and loans receivable, net	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 257.769	7 Notes and loans receivable, net	7 Notes and loans receivable, net

7.873

4.299.210

202,402

339.895

542.297

1.464.004

1,878,110

3,756,913

4,299,210

414,799

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7.873 4.802.623

434,773

357.192

791.965

1.526.419

1.878.110

4,010,658

4,802,623

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606,129

Form	990 (2018)				Page <b>12</b>
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	,990,172
2	Total expenses (must equal Part IX, column (A), line 25)	2			,684,767
3	Revenue less expenses Subtract line 2 from line 1	3			305,405
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		٦	,756,913
5	Net unrealized gains (losses) on investments	5			-51,660
6	Donated services and use of facilities	6			31,000
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
_	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4	.010.658
	TXII Financial Statements and Reporting	10			,010,030
ıα					
	Check if Schedule O contains a response or note to any line in this Part XII	•	<del></del>	Yes	No
				163	
1	Accounting method used to prepare the Form 990				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2ь	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	l:
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle	20		No

Audit Act and OMB Circular A-133?

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form **990** (2018)

# **Additional Data**

Software ID:

Software Version: **EIN:** 94-1451894

Name: Legal Aid Society of San Mateo County

Form 990 (2018)

Form 990, Part III, Line 4a: Linking Immigrants to Benefits, Resources & Education LIBRE's goal is to educate our immigrant community about the different safety net services available, link them to specific agencies in their communities that can assist them with the enrollment process and provide accurate information concerning their immigration opportunities

The Homesavers Project helps tenants who are having problems with their landlords. We offer legal counseling, advice and representation in the areas of evictions, disputes over the condition of the premises and illegal acts by landlords.

Form 990, Part III, Line 4b:

Form 990, Part III, Line 4c: The Health Consumer Center helps low income San Mateo residents navigate the maze of today's healthcare system with the ultimate goal of improving access to quality healthcare and health insurance coverage

SCHEDULE A Form 990 or Co 090EZ)			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.					2018
Department of nternal Reven			► Go to	www.irs.gov/Form		Open to Public Inspection		
lame of th	ne organiza nety of San Mai						Employer identifi	cation number
		· .	N- '1 C1-1	- (All	1 1-		94-1451894	
Part I he organiz				<b>us</b> (All organization e it is (For lines 1 thro			see instructions.	
1		•		ssociation of churches	•	. ,	(A)(i).	
2 🗆	A school de	scribed in <b>se</b>	tion 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3 □	A hospital o	or a cooperati	ve hospital ser	vice organization desci	ıbed ın <b>section</b>	170(b)(1)(A)(	iii).	
4 🗆	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state							
5 🗌		ation operated ( <b>iv).</b> (Comple		t of a college or unive	sity owned or o	perated by a gov	ernmental unit descr	ibed in <b>section 170</b>
6 🗌	A federal, s	tate, or local	government o	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	\)(v).	
7 🗸	section 17	O(b)(1)(A)(	<b>vi).</b> (Complete			-	ınıt or from the genei	ral public described in
8 🗌	A communi	ty trust descr	ıbed ın <b>sectio</b> ı	170(b)(1)(A)(vi)	(Complete Part I	I)		
9 🗌				escribed in <b>170(b)(1)</b> ee instructions Enter				lege or university or a
0 🗆	from activit	ies related to income and i	ıts exempt fur ınrelated busır	(1) more than 331/3% actions—subject to cer less taxable income (le amplete Part III)	tain exceptions,	and (2) no more	than 331/3% of its s	upport from gross
1 🗆	An organiza	ation organize	d and operate	d exclusively to test fo	r public safety S	See <b>section 509</b>	(a)(4).	
2 🗌	more public	ly supported	organizations	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or se	ction 509(a)(2	). See section 509(	
a 🗌	<b>Type I.</b> A so	supporting org n(s) the powe	janization opei	ated, supervised, or co	ontrolled by its s	upported organi	zation(s), typically by	
ь 🗆	manageme	nt of the supp		pervised or controlled in ation vested in the sare and C.				
с 🗌		•	_	supporting organizatio	•	•	, -	ated with, its
d 🗆	Type III n functionally	on-function integrated 1	ally integrate he organization	ions) You must com d. A supporting organi n generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orga	
е 🗌	Check this	box if the org	anızatıon recei	ved a written determir	ation from the I		pe I, Type II, Type I	II functionally
<b>f</b> Enter			on-functionally organizations	integrated supporting	organization			
<b>g</b> Provi	de the follow	ing information	on about the s	pported organization(	s)			1
(i) N	lame of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iii) Type of organization (in your governing document? (see instructions) (vi) and the following transfer (see instructions)			(vi) Amount of other support (see instructions)
					Yes	No		
otal								
	work Reduc	tion Act Not	ce, see the T	 nstructions for	Cat No 11285	1 5F •	 Schedule A (Form 9	 990 or 990-EZ) 2018

