DLN: 93493317055280

2019

OMB No. 1545-0047

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

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

Open to Public Inspection

		e 2019 ca		nning 01-01-2019 , and ending 1	2-31-2	2019			
		pplicable:	C Name of organization				D Employe	r identifi	cation number
		change	Legal Aid Foundation of Los Angele	S			95-1684	067	
	me ch	-	Doing business as				JJ 1004	007	
	tial ret	turn n/terminated	Doing business as						
		n/terminated return	Number and street (or P.O. box if r	mail is not delivered to street address) Roo	m/suite		E Telephone	e number	
		on pending	1550 Wort 9th Stroot	, , , , , , , , , , , , , , , , , , , ,	,		(323) 80	1-7916	
				untry, and ZIP or foreign postal code					
			Los Angeles, CA 90017				G Gross red	eipts \$ 17	7,759,021
			F Name and address of princip	al officer:	ı	l(a) Is this	a group ret	urn for	
			Silvia Argueta 1550 West 8th Street				inates?		□Yes ☑No
			Los Angeles, CA 90017			I(b) Are all		es	☐ Yes ☐No
[Tax	x-exer	npt status:	☑ 501(c)(3) ☐ 501(c)() ◀	(insert no.) 4947(a)(1) or 52	17	include		st (see	instructions)
1 W	eheit	••• \\\\\	/W.LAFLA.ORG	(misercino.) = 4347(a)(1) 01 = 32		H(c) Group		•	•
•	CDSIC	.e.p ww	W.LAI LA.OKO						
K Forn	n of o	rganization:	Corporation Trust Ass	ociation Other >	L	Year of format	ion: 1929	M State	of legal domicile: CA
	0. 0.	gamzadom	. — corporation — Trase — Xos						
Pa	art I	Sum	mary						
			scribe the organization's mission						
မ		_egal Aid I	Foundation of Los Angeles (LAFLA	A) seeks to achieve equal justice for lo	w-inco	me people.			
Ĕ	-								
E	-								
Governance				scontinued its operations or disposed			of its net as		
	l		of voting members of the governi	• , , , ,				3	42
သို့ ကို	l		· -	of the governing body (Part VI, line 1b	-			4	42
Activities &	l		, ,	alendar year 2019 (Part V, line 2a) .				5	183
Ę			•	ecessary)			•	6	1,704
ď	7a	Total unr	elated business revenue from Pa	rt VIII, column (C), line 12				7a	0
	b	Net unrel	ated business taxable income fro	m Form 990-T, line 39		<u></u>		7b	0
						Prio	r Year		Current Year
g _i	8	Contribut	ions and grants (Part VIII, line 1h)			16,859,8	89	16,739,306
Ravenue	9	Program	service revenue (Part VIII, line 2g)			2,061,0	67	605,533
کن ک	10	Investme	nt income (Part VIII, column (A),	lines 3, 4, and 7d)			219,2	90	198,059
_	11	Other rev	enue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			74,8	38	13,247
	12	Total reve	enue—add lines 8 through 11 (m	ust equal Part VIII, column (A), line 12	2)		19,215,0	84	17,556,145
	13	Grants ar	nd similar amounts paid (Part IX,	column (A), lines 1-3)				0	0
	14	Benefits p	oaid to or for members (Part IX, o	column (A), line 4)				0	0
88	15	Salaries,	other compensation, employee b	enefits (Part IX, column (A), lines 5-1	.0)		12,250,8	50	13,125,873
Expenses	16a	Professio	nal fundraising fees (Part IX, colu	ımn (A), line 11e)				0	0
e d	Ь	Total fundr	raising expenses (Part IX, column (D),	line 25) ▶458,733					
Ð	17	Other exp	oenses (Part IX, column (A), lines	11a-11d, 11f-24e)	-		4,515,0	90	5,527,946
	18	Total exp	enses. Add lines 13–17 (must eq	ual Part IX, column (A), line 25)			16,765,9	40	18,653,819
	19	Revenue	less expenses. Subtract line 18 f	rom line 12			2,449,1	44	-1,097,674
<u>કે જ</u>						Beginning o	f Current Ye	ar	End of Year
å ĕ S									
Net Assets or Fund Balances	l		ets (Part X, line 16)				28,828,3		28,104,945
2 2	21	Total liab	ilities (Part X, line 26)		•		5,890,0	05	6,215,484
Zű	22	Net asset	s or fund balances. Subtract line	21 from line 20			22,938,3	28	21,889,461
	rt II		ature Block						
				nined this return, including accompan e. Declaration of preparer (other than					
	nowle								
		*****	k			2020	44.40		
-		 	ure of officer			Date	-11-12		
Sign Here		<u> </u>							
	•		Argueta CFO r print name and title						
		 	rint/Type preparer's name	Preparer's signature	Date	<u>. </u>		TIN	
Dai:	1		, .,pop.oparci o name	170ps. 0. 0 signature		Chec	k ∐ if p	01775198	1
Paid		, _F	irm's name	As LLP			employed 's EIN ► 95-4	1557617	
_	pare	71							
Use	Un	י ע 	irm's address ► 234 East Colorado Blv	d Suite M150		Phon	e no. (626) 4	03-6801	
			Pasadena, CA 91101						
May t	he IR	S discuss	this return with the preparer sho	own above? (see instructions)				 ✓ Y	es 🗆 No

Form	990 (2019)					Page 2
Pa	rt III Statement	of Program Service	e Accomplis	hments		
	Check if Sche	edule O contains a respo	onse or note to	any line in this Part III		🗹
1	Briefly describe the	organization's mission:				
See S	Schedule O					
2	Did the organization	undertake any significa	int program ser	vices during the year w	which were not listed on	
	the prior Form 990 c	or 990-EZ?				☐ Yes 🗹 No
	If "Yes," describe the	ese new services on Sch	nedule O.			
3	Did the organization	cease conducting, or m	nake significant	changes in how it cond	lucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedu	e O.			
4	Describe the organiz	ation's program service	accomplishmer	nts for each of its three	e largest program services, as meas	ured by expenses.
					of grants and allocations to others,	the total
	expenses, and reven	nue, if any, for each pro	gram service re	ported.		
4a	(Code:) (Expenses \$	2,804,283	including grants of \$) (Revenue \$)
	See Additional Data	, (_,,	3 3	, (,
4b	(Code:) (Expenses \$	2,548,994	including grants of \$) (Revenue \$	532,013)
	See Additional Data					
4c	(Code:) (Expenses \$	2,306,013	including grants of \$) (Revenue \$)
	See Additional Data					
	See Additional Data	Table				
4d	Other program servi	ces (Describe in Sched	ule O.)			_
	(Expenses \$	4,685,752 incl	uding grants of	\$) (Revenue \$	73,520)
4e	Total program ser	vice expenses >	12,345,0	42		
						Form 990 (2019)

Form	990 (2019)			Page 3
Par	t IV 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	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
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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? <i>If "Yes," complete Schedule D</i> ,Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> 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	Yes	
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	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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	11c		No
	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 2	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	13-	Vac	
ь	Schedule D, Parts XI and XII 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	12a 12b	Yes	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, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

