

FOR TAX YEAR 2018

LEGAL AID SOCIETY OF ORANGE COUNTY

GRUBER AND ASSOCIATES

438 OLD NEWPORT BLVD

Newport Beach, CA 92663

(949)346-2900

GRUBER AND ASSOCIATES

438 OLD NEWPORT BLVD
Newport Beach, CA 92663
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Phone: (949)346-2900 | Fax:

August 06, 2019

LEGAL AID SOCIETY OF ORANGE COUNTY
2101 N TUSTIN AVE
SANTA ANA, CA 92705

LEGAL AID SOCIETY OF ORANGE COUNTY:

Enclosed is the 2018 federal return for a tax-exempt organization, prepared for LEGAL AID SOCIETY OF ORANGE COUNTY from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Enclosed is the 2018 California Income Tax return for LEGAL AID SOCIETY OF ORANGE COUNTY, prepared from the information provided. This return will be e-filed with the California taxing authority.

The organization's California Income Tax return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, contact our office at (949)346-2900.

Sincerely,

RON LOPEZ
GRUBER AND ASSOCIATES

Return of Organization Exempt From Income Tax

2018

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 02-01, 2018, and ending 01-31, 2019

B Check if applicable: C Name of organization LEGAL AID SOCIETY OF ORANGE COUNTY D Employer identification no. 95-1994337 E Telephone number (714) 571-5200 G Gross receipts \$ 9,137,911 F Name and address of principal officer: DOUG DAVIDSON Same as C above H(a) Is this a group return for subordinates? No H(b) Are all subordinates included? No H(c) Group exemption number

Part I Summary

Table with 2 columns: Description and Amount. Rows include: 1 Briefly describe the organization's mission... TO PROVIDE CIVIL LEGAL SERVICES TO LOW-INCOME INDIVIDUALS... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue - add lines 8 through 11...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses...

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Kate Marr, Signature of officer, Date, Kate Marr, Exec Director, Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name RON LOPEZ, Preparer's signature RON LOPEZ, Date 08-06-2019, Check self-employed, PTIN P00758088, Firm's name GRUBER AND ASSOCIATES, Firm's address 438 OLD NEWPORT BLVD Newport Beach CA 92663, Firm's EIN, Phone no. 949-346-2900

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE CIVIL LEGAL SERVICES TO LOW-INCOME INDIVIDUALS AND TO PROMOTE EQUAL ACCESS TO THE JUSTICE SYSTEM THROUGH ADVOCACY, LEGAL COUNSELING, INNOVATIVE SELF-HELP SERVICES, IN DEPTH LEGAL REPRESENTATION, COMMUNITY EDUCATION, AND ECONOMIC DEVELOPMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,794,156 including grants of \$) (Revenue \$)

PROVIDE FREE CIVIL LEGAL SERVICES TO LOW-INCOME INDIVIDUALS AND SENIORS AND TO PROMOTE EQUAL ACCESS TO THE JUSTICE SYSTEM THROUGH ADVOCACY, LEGAL COUNSELING, INNOVATIVE SELF-HELP SERVICES, IN-DEPTH LEGAL REPRESENTATION, AND COMMUNITY EDUCATION. LASOC'S PROGRAMS AND SERVICES ARE PROVIDED THROUGHOUT ORANGE COUNTY AND SOUTHEAST LOS ANGELES COUNTY AND ARE AIMED AT: (1) PROVIDING SUPPORT FOR THE FAMILY; (2) PRESERVING THE HOME; (3) MAINTAINING ECONOMIC STABILITY; (4) ENSURING SAFETY, STABILITY, AND HEALTH; (5) ASSISTING POPULATIONS WITH SPECIAL VULNERABILITIES; (6) CONTINUING THE DELIVERY OF LEGAL SERVICES (INCLUDING DIRECT REPRESENTATION); AND (7) GIVING ADVICE, COUNSEL, AND REFERRALS. LASOC ALSO PROVIDES ASSISTANCE IN THE AREAS OF HOUSING AND LANDLORD/ TENANT ISSUES, GOVERNMENT BENEFITS, ISSUES RELATED TO CHILDREN WITH SPECIAL EDUCATION NEEDS, CONSUMER PROBLEMS, FORECLOSURE, AND BANKRUPTCY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 6,794,156