supported organization

instructions

Page 2

	(b)(1)(A)(ix) (Complete only if you ch	acked the hov o	n line 5 7 8 or	Q of Part I or if	the organization	s failed to qualify	, under Part
	III. If the organization fa						, under Fait
S	Section A. Public Support	,		, ,	<u> </u>	,	
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(4) 2014	(6) 2013	(6) 2010	(u) 2017	(0) 2010	(1) Total
L	Gifts, grants, contributions, and	1,752,280	2,178,545	2,597,069	3,084,448	3,960,067	13,572,409
	membership fees received (Do not include any "unusual grant")	1,732,280	2,170,343	2,397,009	3,004,440	3,900,007	13,372,409
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 <b>Total.</b> Add lines 1 through 3	1,752,280	2,178,545	2,597,069	3,084,448	3,960,067	13,572,409
1	The portion of total contributions by	1,732,260	2,176,343	2,397,009	3,004,446	3,900,007	13,372,409
•	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						206,970
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
_	Bublic command Cubbonet loss 5						
•	<b>Public support.</b> Subtract line 5 from line 4						13,365,439
S	Section B. Total Support	I		I	I	I	
_	Calendar year	(-)2014	(F)201E	(-)201 <i>C</i>	(4)2017	(-)2010	
	(or fiscal year beginning in) ▶	(a)2014	<b>(b)</b> 2015	(c)2016	( <b>d)</b> 2017	<b>(e)</b> 2018	(f)Total
7	Amounts from line 4	1,752,280	2,178,545	2,597,069	3,084,448	3,960,067	13,572,409
8	Gross income from interest,						
	dividends, payments received on	93,438	4,247	3,062	3,126	1,573	105,446
	securities loans, rents, royalties and		.,	-,	-,	-,	,
9	income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
LO	- · · · · · · · · · · · · · · · · · · ·						
	or loss from the sale of capital	312	835	2	197,493		198,642
	assets (Explain in Part VI )						
L1	<b>Total support.</b> Add lines 7 through						13,876,497
	10 Gross receipts from related activities,	ots (see instruction				140	225.042
						12	225,043
L3	First five years. If the Form 990 is fo	-			•		nization,
	check this box and <b>stop here</b>			<del></del>		<u></u>	
S	Section C. Computation of Public	c Support Perce	entage				
4	Public support percentage for 2018 (lin	ne 6, column (f) dı	vided by line 11, co	olumn (f))		14	96 320 %
L5	Public support percentage for 2017 Sc	hedule A, Part II, l	ine 14			15	95 400 %
6.	33 1/3% support test—2018. If the	organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this b	ox
	and <b>stop here.</b> The organization quali						▶ ☑
ŀ	33 1/3% support test—2017. If th				nd line 15 is 33 1/3	3% or more, check	
-		=			,		▶ □
	box and stop here. The organization 10%-facts-and-circumstances test				13 16a or 16h	and line 14	
L / a	is 10% or more, and if the organization						
	in Part VI how the organization meets				•		
	organization			. 5	F	, , , , , , , , , , , , , , , , , , , ,	►□
Į.	10%-facts-and-circumstances tes	st-2017 If the or	ganization did not	check a hov on lin	e 13 16a 16b or	17a and line	₽ ⊔
D	15 is 10% or more, and if the organiz		-		, , ,		
	Explain in Part VI how the organization						
	supported organization			,	•		▶□