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Pa	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	Yes	
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
:6	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M **	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	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
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 26			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	(garibing) withings to prize withers:			0 (2019

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Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
12a	against amounts due or received from them.)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
С				
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	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?	15		No
16	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? If "Yes," complete Form 4720, Schedule O.	16		No

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	ines
Se	ction 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 42			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	$\vdash \vdash$		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	100		
<u> 30</u> 17	List the states with which a copy of this Form 990 is required to be filed▶			
	CA CA 100			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
10	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line) (C) Name and title (D) Reportable compensation from the organization and any officer and a director/trustee) (D) Reportable compensation from the organization of the organization of the organization from th	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's furrent key employees, if no. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee. (B) A Reportable compensation or trustee of the organization or trustee. (C) (B) A Reportable compensation or from the organization or end to the compensation organization organizat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation 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. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organi	year.		•						, ,		-	n's ta	Κ
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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 from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any nei													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization organization organization and related organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it st		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

(B)

Part VII

3110 Main St Suite 210 Santa Monica, CA 90405 Jackson Lewis LLP

725 S Figueroa St Suite 2500 Los Angeles, CA 90017

compensation from the organization ▶ 2

Page 8

175,466

Form **990** (2019)

	Name and title Average hours per week (list any hours for related specialisted specialisted specialist of the compensation of) ated of other sation the
	for related organizations below dotted line) for related organizations below dotted line) for related organizations below dotted line) Former Key employee or director Institutional Trustee or director (W-2/1099-MISC) MISC) Wisc)												organizati relat organiza	ed
See	Additional Data Table													
1b S	Sub-Total						<u> </u>							
	Total from continuation sheets to Pa						▶ [220 427				222 222
	Total (add lines 1b and 1c)						<u> </u>			228,127		0		220,220
2	Total number of individuals (including of reportable compensation from the			e liste	ed a	bove	e) wno	rece	eived mo	re than \$1	.00,000			
													Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>						oyee, d		-	mpensated	l employee on			
4	,			-	-	-	_	-				3		No
4	For any individual listed on line 1a, is organization and related organization individual	s greater than \$	\$150,000	0? <i>If</i>	"Yes	s," co	omplet	te Sc				4	Yes	
5	Did any person listed on line 1a receiv							ated	organiza	tion or ind	ividual for	-	165	
	services rendered to the organization	?If "Yes," compl	lete Sch	edule	: J fo	r su	ıch per	rson				5		No
	ection B. Independent Contract													
1	Complete this table for your five higher from the organization. Report comper											mpens	sation	
	Name ;	(A) and business addre	ess							Desc	(B) cription of services		(C Comper) nsation
Law C	Office of Carol A Sobel		-							Legal Servi	•			249,901

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(C)

(D)

Legal Services

(E)

orm 9			of F	Pavanua						Page 9
Part	VIII				respo	onse or note to any	line in this Part VIII			🗆
				3 5011141113	, , , ,	7.100 01 11000 00 0011,	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
(6	1a	Federated campa	aigns		1a			revenue		512 - 514
unts	ı	• Membership due	s.	. [1 b					
Gra mo	١,	: Fundraising even	nts .	. [1c	806,354				
ifts, ar A	(d Related organiza	tions	5	1 d	647,913				
m; 6.	•	Government grants	(con	tributions)	1e	13,777,363				
Contributions, Gifts, Grants and Other Similar Amounts	f	 All other contribution and similar amounts above 			1f	1,507,676				
ntribu A Oth	٩	Noncash contribution lines 1a - 1f:\$	ons in	cluded in	1 g	168,009				
a Co	ļ	h Total. Add lines	1a-1	f		🗲	16,739,306			
						Business Code				
	2a	Attorney fees				541100	402,454	402,454		
Program Service Revenue	b	Litigation				541100	129,559	129,559		
e Re	c	Clinical support				900099	73,520	73,520		
Servic	d					-				
ram										_
Jo J	е									
	f	All other program	serv	ice revenue.						
	g	Total. Add lines 2	2a-2	f	>	605,533	I			I
		Investment income								198,059
		imilar amounts) . Income from invest		 It of tax-exer		ond proceeds				
		Royalties					<u> </u>			
				(i) Rea	l	(ii) Personal				
	6a	Gross rents	6a							
			H							
		Less: rental expenses Rental income	6b							
	С	Rental income or (loss)	6c							
	or (loss) 6c d Net rental income or (loss) . (i) So		(loss)							
				(i) Securit	ties	(ii) Other				
	7a	Gross amount from sales of assets other	7a							
	b	than inventory Less: cost or	7b				1			
		other basis and sales expenses	_				_			
	c	Gain or (loss)	7с							
		Net gain or (loss)			_	•				
Other Revenue	ъа	contributions reporte	d on	806,354 of line 1c).						
Je /		See Part IV, line 18			8a	202,876				
er		Less: direct expen Net income or (los			8b na ev	, , , , , , , , , , , , , , , , , , ,				
						ents •				
	9a	Gross income from See Part IV, line 19			9a					
	b	Less: direct expen			9a					
		Net income or (los			 activit	ies				
		•	_	·						
	10a	Gross sales of inve returns and allowa	ento: ances	ry, less	10a					
	b	Less: cost of good	ls sol	ld	10b		7			
	c	Net income or (los	ss) fr	om sales of i	nvent	tory ►	_			
		Miscellaneo				Business Code				
	11	a Miscellaneous inc	ome			90009	13,24			13,247
	b									
	c									
		All other revenue Total. Add lines 1				•				
	12	Total revenue. S	ee ir	nstructions .			17,556,14			0 211,306
							17,550,14	000,033	'I	0 211,306