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding various organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS schedule requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, federal employment tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable trusts.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body... 8b Each committee... 9 Is there any officer, director, trustee...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed California
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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: Sandra Jones (714)571-5200, 2101 N Tustin Ave, Santa Ana, CA 92705

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <u>NEFI ACOSTA</u> Board Member	<u>1.00</u>	X					0	0	0	
(2) <u>CAROL ANN BURR</u> Board Member	<u>1.00</u>	X					0	0	0	
(3) <u>JARED BUNKER</u> Board Member	<u>1.00</u>	X					0	0	0	
(4) <u>MICHAEL BALMAGES</u> Board Member	<u>1.00</u>	X					0	0	0	
(5) <u>ROMAN DARMER</u> Board Member	<u>1.00</u>	X					0	0	0	
(6) <u>DOUG DAVIDSON</u> PRESIDENT	<u>2.00</u>	X		X			0	0	0	
(7) <u>HILDA CUENCA</u> Board Member	<u>1.00</u>	X					0	0	0	
(8) <u>PATRICIA CYR</u> Board Member	<u>1.00</u>	X					0	0	0	
(9) <u>ANNA DAVIS</u> Board Member	<u>1.50</u>	X					0	0	0	
(10) <u>DONYETTA HAMM</u> Board Member	<u>1.00</u>	X					0	0	0	
(11) <u>VALERIE HERNANDEZ</u> Board Member	<u>1.00</u>	X					0	0	0	
(12) <u>LAUREN GROCHOW</u> Board Member	<u>1.25</u>	X					0	0	0	
(13) <u>SUE LAU</u> Board Member	<u>1.00</u>	X					0	0	0	
(14) <u>LUCAS HORI</u> Board Member	<u>1.00</u>	X					0	0	0	