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

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.	)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</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 Gross receipts from activities that are						
3	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 The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 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						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
36	ection B. Total Support  Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
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						
12							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and <b>stop here</b>	,	, ,	, ,	,	( ), ( )	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi	<u>_</u>				1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,	• •	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of 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

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 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)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b 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 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a 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 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a 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.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
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	<b>11</b> c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	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? <i>Provide details in Part VI.</i>	3a		
	<b>b</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 <b>Part VI.</b> the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

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

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

## **Additional Data**

# Software ID:

**Software Version: EIN:** 94-1451894

Name: Legal Aid Society of San Mateo County

Schedule A (Form 990 or 990-EZ) 2018

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

**SCHEDULE C** 

# **Political Campaign and Lobbying Activities**

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

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

OMB No 1545-0047

DLN: 93493274012089

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

• S • S f the • S • S f the Prox	Section 501(c) (other than section 5 Section 527 organizations Complet corganization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 9 thave filed Form 5768 (election under s thave NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Tax s), then	s I-A and C below 90-EZ, Part VI, Irr ection 501(h)) Conder section 501(h	ne 47 (Lobbying Activitie emplete Part II-A Do not co )) Complete Part II-B Do	omplete Part II-B not complete Part II-A
	me of the organization			Employer ide	ntification number
Lega	al Aid Society of San Mateo County				
Dae	t I-A Complete if the orga	nization is exempt under sectio	n FO1(c) or is	94-1451894	ization
	·	·			
1	"political campaign activities")	ization's direct and indirect political can	npaign activities ir	Part IV (see instructions	for definition of
2	Political campaign activity expend	itures (see instructions)		<b>&gt;</b>	\$
3	Volunteer hours for political camp	aign activities (see instructions)			
Par	t I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).		
1	Enter the amount of any excise ta	ax incurred by the organization under se	ction 4955	<b>&gt;</b>	\$
2	Enter the amount of any excise ta	ax incurred by organization managers ui	nder section 4955	•	\$
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	hıs year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par		nization is exempt under sectio	n 501(c), exce	ept section 501(c)(3)	).
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities	\$
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other o	rganızatıons for se	ection 527 exempt	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly deliver see (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's funds olitical organization, such	Also enter the amount
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
1					
2					
3					
1					
5					
5					

	Not over \$500,000	20% of the amount on line 1e					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000					
	Over \$17,000,000	\$1,000,000					
g	Grassroots nontaxable amount (enter 25% of line	e 1f)		83,560			
h	Subtract line 1g from line 1a If zero or less, enter	er -0-		0			
i	Subtract line 1f from line 1c If zero or less, ente	r -0-		0			
j	j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?						
	4-Year Averaging Period Under section 501(h)						

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

(a) 2015

266,334

797

66,584

**(b)** 2016

291,195

140

37

72,799

(c) 2017

299,128

724

74,782

(d) 2018

334,238

994

83,560

Schedule C (Form 990 or 990-EZ) 2018

(e) Total

1,190,895

1,786,343

2,655

297,725

446,588

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

activity

Volunteers?

Part IV

Return Reference

1

(b)

Amount

(a)

No

Yes

## Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 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), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B 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 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 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? 4

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

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

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

5

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

(Form 990)

Department of the Treasury

**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.

OMB No 1545-0047

DLN: 93493274012089

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** Legal Aid Society of San Mateo County 94-1451894 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 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? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an 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 Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 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 ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (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