Form 990 (2019)					Page 10
Part IX Statement of Functional Expense					
Section 501(c)(3) and 501(c)(4) organiza			_		· · · · · · · · · · · · · · · · · · ·
Check if Schedule O contains a response	or note to any	line in this Part IX			🗹
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	(D) Fundraising expenses
1 Grants and other assistance to domestic organizate domestic governments. See Part IV, line 21					
2 Grants and other assistance to domestic individua Part IV, line 22	ls. See				
3 Grants and other assistance to foreign organizatio governments, and foreign individuals. See Part IV, and 16.	, -				
4 Benefits paid to or for members					
5 Compensation of current officers, directors, truste key employees	ees, and	605,962	354,711	244,987	6,264
6 Compensation not included above, to disqualified defined under section 4958(f)(1)) and persons desection 4958(c)(3)(B)	scribed in				
7 Other salaries and wages		9,684,695	7,877,761	1,478,568	328,366
8 Pension plan accruals and contributions (include s (k) and 403(b) employer contributions)	ection 401	401,436	344,800	44,608	12,028
9 Other employee benefits		1,448,978	1,212,199	196,237	40,542
10 Payroll taxes		984,802	775,480	177,889	31,433
11 Fees for services (non-employees):					
a Management					
b Legal		381,799		381,799	_
c Accounting		76,344		76,344	_
d Lobbying					
e Professional fundraising services. See Part IV, line	17				
f Investment management fees	. –				
g Other (If line 11g amount exceeds 10% of line 25 (A) amount, list line 11g expenses on Schedule O		264,388	67,910	196,478	
12 Advertising and promotion	, <u> </u>	19,556	19,556		
13 Office expenses		567,438	371,004	190,408	6,026
14 Information technology		129,138	64,085	63,366	1,687
15 Royalties		,	,	· -	
16 Occupancy		1,504,046	461,197	1,032,775	10,074
17 Travel	•	79,485	72,601	6,507	377
18 Payments of travel or entertainment expenses for federal, state, or local public officials	any	75,100	, 2,001	5,557	
19 Conferences, conventions, and meetings					
20 Interest	· · ⊢	167,171		167,171	
21 Payments to affiliates	-	107,171		10,71,1	
22 Depreciation, depletion, and amortization		113,175		113,175	
, , , ,		106,557	71,241	33,185	2,131
 23 Insurance 24 Other expenses. Itemize expenses not covered ab miscellaneous expenses in line 24e. If line 24e am exceeds 10% of line 25, column (A) amount, list I expenses on Schedule O.) 	nount	100,537	71,241	33,103	2,131
a Settlement		520,000		520,000	
		252 75-		252 727	
b Bad debt expenses		368,707		368,707	
c Other expenses		295,356	27,490	254,107	13,759
d Equip. rental & main.		224,108	162,774	57,048	4,286
e All other expenses		710,678	462,233	246,685	1,760
25 Total functional expenses. Add lines 1 through	24e	18,653,819	12,345,042	5,850,044	458,733
26 Joint costs. Complete this line only if the organiz reported in column (B) joint costs from a combine educational campaign and fundraising solicitation.	ation				· ·

Check here \blacktriangleright \Box if following SOP 98-2 (ASC 958-720).

Form 990 (2019)

Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			3,634,035	1	3,945,407
	2	Savings and temporary cash investments .		[943,318	2	481,802
	3	Pledges and grants receivable, net			2,463,578	3	2,843,841
	4	Accounts receivable, net			967,809	4	435,758
	5 6	Loans and other payables to any current or forr key employee, creator or founder, substantial c entity or family member of any of these person Loans and other receivables from other disquali	ontribut s . ified per	tor, or 35% controlled		5	
		section $4958(f)(1)$), and persons described in s	ection 4	·958(c)(3)(B)		6	
2	7	Notes and loans receivable, net			13,262,600	7	13,262,600
3	8	Inventories for sale or use				8	
2	9	Prepaid expenses and deferred charges			161,434	9	203,195
•	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	9,295,610			
	ь	Less: accumulated depreciation	10b	4,840,201	4,285,931	10c	4,455,409
	11	Investments—publicly traded securities .			3,086,010	11	2,471,451
	12	Investments—other securities. See Part IV, line	11 .			12	

Page **11**

5,482

28,104,945

2,684,367

1.055.635

2,470,000

6.215.484

20,726,047

1,163,414

21,889,461

28,104,945

Form 990 (2019)

5,482

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23,618

28,828,333

1,788,600

351.028

5,482

3,744,895

5.890.005

22,138,215

22,938,328

28,828,333

800,113

Liabilities

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33

Fund Balances

٥ 29

Assets 30 Intangible assets .

Grants payable .

Deferred revenue . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Investments-program-related. See Part IV, line 11

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

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

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

Retained earnings, endowment, accumulated income, or other funds

Other assets. See Part IV, line 11 .

Tax-exempt bond liabilities . .

Accounts payable and accrued expenses

or family member of any of these persons .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Form 990 (2019)

Additional Data

Software ID:

Software Version:

EIN: 95-1684067

Name: Legal Aid Foundation of Los Angeles

Form 990 (2019)

Form 990, Part III, Line 4a: Housing, Communities & Eviction Defense: Addresses systems change through litigation, policy and education aimed at creating and preserving affordable housing and homeownership opportunities; Increases economic power; Preserves civil rights; Seeks environmental justice on behalf of poor and low-income residents; Partners with community-based organizations to build healthy, economically vibrant neighborhoods. Eviction Defense Center: Provides free direct representation for indigent individuals and families facing eviction: Negotiates with landlords to ensure families can stay in their homes; Defends residents of public housing and Section 8 youcher holders against losing their housing or housing subsidy; Helps clients living in uninhabitable conditions to get reductions in rent. This program worked on 7,573 cases,

Supporting Families: Helps survivors of domestic violence and sexual assault get restraining orders, divorces, child custody, visitation and support; Secures the return of concealed and abducted children; Supports torture victims seeking asylum in the United States with the immigration process; Represents survivors of domestic violence,

comprehensive case management to victims of domestic violence and survivors of torture. This program worked on 3,435 cases.

Form 990, Part III, Line 4b:

human trafficking, sexual assaults and other serious crimes to obtain protection and permanent residency; Offers legal help to families facing health crises and domestic violence through the Greater Long Beach Medical-Legal Partnership; Protects vulnerable unaccompanied children throughout the immigration process; Provides

Form 990, Part III, Line 4c: Santa Monica Community Office: Funded through grants from the City of Santa Monica; Provides legal services to residents of Santa Monica only; Offers domestic violence

clinic and Self-Help Legal Access Center; Attorneys work with local agencies and city services to provide family law, housing, veterans benefit and immigration services. This

program worked on 1,015 cases.

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

program worked on 1,001 cases.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 1,893,229 including grants of \$) (Revenue \$ Economic Stability: Assists vulnerable populations in obtaining and maintaining critical safety net benefits that helps them get food, housing,

medical care or services such as childcare, job training and other services to remove barriers to employment; Fights wage theft, wrongful

terminations and discriminatory employment practices; Removes barriers to employment related to criminal records so that individuals can become or stay employed; Discharges student loans based on disability or school fraud. This Workgroup worked on 3,961 cases.

(Code:) (Expenses \$ 952,681 including grants of \$) (Revenue \$ 73,520)

Veterans Justice Center: Obtains life-sustaining income, health, and housing benefits so veterans can thrive; Prevents veteran homelessness by

fighting wrongful evictions; Removes barriers to employment to promote veteran self-sufficiency; Advocates to upgrade unjust less-than-honorable military discharges; Works with hundreds of pro bono legal volunteers annually to hold large-scale legal clinics for homeless veterans. This

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 908,262 including grants of \$) (Revenue \$)

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

Asian & Pacific Islander Community Outreach Project: Advocates for language services in civil courts, administrative proceedings, and other

government agencies for limited-English proficient clients; Provides legal help in all areas of practice including family law, immigration and government benefits in Korean, Mandarin, Cantonese, Japanese, Khmer and Thai. This program worked on 757 cases.