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PEARL MANN Board Member	1.00	X						0	0	0
(2) ELIZABETH MCKEEN Board Member	1.00	X						0	0	0
(3) RICHARD MCNEIL Board Member	1.00	X						0	0	0
(4) ESTHER MORALES VICE PRESIDENT	2.00	X		X				0	0	0
(5) MICHAEL PERDOMO Board Member	1.00	X						0	0	0
(6) CHARLES MURRAY CFO	1.25	X		X				0	0	0
(7) DEBORA RODRIGUEZ SECRETARY	2.00	X		X				0	0	0
(8) ALAN SLATER VICE PRESIDENT	2.00	X		X				0	0	0
(9) JILLAYNE VAN Audit Committee Chair	1.25	X						0	0	0
(10) KILEY WRIGHT Board Member	1.00	X						0	0	0
(11) KATHRYN MARR Executive Director	35.00	X			X		198,072	0	0	0
(12) RITA OKOROGU BOARDMEMBER	1.00	X						0	0	0
(13) KIM LONG LE BOARDMEMBER	1.00	X						0	0	0
(14) MEI TSANG BOARDMEMBER	1.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) <u>SUJEI VASQUEZ</u> BOARDMEMBER	<u>1.00</u>	X					0	0	0	
(16) <u>MICHAEL BEHRENS</u> BOARDMEMBER	<u>1.00</u>	X					0	0	0	
(17) <u>MARY LOU CZERNER</u> Director of Operations	<u>35.00</u>				X		147,191	0	0	
(18) <u>ANTHONY FILER</u> Directing Attorney	<u>35.00</u>				X		116,500	0	0	
(19) <u>TERESE ASIEDU AKROFI</u> Supervising Attorney	<u>35.00</u>				X		103,588	0	0	
(20) <u>YOLANDA OMANA</u> Supervising Attorney	<u>35.00</u>				X		107,982	0	0	
(21) <u>ASHTON COOPER</u> Directing Attorney	<u>35.00</u>				X		107,703	0	0	
(22) <u>LILI GRAHAM</u> ATTORNEY	<u>35.00</u>				X		111,034	0	0	
(23) <u>RENATO IZQUIETA</u> ATTORNEY	<u>35.00</u>				X		109,876	0	0	
(24) <u>LAURA LUU</u> ATTORNEY	<u>35.00</u>				X		112,289	0	0	
(25) <u>FATIMA DADABHOY</u> ATTORNEY	<u>35.00</u>				X		102,796	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,217,031	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **10**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	8,470,659			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	159,518			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶		8,630,177			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		17,469	17,469		
	4	Income from investment of tax-exempt bond proceeds . . . ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses		1,796			
c	Gain or (loss)		(1,796)				
d	Net gain or (loss) ▶		(1,796)	(1,796)			
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a		142,600				
b	Less: direct expenses b		170,873				
c	Net income or (loss) from fundraising events ▶		(28,273)		(28,273)		
9a	Gross income from gaming activities. See Part IV, line 19 a						
b	Less: direct expenses b						
c	Net income or (loss) from gaming activities ▶						
10a	Gross sales of inventory, less returns and allowances a						
b	Less: cost of goods sold b						
c	Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue		Business Code					
11a	SETTLEMENTS & MISC FEES	541900	283,246	283,246			
b	LRS REFERRAL FEES & DUES	541900	50,834	50,834			
c	RENTAL INCOME	532000	13,585	13,585			
d	All other revenue						
e	Total. Add lines 11a-11d ▶		347,665				
12	Total revenue. See instructions ▶		8,965,242	363,338	0	(28,273)	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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 organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,837,755	3,838,924	998,831	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .	178,880	143,104	35,776	
9 Other employee benefits	803,108	632,817	170,291	
10 Payroll taxes	417,969	334,375	83,594	
11 Fees for services (non-employees):				
a Management				
b Legal	17,875	17,875		
c Accounting	27,300	21,676	5,624	
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, column (A) amount, list line 11g expenses on Schedule O.) . .	129,339	103,471	25,868	
12 Advertising and promotion	71,148	56,917	14,231	
13 Office expenses	247,929	196,856	51,073	
14 Information technology				
15 Royalties				
16 Occupancy	168,997	134,184	34,813	
17 Travel	95,853	76,107	19,746	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	164,374	130,513	33,861	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	145,427	115,469	29,958	
23 Insurance	75,463	59,918	15,545	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES AND FEES	64,322	51,072	13,250	
b TELEPHONE	190,954	151,638	39,316	
c PRIVATE ATTORNEY INVOLVEMENT	526,786	418,268	108,518	
d LIBRARY	73,231	73,231		
e All other expenses	273,878	237,741	36,137	
25 Total functional expenses. Add lines 1 through 24e .	8,510,588	6,794,156	1,716,432	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	913,993	1	1,223,888
	2 Savings and temporary cash investments	1,037,000	2	1,000,000
	3 Pledges and grants receivable, net	547,373	3	769,397
	4 Accounts receivable, net	73,447	4	138,000
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	58,188	9	55,057
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,213,535		
	b Less: accumulated depreciation	10b 4,405,733	5,674,133	10c 5,807,802
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	55,021
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,304,134	16	9,049,165	
Liabilities	17 Accounts payable and accrued expenses	254,991	17	305,891
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,357,818	23	3,223,235
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	803,269	25	1,177,329
	26 Total liabilities. Add lines 17 through 25	4,416,078	26	4,706,455
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,209,117	27	3,559,443
	28 Temporarily restricted net assets	678,939	28	783,267
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,888,056	33	4,342,710	
34 Total liabilities and net assets/fund balances	8,304,134	34	9,049,165	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,965,242
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,510,588
3	Revenue less expenses. Subtract line 2 from line 1	3	454,654
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,888,056
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,342,710