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining Col	lections of Art,	Histor	ical T	eası	ures, or Ot	her S	Similar As	sets (d	ontın	ued)	
3		the organization's acquisition, accession (check all that apply)	n, and other records	s, check	any of	the fo	ollowing that	are a s	significant u	se of its	colle	ction	
а		Public exhibition		d		Loan	or exchange	progr	ams				
b		Scholarly research		е		Othe	er						
С		Preservation for future generations											
4	Provid Part X	le a description of the organization's coli IIII	lections and explair	n how th	ey furtl	ner th	e organizatio	n's ex	empt purpo	se in			
5		g the year, did the organization solicit or s to be sold to raise funds rather than to							lar	☐ Ye	s	□ N	o
Pai	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.	<b>ments.</b> vered "Yes" on Fo	orm 990	), Part	IV, I	ine 9, or re	porte	d an amou	nt on F	orm	990,	Part
1a		organization an agent, trustee, custodia ed on Form 990, Part X?	an or other interme	diary for	contri	oution	ns or other as	sets n	ot	☐ Ye	s	□ N	0
ь	If "Ye	s," explain the arrangement in Part XIII	and complete the f	following	table				Α	mount			_
c	Begin	ning balance					10	:					_
d	Addıtı	ons during the year					10	ı					_
е	Distrib	outions during the year					16						_
f	Endin	g balance					11	:					_
2a	Did th	e organization include an amount on Fo	rm 990, Part X, line	e 21, for	escrow	or cu	ıstodıal accou	unt lial	oility?	☐ Ye	s	□ N	0
b		s," explain the arrangement in Part XIII								_			
Pa	rt V	Endowment Funds. Complete if											
			(a)Current year	(b)F	rior yea	r	(c)Two years	back	(d)Three yea	rs back	<b>(e)</b> Fo	ur year	s back_
<b>1</b> a	Beginni	ng of year balance	3,400,781		3,132	,388	3,08	1,795	3,	500,676		3,2	215,179
b	Contrib	utions										;	207,000
c	Net inv	estment earnings, gains, and losses	-79,755		277	,393	39	0,593	-	138,881			78,497
d	Grants	or scholarships											
e		expenditures for facilities ograms	14,000	)	ç	,000	34	0,000	:	280,000			
f	Admini	strative expenses											
g	End of	year balance	3,307,026	i	3,400	,781	3,13	2,388	3,	081,795		3,!	500,676
2	Provid	le the estimated percentage of the curre	ent year end balanc	e (line 1	g, colu	mn (a	)) held as						
а	Board	designated or quasi-endowment 🕨	40 490 %										
b	Perma	anent endowment ► 56 790 %											
С	Temp	orarily restricted endowment > 2.7	20 %										
	The p	ercentages on lines 2a, 2b, and 2c shou	ld equal 100%										
3a		lere endowment funds not in the posses ization by	sion of the organiza	ation tha	t are h	eld ar	nd administer	ed for	the		Г	Yes	No
	_	related organizations								32	a(i)	Yes	110
		elated organizations									(ii)		No
b	• •	s" on 3a(II), are the related organization	s listed as required	on Sche	edule R	· .					3b		
4	Descr	be in Part XIII the intended uses of the	organization's end	owment	funds								-
Pa	rt VI	Land, Buildings, and Equipmer											
	D	Complete if the organization answ ption of property (a) Cost or oth		orm 990 st or other								ok valu	
	Descri	ption of property (a) Cost or oth (investme		st or other	nasis (	otrier)	(c) Accumu	ateu ue	epreciation	,	<b>и)</b> Бос	K Valu	e 
<b>1</b> a	Land												
b	Building	gs											
c	Leaseh	old improvements			17	2,998			121,099				51,899
d	Equipm	ent			(	7,100			55,560				11,540
	Other					.7,671			11,900				5,771
Tota	ı <b>l.</b> Add	ines 1a through 1e (Column (d) must ed	qual Form 990, Pari	t X, colu	mn (B)	. line	10(c)) .	. •	•				69,210

Part VII	<b>Investments—Other Securities.</b> Complete if the See Form 990, Part X, line 12.				
	(a) Description of security or category (including name of security)		<b>(b)</b> Book value		Method of valuation end-of-year market value
	al derivatives				
	Tied equity interests	<u> </u>			
(A)					
[B)					
(C)					
(D)					
(E)					
F)					
(G)					
(H)					
Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12 )	<b>&gt;</b>			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F	orm 990. Pa	art IV. line	11c. See Form	990. Part X. line 13.
	(a) Description of investment		ok value	(c)	Method of valuation end-of-year market value
(1)				Cost of	end-or-year market value
(2)					
(3)					
(4)					
5)					
6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col (B) line 13 )	•			
Γ <b>otal.</b> (Colum	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Fotal. (Colum			n 990, Part	IV, line 11d See	Form 990, Part X, line 15  (b) Book value
Part IX	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Part IX  1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Part IX  1) 2)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3) 4)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Total. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Total. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, col (B) line 15  Other Liabilities. Complete if the organization a				(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability			n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Must equal Form 990, Part X, col (B) line 15)  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) Fotal. (Column 1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Column  7) 8.  1) Federal (1) 2)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X  1) Federal (1) 2) 3)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X  1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Part X  1) Fotal. (Columnary) Part X  1) Federal (1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Part X  1) Fotal. (Columnary) Part X  1) Federal (1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Part X  1) Fotal. (Columnary) Part X  1) Federal (1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (Columpart X	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
Total. (Column Part IX	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value