(Code:) (Expenses \$ 931,580 including grants of \$) (Revenue \$)

LAFLA recently expanded and strengthened its Medical-Legal Partnerships both independently and in collaboration with the Whole Person Care/Medical Legal Partnership of Los Angeles - a consortium of legal services agencies working together to expand the Medical - Legal

LAFLA recently expanded and strengthened its Medical-Legal Partnerships both independently and in collaboration with the Whole Person Care/Medical Legal Partnership of Los Angeles - a consortium of legal services agencies working together to expand the Medical - Legal Partnerships (MLP) throughout Los Angeles County. This innovative legal services delivery model seek to work with medical providers to assist with the social conditions that are key determinants of health by addressing civil legal issues, such as poor housing conditions, loss or denial of public benefits, immigration status, problems at school or work, or violence within the household. The MLP aims to change the delivery of health care by providing legal services where our clients need us the most - during challenging times. Through this system, anyone from a medical care team can refer patients to our attorneys as part of a comprehensive approach to health care. In 2019, 1,076 clients were served though our MLPs.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

before an accommodation ends or before their GR is terminated.

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ including grants of \$) (Revenue \$ Legal Victories:LAFLA achieved the following legal victories in 2019:Cerneka, et al. v. Russell No. 8 Santa Monica PropertiesThis lawsuit sought to vindicate significant tenant's rights under local Santa Monica ordinances and combat both flagrant and more subtle forms of harassment against low income persons (as defined in Business & Professions Code Sec. 6213(d)), including elderly and disabled persons, and veterans. Nine Plaintiffs were displaced from their rent-controlled apartments by a fire on December 12, 2015. Immediately after the fire, all 17 rental units were declared uninhabitable. The owners have since repeatedly refused to provide temporary relocation except for to offer the displaced tenants to sleep in

sleeping bags on the floor of another property they own. Five days after the fire, Defendants' attorney filed paperwork to evict tenants under the

Ellis Act, and informed the city his client would immediately pay "permanent relocation fees" to the displaced tenants and thereby have no further obligation to them. The owners then refused to accept rent checks from the displaced tenants. The owners have also refused to grant displaced elderly and disabled tenants the 8-month Ellis Act extension, improperly claiming that their tenancies were terminated by the fire or upon service of the Ellis Act notice. Accordingly, Plaintiffs sought 1) civil penalties/damages for violation of the relocation and tenant harassment ordinances; 2) damages for unpaid temporary relocation benefits, negligence, habitability violations, damaged belongings, fraud, emotional distress, elder abuse, and physical injuries; 3) to stop unfair business practice; and 4) punitive damages. Plaintiffs resolved this lawsuit for Defendants' insurance policy limit of \$1 million dollars. Also during 2019, Plaintiffs prevailed on a Motion to Dismiss in the Court of Appeal when Defendants appealed the trial

court's ex parte decision. Plaintiffs also prevailed on a Motion for Discovery Sanctions based on Spoliation of Evidence after it became clear Defendants' failed to properly maintain key pieces of evidence for inspection by Plaintiffs and their experts. Tesma v. Lightbourne The California Department of Social Services (CDSS) established a process whereby indigent recipients of Cash Assistance Program for Immigrants (CAPI) were

Plaintiffs alleged that the conduct violates the Fourth and Fourteenth amendment. The case sought to seek declarative relief that the practices and

policies and procedures to make the GR program more accessible not just for those with mental disabilities, but for all individuals experiencing a

disability. DPSS made the GR application available online so that people could apply without having to go into the office. DPSS expedited the processing of GR applications for those who experienced difficulty being in the office. DPSS implemented a process whereby people could request reasonable accommodations, including before a visit to the office. DPSS implemented several safeguards to ensure that GR recipients are notified

being routinely terminated from disability benefits because their immigration sponsors were not responding to CDSS requests for income/asset reporting forms. Current law states that indigent CAPI recipients shall not be terminated from CAPI based on sponsor unavailability, and this case correcting CDSS's unlawful policy on this issue. Through settlement, CDSS published a revised policy reversing this prior unlawful practice. For named Plaintiff, \$14,320 in CAPI benefits were preserved. The lawsuit prevented termination of benefits for similarly situated CAPI recipients statewide. Mitchell v. City of Los Angeles The case challenges the constitutionality of the City's seizure and destruction of plaintiffs' belongings. customs were unconstitutional, and injunctive relief to prevent the seizure and destruction of property. The case was settled 2019 for monetary relief for three surviving plaintiffs and changes to the City's handling of individuals' belongings. As a result of the settlement, which mandates how the cleanups must be conducted, individuals are able to move their belongings before they are seized and destroyed by law enforcement. Assuming, conservatively, that each cleanup resulted in 5 individuals' belongings being seized, and an average of \$200 in property, this has resulted in \$820,000 per year in saved belongings. Housing Works v. County of LAThis case alleged that the Department of Public Social Services (DPSS) violated the Americans with Disabilities Act (ADA) by creating onerous application barriers for the General Relief (GR) program (e.g. long waiting time, multiple appointments, unnecessary verification) that prevented individuals with mental disabilities from applying for GR because the process was too difficult. The case demanded that DPSS make its GR application process accessible, and that it provide reasonable accommodations to GR recipients so that they can keep their benefits once they receive them. As a result of this lawsuit, DPSS changed several

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

and a director/trustee)

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Client Chair

Patricia Vining

Client Vice-Chair

Eric J Bakewell

Board Member

Wendy R Cabil

Board Member

Colin G Cabral

Board Member

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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
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and a director/trustee)

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from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

E Martin Estrada

Board Member

Joseph B Farrell

Board Member

Marc Feinstein

Board Member

Amber S Finch

Board Member

Board Member

Board Member

Board Member

Silvia Hernandez

Felix Garcia

Debra L Fischer Esq

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	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
Sean A Commons Board Member	1.00	х						0	0	0
Phyllis Coto Board Member	1.00	х						0	0	0
Carissa Coze Board Member	1.00	х						0	0	0

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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	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
James E Hornstein Board Member	1.00	х						0	0	0
Robert B Hubbell Board Member	1.00	х						0	0	0
Zella Knight	1.00	х						0	0	0

Zella Knight	1.00
Board Member	
Jason Linder	1.00
Board Member	
Clementina Lopez	1.00

Board Member

John Maldonado

Board Member

Louise Mbella

Board Member

Kevin J Minnick

Board Member

Phillip Mobley

Board Member

Board Member

Fanny Ortiz

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

David Lewis Sagal

Board Member

Board Member

Kahn A Scolnick

Board Member

Marc M Seltzer

Board Member

Linus Shentu

Board Member

Board Member

Jeff A Taylor

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Kareen Sandoval

	any hours					ustee		organization	organizations	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
Adam S Paris Board Member	1.00	х						0	0	0
Joseph Paunovich Board Member	1.00	х						0	0	0
R Alexander Pilmer	1.00	Х						0	0	0

Joseph Paunovich	1.00				0	
Board Member						
R Alexander Pilmer	1.00				0	
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Craig O Roberts	1.00				0	
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and a director/trustee)

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32,558

104,100

175,161

166,834

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129,246

organizations

from the

19,364

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Linda Quintana End 419

Vincent A Rodriguez

Fernando Gavtan

Deputy Director

Barbara Schultz

Lynn Etkins

Lisa D Morris

Yolanda Arias

Managing Attorney

Dir. Litigation & Policy

Chief Devel. & Marketing Dir.