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

LEGAL AID SOCIETY OF ORANGE COUNTY

95-1994337

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2018; 16b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; 17b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section 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? <i>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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
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>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2018

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

LEGAL AID SOCIETY OF ORANGE COUNTY

95-1994337

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing 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(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- Table with columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back
1a Beginning of year balance
1b Contributions
1c Net investment earnings, gains, and losses
1d Grants or scholarships
1e Other expenditures for facilities and programs
1f Administrative expenses
1g End of year balance
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value
1a Land
1b Buildings
1c Leasehold improvements
1d Equipment
1e Other
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(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, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(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, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(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, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Advanced funding	824,302
(3) Accrued vacation	298,027
(4) Client trust deposits	55,000
(5)	
(6)	
(7)	
(8)	
(9)	
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 to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 FLY WITH US (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	142,600		142,600
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	142,600		142,600
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	170,873		170,873
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				(28,273)

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2018

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

LEGAL AID SOCIETY OF ORANGE COUNTY

95-1994337

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel		
<input type="checkbox"/>	Travel for companions		
<input type="checkbox"/>	Tax indemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<input type="checkbox"/>	Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/>	Compensation committee		
<input type="checkbox"/>	Independent compensation consultant		
<input type="checkbox"/>	Form 990 of other organizations		
<input type="checkbox"/>	Written employment contract		
<input type="checkbox"/>	Compensation survey or study		
<input type="checkbox"/>	Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	X
b	Any related organization?	5b	X
	If "Yes" on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	X
b	Any related organization?	6b	X
	If "Yes" on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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 aren't 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 other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KATHRYN MARR 1 Executive Director	(i)	198,072	0	0	0	0	198,072	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

LEGAL AID SOCIETY OF ORANGE COUNTY

Employer identification number

95-1994337

01. Form 990 governing body review (Part VI, line 11)

THE BOARD OF DIRECTORS IS PROVIDED WITH A COPY OF THE FORM 990 AND ALL SUPPORTING
SCHEDULES, AND REVIEWS THE TAX RETURN PRIOR TO FILING.

02. Conflict of interest policy compliance (Part VI, line 12c)

THE ORGANIZATION REGULARLY REVIEWS, MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF
INTEREST POLICY.

03. CEO, executive director, top management comp (Part VI, line 15a)

THE BOARD OF DIRECTORS REGULARLY REVIEWS AND DETERMINES THE COMPENSATION OF TOP MANAGEMENT
OFFICIALS. THE ORGANIZATION UTILIZES A SALARY SCALE TO DETERMINE THE COMPENSATION OF TOP
MANAGEMENT OFFICIALS. THE ORGANIZATION UTILIZES A SALARY SCHEDULE TO DETERMINE THE
COMPENSATION OF EMPLOYEES.

04. Other officer or key employee compensation (Part VI, line 15b)

SEE 03 ABOVE.

05. Governing documents, etc, available to public (Part VI, line 19)

THE ORGANIZATION PROVIDES FORM 990 AND SUPPORTING SCHEDULES UPON REQUEST.

990

Overflow Statement

2018
Page 1

Name(s) as shown on return

FEIN

LEGAL AID SOCIETY OF ORANGE COUNTY

95-1994337

FORM 990, PART IX, LINE 24E, OTHER EXPENSES - PROGRAM

Description	Amount
TECHNOLOGY AND PRO BONO GRANT	\$ 90,919
SUPPORT TO PUBLIC LAW CENTER	13,470
BANK FEES AND PAYROLL PROCESSING	37,605
SUNDRY ITEMS	38,868
REPAIRS AND MAINTENANCE	7,227
PUBLICATIONS AND SUBSCRIPTIONS	18,776
EQUIPMENT RENTAL	5,174
SOFTWARE LICENSE	20,592
MISCELLANEOUS	5,110
Total:	\$ 237,741