Page 4

4,381,894

3,684,767

3.684.767

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

3

b

5

Part XIII

See Additional Data Table

Return Reference

С	Add lines <b>4a</b> and <b>4b</b>	4c	0				
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 ) <b>5</b> 3,990,172						
Par	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.						
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements	1	8,066,661				
_	A						

	Trees in the content of Expenses per Addition i Intention of the content of the c							
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.							
1	Total expenses and losses per audited financial statements		1	8,066,661				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25							
а	Donated services and use of facilities							
ь	Prior year adjustments							
С	Other losses							

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

2d

4a

4b

Explanation

84,258

2e

3

4c

5

Add lines **4a** and **4b** . . . . . . . . . . . . . .

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

# **Additional Data**

Software ID: Software Version:

**EIN:** 94-1451894

Name: Legal Aid Society of San Mateo County

Return Reference Part V, Line 4 The interest income is used for operating expenses of the organization while the corpus remains intact in

Explanation

**Supplemental Information** 

perpetuity

Supplemental Information	
Return Reference	Explanation
Part X, Line 2	Legal Aid is exempt from taxation under Internal Revenue Code Section 501(c)(3) and Califo rnia Revenue and Taxation Code Section 23701d Generally accepted accounting principles provide accounting and disclosure 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 the ree and four years, respectively, after they are filed.

upplemental Information						
Return Reference	Explanation					
Part XI, Line 2d - Other Adjustments	Special events expenses 84,258					

s

upplemental Information						
Return Reference	Explanation					
Part XII, Line 2d - Other Adjustments	Special events expenses 84,258					

DLN: 93493274012089 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information **Employer identification number** Name of the organization Legal Aid Society of San Mateo County 94-1451894 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

che	dule G (Form 990 or 990-EZ) 2018					F	Page <b>3</b>	
.1	Does the organization conduct gaming	activities with nonmember	rs?		☐ Yes	□No		
.2	Is the organization a grantor, beneficia formed to administer charitable gaming		a member of a partnership or other entity		□Yes			
3	Indicate the percentage of gaming activ	vity conducted in						
а	The organization's facility			13a			%	
b	An outside facility			13b			%	
4	Enter the name and address of the person who prepares the organization's gaming/special events books and records							
	Name ►							
	Address ►							
5a	Does the organization have a contract virevenue?	with a third party from who	om the organization receives gaming		□Yes	□No		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$							
С	If "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					
7	Mandatory distributions							
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?							
b	•	Tes ☐ No Enter the amount of distributions required under state law distributed to other exempt organizations or spent In the organization's own exempt activities during the tax year ► \$						
Pai	t IV Supplemental Informatio	n. Provide the explana	tions required by Part I, line 2b, column blicable. Also provide any additional info				 S.	
_	Return Reference		Explanation					

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493274012089 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. **Open to Public** ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number Legal Aid Society of San Mateo County 94-1451894 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

## (5)

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Explanation

Return Reference

Part I, Line 2 Emergency assistance to clients is provided to help families and individuals in crisis to meet emergency needs for food and shelter. Upon approval of the emergency

check requisition by the Executive Director, the emergency check is issued to the requestor's client in need of assistance Schedule I (Form 990) 2018

## **Additional Data**

(a) Name and address of

Bay Area Legal Aid

1735 Telegraph Ave

Oakland, CA 94612

## Software ID: Software Version: EIN: 94-1451894 Name: Legal Aid Society of San Mateo County

(b) EIN

(c) IRC section

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

organization or government	(5, ==	ıf applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
Asian Pacific Islander Legal Outreach 1121 Mission St San Francisco, CA 94103			73,750				Represent clients in Removal Defense cases before the immigration court (EOIR) and provide emergency legal