Dir. Of Human Resources

Dir. of Fiscal Management

Chief Financial Officer (Start 4/19)

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	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 ()	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Ronald B Turovsky Board Member	1.00	х						0	0	0
Brianne Wiese Board Member	1.00	х						0	0	0
Silvia Argueta Executive Director	50.00 1.00			х				216,192	0	31,500
Linda Quintana End 419	50.00									

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and Independent Contractors (A)

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Pro Bono Director

Name and Title

(B)

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(C)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Position (do not check more than one box, unless person is both an officer and a director/trustee)

Reportable compensation from the organization (W-2/1099-MISC) 125,024

(D)



(E)

Estimated amount of other compensation from the organization and related organizations

37,519

efil	e GR	APHIC prii	nt - DO NOT PROCESS	DO NOT PROCESS As Filed Data - DLI									
SCI	HED	ULE A	Dublic	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047					
	m 99		Complete if the	organization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 00-EZ.	r a section	2019					
		f the Treasury	► Go to <u>www.i</u>	<u>rs.gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection					
Nam	e of th	he organiza Indation of Los					Employer identific	ation number					
Legal	Ald 100	indacion of Los	Angeles				95-1684067						
	rt I		for Public Charity Sta				See instructions.						
1 1	organiz		a private foundation becau	•	•		(A)(:)						
		·	onvention of churches, or										
2			scribed in section 170(b		,	, ,							
3		·	or a cooperative hospital se	-			•						
4	Ш	A medical r name, city,	esearch organization oper and state:	ated in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(III). E	nter the hospital's					
5			ation operated for the bend (iv). (Complete Part II.)	efit of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170					
6		A federal, s	tate, or local government	or governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).						
7	✓		ation that normally receive (0(b)(1)(A)(vi). (Comple		s support from a	governmental u	ınit or from the gener	al public described in					
8		A communi	ty trust described in secti	on 170(b)(1)(A)(vi).	(Complete Part I	I.)							
9			ural research organization rant college of agriculture.					ege or university or a					
10		from activit investment	ation that normally receive ties related to its exempt f income and unrelated bus See section 509(a)(2).	unctions—subject to cer siness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	upport from gross					
11			ation organized and operat		r public safety. S	See section 509	(a)(4).						
12		more public	ation organized and operat ly supported organization through 12d that describe	s described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a						
a		Type I. A so	supporting organization op n(s) the power to regularly Part IV, Sections A and	erated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by						
b		manageme	supporting organization so nt of the supporting organ plete Part IV, Sections A	ization vested in the sar									
С			unctionally integrated. A					ited with, its					
d		Type III n	on-functionally integrated integrated integrated. The organizates. You must complete P	ted. A supporting organicion generally must satis	ization operated fy a distribution	in connection wi	th its supported organ						
e		Check this	box if the organization rec or Type III non-functional	eived a written determir	nation from the I		pe I, Type II, Type II	I functionally					
f	Enter		of supported organization		-								
g	Provi	de the follow	ing information about the	supported organization(s).								
	(i) N	Name of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
					Yes	No							
			1										
Tota			tion Act Notice, see the	<u> </u>	Cat. No. 11285		 Schedule A (Form 9						

3	The value of services or facilities							
	furnished by a governmental unit to							
_	the organization without charge	13,317,069	15,217,466	15,100,884	16 950 990	16 73	39,306	77,234,614
	Total. Add lines 1 through 3 The portion of total contributions by	13,317,009	15,217,400	15,100,884	16,859,889	10,73	19,306	//,234,614
5	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column (f)							
_	Dublic commant College A line 5						-+	
6	Public support. Subtract line 5 from line 4.							77,234,614
	ection B. Total Support							
_	Calendar year	(-) 2015	(1.) 2016	(-) 2017	(1) 2010	(-) 201	$\overline{}$	(C) Tabal
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9	(f) Total
7	Amounts from line 4	13,317,069	15,217,466	15,100,884	16,859,889	16,73	39,306	77,234,614
8	Gross income from interest,							
	dividends, payments received on	64,802	94,680	167,701	219,290	10	98,059	744,532
	securities loans, rents, royalties and income from similar sources	04,802	94,000	107,701	219,290	1:	,6,039	744,332
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital	47,222	1,790,228	24,763	74,838		13,247	1,950,298
	assets (Explain in Part VI.).	47,222	1,790,228	24,703	74,030		.3,247	1,930,298
11	Total support. Add lines 7 through							70.020.444
	10							79,929,444
12	Gross receipts from related activities,	etc. (see instruction	ns)			12		4,563,627
13	First five years. If the Form 990 is for	or the organization'	s first, second, thir	d, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	nization,
	check this box and stop here						. ▶ 🗆	
s	ection C. Computation of Publi						-	
	Public support percentage for 2019 (li			olumn (f))		14		96.630 %
	Public support percentage for 2018 So		•			15		96.740 %
	33 1/3% support test—2019. If the						k this b	
104	and stop here. The organization qual							
	33 1/3% support test—2018. If the							• • —
l 10	• • •	-		•			•	
	box and stop here. The organization 10%-facts-and-circumstances tes	1 qualifies as a publ	iiciy supported orga	anization		and line 14		. ▶ ⊔
17a	is 10% or more, and if the organization							
	in Doub VI how the averagination recets							

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

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

10a

answer line 10b below.

the organization had excess business holdings).

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? 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. 3a 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? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

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

8 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
```

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

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

```
Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

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

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

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

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	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		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
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 Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	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.	ſ	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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. 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 Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to who details in Part VI). See instructions	sive (provide		
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions if any for years prior to 2019			

7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to who details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
 Carryover from 2014 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The state of the s	·	

c From 2016		
d From 2017		
e From 2018		
Total of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		

C Remainder, Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7 Excess distributions carryover to 2020. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
b Excess from 2016		
c Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

d Excess from 2018.

e Excess from 2019.

Additional Data

Software ID: Software Version:

EIN: 95-1684067

Name: Legal Aid Foundation of Los Angeles

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).

instructions).