FORM 990, PART IX, LINE 24E, OTHER EXPENSES-MGMT&GEN

Description	Amount
BANK FEES AND PAYROLL PROCESSING	\$ 9,402
SUNDRY ITEMS	9,718
REPAIRS AND MAINTENANCE	1,807
PUBLICATIONS AND SUBSCRIPTIONS	4,694
SOFTWARE LICENSE	5,148
EQUIPMENT RENTAL	1,343
MISCELLANEOUS	4,025
Total:	\$ 36,137

**California Exempt Organization
Annual Information Return**

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) 02-01-2018, and ending (mm/dd/yyyy) 01-31-2019

Corporation/Organization name
LEGAL AID SOCIETY OF ORANGE COUNTY California corporation number
0354322

Additional information. See instructions. FEIN
95-1994337

Street address (suite or room)
2101 N TUSTIN AVE PMB no.

City
SANTA ANA State
CA ZIP code
92705

Foreign country name Foreign province/state/county Foreign postal code

A First Return Yes No
B Amended Return Yes No
C IRC Section 4947(a)(1) trust Yes No
D Final Information Return ?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy)
E Check accounting method: (1) Cash (2) Accrual (3) Other
F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990)
 (4) Other 990 series
G Is this a group filing? See instructions Yes No
H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name?
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$
L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box.
 No filing fee is required
M Is the organization a Limited Liability Company? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
P Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	365,134	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	8,601,904	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3.	4	8,967,038	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	1,796	00
Expenses	7	Total costs. Add line 5 and line 6	7	1,796	00
	8	Total gross income. Subtract line 7 from line 4	8	8,965,242	00
Filing Fee	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	8,510,588	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	454,654	00
	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Information F	15		00
16	Penalties and Interest. See General Information J	16		00	
17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		00	

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
 Signature of officer KATE MARR Title EXEC DIRECTOR Date 07/29/2019 Telephone 714-571-5200

Paid Preparer's Use Only Preparer's signature Ron Lopez Date 08/06/2019 Check if self-employed PTIN P00758088
 Firm's name (or yours, if self-employed) and address GRUBER AND ASSOCIATES
438 OLD NEWPORT BLVD
NEWPORT BEACH, CA 92663 Telephone 949-346-2900

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

95-1994337

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1		00
	2	Interest	2	17,469	00
	3	Dividends	3		00
	4	Gross rents	4	13,585	00
	5	Gross royalties	5		00
	6	Gross amount received from sale of assets (See Instructions)	6		00
	7	Other income. Attach schedule	7	334,080	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	365,134	00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9		00
Expenses and Disbursements	10	Disbursements to or for members	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	11		00
	12	Other salaries and wages	12	4,837,755	00
	13	Interest	13	164,374	00
	14	Taxes	14		00
	15	Rents	15	168,997	00
	16	Depreciation and depletion (See instructions)	16	145,427	00
	17	Other Expenses and Disbursements. Attach schedule	17	3,194,035	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	8,510,588	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		1,950,993		2,223,888
2	Net accounts receivable		620,820		907,397
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments. Attach schedule				
10 a	Depreciable assets	6,807,158		7,086,254	
b	Less accumulated depreciation	(4,260,306)	2,546,852	(4,405,733)	2,680,521
11	Land		3,127,281		3,127,281
12	Other assets. Attach schedule		58,188		110,078
13	Total assets		8,304,134		9,049,165
Liabilities and net worth					
14	Accounts payable		254,991		305,891
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable		3,357,818		3,223,235
18	Other liabilities. Attach schedule		803,269		1,177,329
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		3,888,056		4,342,710
22	Total liabilities and net worth		8,304,134		9,049,165

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000					
1	Net income per books	454,654	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	454,654
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	454,654			