25,000

(e) Amount of non- (f) Method of valuation

(h) Purpose of grant

assistance

assistance

Represent clients in

Removal Defense cases

before the immigration court (EOIR) and provide emergency legal

(a) Description of

(d) Amount of cash

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 152,042 Represent clients in Catholic Charities 36 37th Ave Removal Defense cases San Mateo, CA 94403 before the immigration court (EOIR) and provide emergency legal assistance

Support LIBRE partner

outreach to immigrants

and distribute Materials to individuals and families

49.562

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

City of Redwood City

Redwood City, CA 94063

2600 Middlefield Rd

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Coastside Hope 29,000 Provides outreach and 99 Ave Alhambra Unit 1089 education to low-income El Granada, CA 94018 immigrants in Half Moon Bay through their promotora program, as well as benefits

enforcement operations

application assistance Community Legal Services in 133,217 Plan, Coordinate and East Palo Alto Host 3 immigration 1861 Bay Rd Workshops on immigration law,

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

East Palo Alto, CA 94303 Provide intake, screening, advice, referrals and limited scope legal services to San Mateo County residents affected by

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 43.750 Faith in Action Bay Area Coordinate SMC Rapid 1336 Arroyo Ave Response Hotline, train San Carlos, CA 94070 and dispatch legal observers and

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

this contract by partner

agencies

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

San Francisco, CA 94103

**(b)** EIN

accompaniment teams to sites of ICE activities, Conduct education and outreach to build awareness Immigrant Legal Resource 38,792 Provide training and

technical assistance to Center 1458 Howard St attorneys assigned to

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 152,042 Represent clients in International Institute of the Bay Area Removal Defense cases 121 Sand Creek Rd Suite B before the immigration court (EOIR) and provide emergency legal

llow-income immigrants in East Palo Alto and Belle Haven

Brentwood, CA 94513 assistance

JobTrain 17.000 Provides benefits application assistance to

1200 OBrien Dr

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Menlo Park, CA 94025

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 75.100 Nuestra Casa Conduct outreach to 2396 University Ave Redwood City/No Fair East Palo Alto, CA 94303 Oaks residents to inform residents of "Know Your Rights or "Public Charge"

court (EOIR) and provide emergency legal

assistance

Pangea Legal Services

Reghts or "Public Charge"

Pangea Legal Services

350 Sansome St Unit 650

San Francisco, CA 94104

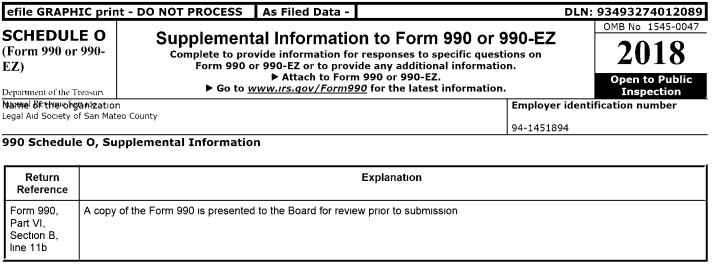
Reghts or "Public Charge"

Represent clients in Removal Defense cases before the immigration

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (c) IRC section (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 43.021 University of San Francisco Represent clients in School of Law Removal Defense cases 2130 Fulton St before the immigration San Francisco, CA 94117 court (EOIR) and provide emergency legal

assistance



Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section B,
Inne 12c

Board members are asked to complete and sign conflict of interest disclosures at the Annual Meeting

Return Explanation
Reference

Form 990,
Part VI,
Section B.
The organization uses the following to establish the compensation of its Executive Directo
r - Compensation Committee, - Written Employment Contract, - Compensation survey, and - A
pproval by the Board

990 Schedule O, Supplemental Information

line 15a

Explanation Return Reference

Form 990,	Legal Aid makes the following documents available to the public a Form 990 is available
Part VI,	on its website, another organization's website, and upon request b Governing documents
Continu	Website and upon reguest a Conflict of Interest Delieu Website and upon reguest d. Fin

Section C. Website and upon request c Conflict of Interest Policy Website and upon request d Fin line 19 ancial Statements Upon request

990 Schedule O, Supplemental Information