Facts And Circumstances Test

SCHEDULE D

DLN: 93493317055280

OMB No. 1545-0047

Supplemental Financial Statements ► Complete if the organization answered "Yes," on Form 990,

Department of the Treasury

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

nterr	al Revenue Service ► Go to <u>www.irs.gov/For</u>	<u>m990</u> for instructions and the late	st information. Inspection
	me of the organization		Employer identification number
Leg	al Aid Foundation of Los Angeles		95-1684067
Pā	rt I Organizations Maintaining Donor Adv	rised Funds or Other Similar F	l
	Complete if the organization answered "Y	es" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advis organization's property, subject to the organization's e		
		-	□ fes □ N
6	Did the organization inform all grantees, donors, and or charitable purposes and not for the benefit of the dono private benefit?	or or donor advisor, or for any other p	urpose conferring impermissible
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Y	·	
1	Purpose(s) of conservation easements held by the orga		
	Preservation of land for public use (e.g., recreation	on or education)	on of an historically important land area
	Protection of natural habitat	☐ Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	a qualified conservation contribution in	the form of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements .		2b
С	Number of conservation easements on a certified histo	ric structure included in (a)	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register	uired after 7/25/06, and not on a histo	pric 2d
3	Number of conservation easements modified, transferred tax year ▶	red, released, extinguished, or termina	ited by the organization during the
4	Number of states where property subject to conservati	ion easement is located >	
5	Does the organization have a written policy regarding and enforcement of the conservation easements it hold		andling of violations,
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enfo	rcing conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting \$ \\$, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line 2(c	l) above satisfy the requirements of se	ection 170(h)(4)(B)(i)
	and section $170(h)(4)(B)(ii)$?		·· ·
9	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financ	
Par	Organizations Maintaining Collections Complete if the organization answered "Y		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held fo provide, in Part XIII, the text of the footnote to its final	r public exhibition, education, or research	arch in furtherance of public service,
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pu following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶\$
	ii)Assets included in Form 990, Part X		
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS	rical treasures, or other similar assets	for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1	, ,	
h	Assets included in Form 990 Part Y		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2019

1a Land . .

d Equipment .

e Other .

b Buildings

 ${f c}$ Leasehold improvements

Sche	dule D (Form 990) 2019									F	Page
art	Organizations Maintaining Col	lections of Art, H	listori	cal T	reas	ures, o	r Othe	Similar As	sets (co	ntinued)	
3	Using the organization's acquisition, accession items (check all that apply):	n, and other records,	check a	any of	the f	ollowing 1	that are	a significant us	se of its o	collection	
а	Public exhibition		d		Loar	n or exch	ange pro	grams			
b	Scholarly research		е		Oth	er					
С	Preservation for future generations										
4	Provide a description of the organization's col Part XIII.	lections and explain h	how the	ey furtl	ner th	ne organi:	zation's	exempt purpos	ie in		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to								☐ Yes	□ No	
Par	t IV Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990	, Part	IV,	line 9, o	r report	ed an amou	nt on Fo	rm 990, Pa	art
La	Is the organization an agent, trustee, custodi included on Form 990, Part X?								Yes	☑ No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:				Ar	nount		
c	Beginning balance	·	_				1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	arm 000 Bart V line	21 for	occrou		ustadial s		inhilitu2			
_										⊔ No	
b	If "Yes," explain the arrangement in Part XIII Tt V Endowment Funds.	. Check here if the ex	kpianati	on nas	beei	n provide	d in Part	XIII	✓		
Рa	rt V Endowment Funds. Complete if the organization answ	vered "Yes" on For	m 990	. Part	IV.	line 10.					
		(a) Current year		rior yea			ears back	(d) Three yea	rs back (e) Four years	back
La	Beginning of year balance	8,657		8	3,657		8,65	7	8,657	1	8,657
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities and programs										
f.	Administrative expenses										
g	End of year balance	8,657		8	3,657		8,65	7	8,657	1	8,657
2 a	Provide the estimated percentage of the curre Board designated or quasi-endowment ▶	ent year end balance	(line 1g	g, colu	mn (a	a)) held a	is:				
b	Permanent endowment ► 100.000 %										
c	Temporarily restricted endowment ▶										
Ĭ	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.									
3a	Are there endowment funds not in the posses organization by:	sion of the organizati	ion that	t are h	eld a	nd admin	istered f	or the		Yes I	No.
	(i) unrelated organizations								3a(Vo
	(ii) related organizations								3a(Vo
	If "Yes" on 3a(ii), are the related organization				?.				3 b)	
4	Describe in Part XIII the intended uses of the		vment f	unds.							
Par	t VI Land, Buildings, and Equipment Complete if the organization answ		m gan	D⇒r+	T\/	line 115	Sec F	orm QQA Bor	t X line	10	
	Description of property (a) Cost or oth			<u> </u>				depreciation) Book value	
	(investme			,	,	1 .					

10,000

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

1,521,412 4,088,797

3,266,722

400,504

8,175

1,465,455

3,029,071

337,500

8,175

1,531,412

2,623,342

237,651

63,004

Part VII Investments—Other Securities.) + T) / :	11h C F 000	Doub V. Bing 4.2
Complete if the organization answered "Yes" on Form 990, P (a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation: -year market value
(1) Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, P (a) Description of investment	art IV, li	ne 11c. See Form 990, (b) Book value	Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa	art IV, lin	ne 11d. See Form 990, Pai	
(a) Description			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			•
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Pa	art IV, lin	ne 11e or 11f.See Form	990, Part X, line 25.
 (a) Description of liability (1) Federal income taxes 			(b) Book value
(2)			
(3)			
(4) (5)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Column (h) must equal Form 990, Part Y, col (R) line 25.)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote	e to the or	ganization's financial state	
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check h	ere if the		een provided in Part XIII Schedule D (Form 990) 2019

Part XI

2

b

3

4

b

C

Part XII

5

1

2

4

b

5

Part XIII

Schedule D (Form 990) 2019

Page 4

12,577,929

17,556,145

17,556,145

31,182,941

12,529,122

18,653,819

d Other (Describe in Part XIII.) e

Net unrealized gains (losses) on investments Donated services and use of facilities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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.

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25:

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 . . .

Supplemental Information

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

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

2c Subtract line 2e from line 1

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2d Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

4a 4b

2a

2b

2c

2d

4a

4b

Explanation

2a

2b

3 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Re

12,529,122

48.807

12.529.122

4c	
5	
turi	۱.
1	

2e

2e

3

4c

5

Prior year adjustments C d Other (Describe in Part XIII.) . . . Add lines 2a through 2d . е 3 Subtract line 2e from line 1 .

Donated services and use of facilities . . .

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

18.653.819 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

Schedule D (Form 990) 2019

Return Reference See Additional Data Table

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 95-1684067

Name: Legal Aid Foundation of Los Angeles

Supplemental Information	
Return Reference	Explai

Explanation Part IV, Line 2b: LAFLA holds funds in trust for its clients relating to settlements awarded by the courts and deposits held for filing and other fees.

upplemental Information	
Return Reference	Explanation
Part V, Line 4:	Endowment funds are appropriated by the Board for use in current operations.

-

Supplemental Information					
Return Reference	Explanation				
Part X, Line 2:	LAFLA is exempt from taxation under Internal Revenue Code Section 501(c)(3) and California Revenue and Taxation Code Section 23701d. Generally accepted accounting principles provid e accounting and disclosure guidance about positions taken by an organization in its tax r eturns that might be uncertain. Management has considered its tax positions and believes t hat all positions taken by LAFLA in its federal and state exempt organization tax returns are more likely than not to be sustained upon examination. LAFLA's returns are subject to examination by federal and state taxing authorities, generally for three and four years, r espectively, after they filed.				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493317055280 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 Foundation of Los Angeles 95-1684067 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 10 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 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.

Cat. No. 50083H

Schedule G (Form 990 or 990-EZ) 2019

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

	dule G (Form 990 or 990-EZ) 2019 rt II Fundraising Events. Comple				
	than \$15,000 of fundraising e gross receipts greater than \$!		gross income on Form	990-EZ, lines 1 and 6	5b. List events with
		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		Access to Justice (event type)	Associates Event (event type)	(total number)	col. (c))
Revenue					
Rev					
	1 Gross receipts	987,854	21,376		1,009,230
	2 Less: Contributions3 Gross income (line 1 minus	787,340	19,014		806,354
	line 2)	200,514	2,362		202,876
	4 Cash prizes				
ses	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs7 Food and beverages				
<u>ᅑ</u>	8 Entertainment	35,459			35,459
jrec	9 Other direct expenses	165,055	2,362		167,417
_	10 Direct expense summary. Add lines 4 t				202,876
	11 Net income summary. Subtract line 10	from line 3, column (d)			0
Pai	Gaming. Complete if the org on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
Revenue	on rolling 330 EZ, line ou.	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
æ	1 Gross revenue				
nses	2 Cash prizes				
<u>2</u> 3	3 Noncash prizes				
Direct Expense	4 Rent/facility costs				
<u>ā</u>	5 Other direct expenses				
		☐ Yes <u>%</u>	☐ Yes <u>%</u>	Yes %	
	6 Volunteer labor	□ No	☐ No	□ No	
	7 Direct expense summary. Add lines 2	through 5 in column (d)			
	8 Net gaming income summary. Subtrac	t line 7 from line 1, colum	n (d)		
9 a	Enter the state(s) in which the organizat Is the organization licensed to conduct g				
b	If "No," explain:				
10a					
_ va	Trais any or the organization's gailing in			e tax year?	∐Yes ∐No
b	If "Yes," explain:				

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ning activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		· Yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$	anization 🕨 \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ▶						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$					
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1e3		
		pt activities during the tax year					
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9331	7055	280
Sch	edule J	C	ompensati	ion Information	MO	IB No.	1545-0	0047
(Forr	n 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.)
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	ov/Form990 for	instructions and the latest informat	tion. O	pen t	o Pul	
Nar	ne of the organiz			En	mployer identificat	_		
Lega	al Aid Foundation of	Los Angeles		95	5-1684067			
Pa	rt I Questi	ons Regarding Compensa	ntion	122				
							Yes	No
1a				the following to or for a person listed o y relevant information regarding these i				
	First-class	s or charter travel		Housing allowance or residence for per	rsonal use			
	_	companions	닏	Payments for business use of personal				
		nification and gross-up paymen	_	Health or social club dues or initiation f				
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chauffeu	ir, chef)			
b				follow a written policy regarding payme ve? If "No," complete Part III to explain		1 b		
2				or allowing expenses incurred by all	1-3	2		
	directors, truste	ees, officers, including the CEO/	executive Director	r, regarding the items checked on Line 1	lar			
3				d to establish the compensation of the				
				not check any boxes for methods CEO/Executive Director, but explain in P	Part III.			
		-						
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study				
		of other organizations	✓	Approval by the board or compensation	n committee			
		-	_					
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the filing	g organization or a			
а	_	ance payment or change-of-cor	ntrol navment?			4a		No
b		• • •		ified retirement plan?		4b		No
c	•		•	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	licable amounts for each item in Part III	I.			
	- 1()/-							
5	, ,,,	(a), 501(c)(4), and 501(c)(29	, ,	must complete lines 5-9. the organization pay or accrue any				
5	compensation c	ontingent on the revenues of:	on A, line 1a, did i	the organization pay or accrue any				
а	The organization	n?				5a		No
b	-					5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6a		No
b						6b		No
	•	6a or 6b, describe in Part III.						
7				the organization provide any nonfixed rt III		7		No
8	subject to the ir	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," desci				ļ ".
9	If "Yes" on line	8, did the organization also follo	ow the rebuttable	presumption procedure described in Re	gulations section	9		No_
For F	<u>``</u>	action Act Notice, see the Ins			53T Schedule J		990)	2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D) column (B) reported (i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 Silvia Argueta 216,192 (i) 0 0 21,502 9,998 247,692 0 Executive Director 0 0 0 0 0 0 (ii) 0 2 Fernando Gaytan 175,161 (i) 0 0 12,378 7,008 194,547 0 Deputy Director 0 0 (ii) 0 0 0 0 0

3 Barbars Schultz (ii)		(,							
Chef Devel & Marketing Devel	3 Barbara Schultz Dir. Litigation & Policy	(i)	166,834	0	0	18,658	21,602	207,094	0
Company Comp		(ii)		0	0	0	0	0	0
Company Comp	4 Lynn Etkins Chief Devel. & Marketing Dir.	(i)	149,640	0	0	5,264	11,049	165,953	0
5 Usa D Morris Driver Of Human Resources (ii) 1 129,372 0 0 4,640 27,255 161,267 0 6 Phong Wong Pro Bono Director (ii) 1 25,024 0 0 10,313 27,266 162,543 0 6 Phong Wong Pro Bono Director (iii) 0 0 0 0 0 0 0 0 6 Phong Wong Pro Bono Director (iii) 0 0 0 0 0 0 0 0 0 6 Pro Bono Director (iii) 0 0 0 0 0 0 0 0 0 8 Pro Bono Director III 0 0 0 0 0 0 0 0 9 Pro Bono Director III 0			0	0	0	0	0	0	0
Company Word Comp	5 Lisa D Morris Dir. Of Human Resources	(i)	129,372	0	0	4,640	27,255	161,267	0
		(ii)		0	0	0	0	0	0
	6 Phong Wong Pro Bono Director	(i)	125,024	0	0	10,313	27,206	162,543	0
Schedule J (Form 990) 2019		(ii)	0	0	0	0	0	0	0
Schedule J (Form 990) 2019									
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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493317055280 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Legal Aid Foundation of Los Angeles 95-1684067 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 1 168,009 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ► (___ 26 Other ▶ (______) 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Nο 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
is reporting in Part I, co	ation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization lumn (b), the number of contributions, the number of items received, or a combination of both. Also my additional information.
Return Reference	Explanation
Part I, Column (b):	The number of contributions is based on the number of individual contributors that made donations during the year.
	Schedule M (Form 990) (2019)

efile GRAPH	C prin	t - DO NOT PROCESS	As Filed Data -		DLI	N: 93493317055280
SCHEDUL (Form 990 or EZ)	990-	Complete to pro Form 990	ovide information fo or 990-EZ or to prov ► Attach to Forr	on to Form 990 or 9 r responses to specific questi ide any additional informatio n 990 or 990-EZ. 90 for the latest information.	ons on	OMB No. 1545-0047 2019 Open to Public Inspection
Vame l ৪৫ the ত Fgc Legal Aid Foundatio	n of Los A	ngeles			Employer ide 95-1684067	ntification number
Return Reference	e O, Suj	oplemental Informatio	on	Explanation		
Part III: Mission Statement	people i ge and ights of have ac services as diver Koreato s at cou e comm ple in ou abuse s providin If-help a ustice for me by v assists legal repos Ange 40,000 con coss to c chang diverse ces in the Santa Mercard support of the services of the services in the Santa Mercard support of the services o	in greater Los Angeles. We community education. LAFL the most underserved - leverges to the justice system. It is to people living in poverty is as Pico Union and West with and Long Beach. Our unthouses, and domestic viol nunities, and at the forefront our community: the working provivors, victims of torture and gree legal services. LAFL is issistance to litigants and conclude income persons in neuritue of their poverty level of more than 100,000 people in presentation and other legal eles County. In 2019, we provide communities, strengthening community in the provide critical legal eneighborhoods of Pico-U	change lives through of A is a nonprofit law fireling the playing field at For over 90 years, LAF across Greater Los Angales, East Los Angeles, Indique combination of nor change. LAFLA take, oor, homeless, unemperent home trafficking, A also provides free legement the manual trafficking, and cover 96% of the performant to the performant of their residence in an assistance for people wided important legal for each change. The performant is a performant to the performant in the	chieve equal justice for low-incondirect representation, systems charmed that protects and advances the ind ensuring that everyone can FLA has provided free civil legal geles. LAFLA serves communities, the Westside, South Los Ange eighborhood offices, self-help ce. A on the front lines in vulnerables care of the most vulnerable protogod, elderly, disabled, domestiand veterans of Los Angeles, by gal education, outreach, and se lowing for additional access to jeople served by LAFLA are low-income community. LAFLA nually by providing free direct living in poverty in Greater Linformation and education to over workshops attended by over 11 s. We are committed to promotin mination, and effecting systemi ity education. LAFLA has a cultured, and referrals at five officials including Spanish, Korean, Cappeles, South Los Angeles, South Los Angeles including Spanish, Korean, Cappeles, South Los Angeles,	en es les, enter eo ic inco	

990 Schedule O, Supplemental Information

Return Explanation

line 7a

Reference	
Form 990,	Pursuant to Legal Services Corporation regulations, most directors are appointed by bar associations or community organizations.
Part VI,	
Section A,	

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section B,
line 11b

The Form 990 is prepared by an outside accounting firm based on information provided by the Executive Director, the Direct
or of Fiscal Management, the CFO and the Audit Committee.

Return Explanation
Reference

990 Schedule O, Supplemental Information

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

At least annually, the Board of Directors, Officers and staff of LAFLA are required to review LAFLA's Conflict of Interest Policy and complete an annual statement affirming that they have a) received a copy of the Conflict of Interest Policy, b) read and understood the policy, and c) agree to comply with such policy.

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section B,
line 15

The Executive Committee of the Board reviews the compensation of the Executive Director an nually. A compensation survey is also conducted of similar organizations. Other organizati on officers or key employees' compensation is determined by comparability data and a compe nsation study as well as review by the Board of Directors.

990 Schedule O, Supplemental Information

Return
Reference

Explanation

Form 990,	The organization makes the Form 990 available on Guidestar.org and also makes governing do
Part VI,	cuments, conflicts of interest policies and financial statements available to the public u
Section C,	pon request.
line 19	

990 Schedule O, Supplemental Information

Return
Reference

Explanation

return to lower levels going forward.

11010101100	
Part IX:	During the year, LAFLA's ratio of management and general expense relative to total expense
Functional	increased due to one-time transactions deemed peripheral to LAFLA's primary activities in
Expenses	cluding a legal settlement and the write down of outstanding pledges deemed uncollectible.
	These transactions are not expected to occur each year. Management expects this ratio to

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Department of the Treasury

Legal Aid Foundation of Los Angeles

Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047

2019

DLN: 93493317055280

Open to Public Inspection

Employer identification number

							95-1	684067				
Part I Identification of Disregarded Entities. Complete i	f the orgar	nization answe	ered "Yes	s" on Form	990, Part	IV, line	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary act	ivity	(c Legal domi or foreign	cile (state	(d) Total ind	come	(e) End-of-year as	sets	(f) Direct cor enti	ntrolling	
Part II Identification of Related Tax-Exempt Organization	ns. Compl	ete if the orga	anization	answered	"Yes" on F	orm 990	, Part I	V, line 34 be	ecause	it had one or	more	
related tax-exempt organizations during the tax year. (a) Name, address, and EIN of related organization	Prima	(b) ary activity	Legal dor	(c) nicile (state n country)	(d) Exempt Cod) le section	Public o	(e) tharity status on 501(c)(3))	Dir	(f) rect controlling entity	Section (13) co	g) 512(b ntrolle: ity?
(1)Los Angeles Legal Aid Justice Center Inc 1550 West 8th Street Los Angeles, CA 90017 47-5286319	Support th the Legal A of Los Ang	e activities of Aid Foundation eles.		CA	501(c)(3)		Line 12c	III-FI			Yes	
For Paperwork Reduction Act Notice, see the Instructions for Form 9	990.		Ca	t. No. 5013!	5Y				Sche	dule R (Form	990) 2	19

(a) Name, address, and EIN of related organization	:	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene		(k) Percenta ownersh
			1 1		,			Yes	No		Yes	No	
Identification of Related Organ because it had one or more related						ization ans	wered "Yes	s" on F	orm 9	990, Part IV	, line	34	
(a) Name, address, and EIN of	(b) Primary activity	L do	(c) egal micile or foreign	Direct	entity (C co	(e) e of entity orp, S corp, r trust)	(f) Share of total income		(g) of end- year assets	-of- Perce owne	1) ntage ership	(13	(i) tion 5:) contr entity
related organization					"	,		1					C3
related organization			untry)		· · · · ·							<u>'</u>	
related organization					0	, , ,							
related organization					0								
related organization													
related organization													
related organization													
related organization													

Page **3**

Part V	Transactions With Related Organizations.	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1 b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1 d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	1 p		No
q Reimbursement paid by related organization(s) for expenses	1 q		No

o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses					No No
r Other transfer of cash or property to related organization(s)					No No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	e, including covered i	relationships and tra	nsaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	mount involved	

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (a) Name, address, and EIN of entity (b) (c) (d) (e) Are all partners (f) (g) (h) (i) Code V-UBI (j) **(k)** Percentage Primary activity Legal Predominant Share of Share of Disproprtionate General or allocations? ownership domicile income section total end-of-year amount in box managing (state or (related, 501(c)(3) income assets partner? unrelated, organizations? of Schedule foreign excluded from country) K-1 (Form 1065) tax under sections 512-514) Yes No Yes No Yes No

Schedule R (Form 990) 2019								
Part VII	Supplemental Info	Supplemental Information						
	Provide additional information for responses to questions on Schedule R. (see instructions).							
Return Reference		Explanation						