Name(s) as shown on return

SSN/FEIN

LEGAL AID SOCIETY OF ORANGE COUNTY

95-1994337

Form 990-Side 2,, Part II, Line 7 - Other Income

Description	Amount
Settlement & misc fees	\$ 283,246
LRE referral fees	50,834
Total:	\$ 334,080

Form 199, Side 2,Part II, Line 17 -Other expenses

Description	Amount
Pension plan	\$ 178,880
Employee benefits	803,108
Payroll taxes	417,969
Legal	17,875
Accounting	27,300
Professional fees	129,339
Advertising	71,148
Office supplies	247,929
Travel	95,853
Insurance	75,463
Dues and fees	64,322
Telephone	190,954
Private attorney	526,786
Library	73,231
Tech & pro bono	90,919
Support to Public Law	13,470
Bank fees	47,007
Sundry	48,586
Repairs & maint	9,034
Publications & subscriptions	23,470
Equipment rental	6,517
Software licenses	25,740
Miscellaneous	9,135
Total:	\$ 3,194,035

**ANNUAL
REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

STATEMENT INFORMATION

Name as shown on return:

LEGAL AID SOCIETY OF ORANGE COUNTY

FEIN

95-1994337

CA FORM RRF-1:

LINE 6 - GOVERNMENTAL FUNDING, SEE ATTACHED SCHEDULE.

FORM RRF-1, PART B, LINE 6 - GOVERNMENTAL FUNDING:

Funder	Grant Name	Contact Name	Address	Phone	Grant Period	Start	Amount of Grant	Annual Funding
DOJ Legal Assistance for Victims [WTLC]	DOJ Legal Assistance for Victims [Human Options]	Mark Lee	WTLC, PO Box 916, Fullerton, CA. 92832	714-992-1939	1/1/2019-12/31/2019	1/1/2019	\$50,000	\$50,000
CalOES (California Office of the Governor Emergency Services)	Cal OES Foster Youth/Immigration	Elizabeth Pollard	Underserved Victims Unit 3650 Schriever Avenue Mather, CA 95655	916-845-8997	1/1/2019-12/31/2019	1/1/2019	\$301,819	\$301,819
CalOES (California Office of the Governor Emergency Services)	CalOES Family Violence (FX) - DV Litigator	Tammy Pratt	Domestic Violence Unit Victim Services Branch 3650 Schriever Avenue Mather, CA 95655		1/1/2019-12/31/2020	1/1/2019	\$298,368	\$149,184
CalOES (California Office of the Governor Emergency Services)	Orange County Cal OES VOCA 17	Angel Deyarmond	Victims Services & Public Safety Branch, Human Trafficking Division, 3650 Schriever Ave., Mather, CA 95655	916-845-8838	07/01/2016-12/31/2019	7/1/2016	\$699,083	\$65,750
CalOES (California Office of the Governor Emergency Services)	Rainbow Services Cal OES	Marci Fukuroda; Gina Lansing	Rainbow services LTD 453 W. 7th Stree San Pedro, CA 90731	424-264-0644	10/01/2016-08/31/2019	10/1/2016	\$358,152	\$100,000
CDBG - City of Compton	CDBG-Compton DVPP	Dr. Aubrey Relf, Grants Mgr. / Claudia Batres, Administrative Analyst I	205 S. Willowbrook Ave. Compton, CA 90220	310-605-5580	7/1/2018-6/30/2019	7/1/2018	\$25,000	\$25,000
City of Norwalk	NORWALK - Homelessness Prevention	Kristin Maithonis	12700 Norwalk Blvd. Room 11 Norwalk, CA 90650	(562) 929-5653	12/1/2018-6/30/2019	12/1/2018	\$15,000	\$15,000
CDBG - City of Norwalk	CDBG-NORWALK	Petra Pena	12700 Norwalk Blvd. Room 12 Norwalk, CA 90650	562-929-5509	7/1/2018-6/30/2019	7/1/2018	\$11,000	\$11,000
CDBG - City of Santa Ana	CDBG-Santa Ana Expungement	David Flores	20 Civic Center Plaza, Santa Ana, CA 92702	(714) 647-6561	7/1/2018-6/30/2019	7/1/2018	\$44,277	\$44,277
CDBG - City of Santa Ana	CDBG-Santa Ana DV	David Flores	20 Civic Center Plaza, Santa Ana, CA 92702	(714) 647-6561	7/1/2018-6/30/2019	7/1/2018	\$36,374	\$36,374
CDBG - Whittier 2019	CDBG-Whittier DVPP	Greg Alaniz	13230 Penn St., Whittier, CA 90602-1772	562-801-4332	7/1/2018-6/30/2019	7/1/2018	\$4,000	\$4,000
CDSS (California Department of Social Services)	CDSS Immigration Grant 2019	Jocelyn Gutierrez	744 P Street, MS 8-9-33, Sacramento, CA 95814	916-651-8008	1/1/2019-12/31/2019	1/1/2019	\$88,350	\$88,350
CDSS (California Department of Social Services)	Immigration Grant 2018	Jocelyn Gutierrez	744 P Street, MS 8-9-33, Sacramento, CA 95814	916-651-8008	1/1/2018-12/31/2018	1/1/2018	\$96,250	\$96,250
City of Cerritos	CDBG-Cerritos DVPP	Connie Hinger	PO Box 3130 Cerritos, CA 90703-3130 / Civic Center, 18125 Bloomfield Ave. Cerritos, CA 90703-3130	(562) 860-0311	7/1/2018-6/30/2019	7/1/2018	\$1,710	\$1,710
City of Irvine	City of Irvine Funding Agreement	Katie Crevda	1 Civic Center Plaza Irvine, CA 92606	949-724-6240	7/1/2018-6/30/2019	7/1/2018	100000	\$100,000
DOJ Legal Assistance for Victims [Human Options]	DOJ LAV [HO] - Year 1	Judith Rose (Human Options)	PO Box 53745, Irvine, CA 92619-3745 5540 Trabuco Road, Suite 100, Irvine, CA	562-818-9288 (cell)	10/1/2018-9/30/2021	10/1/2018	\$303,264	\$100,077
DOJ Legal Assistance for Victims [Rainbow Services]	DOJ LAV [Rainbow] - Year 1	Marci Fukuroda; Gina Lansing	Rainbow services LTD 453 W. 7th Stree San Pedro, CA 90731	424-264-0644	10/1/2018-9/30/2021	10/1/2018	270,216	\$270,206
DPH (LA County Dept. of Public Health)	CalWORKS-Dept of Public Social Services Substance Abuse Disorder Augmentation #2	Andrea Boger / Linda Hamill	1000 S. Fremont Ave., Building A-9 East, 5 th Floor, Mail Unit #105	(626) 293-2625 / (626) 293-2961	07/01/2016-06/30/2019	7/1/2019	\$88,180	\$88,180
DPH (LA County Dept. of Public Health)	CalWORKS Public Social Services- Auto Renewal 1 year	Andrea Boger / Linda Hamill	1000 S. Fremont Ave., Building A-9 East, 5 th Floor, Mail Unit #105	(626) 293-2625 / (626) 293-2961	07/01/2016-06/30/2019	7/1/2019	\$587,867	\$587,867
DPSS (California Department of Social Services) CalWORKS	CalWORKS-Dept of Public Social Services- Amendment 3 Year 3	Sheri Ramirez	12800 Crossroads Parkway, City of Industry 91746	562-908-3031	07/01/2016-06/30/2019	7/1/2016	\$928,419	\$587,867
Equal Justice Works	Victims of Crime Justice Corps Fellowships [TVPA + VOCA] - Year 2	Allie Yang-Green	1730 M Street, NW, Ste. 800, Washington, DC 20036	(p) 202.372.9331	6/1/2018-7/31/2020	6/1/2018	\$245,332	\$115,466
Equal Justice Works	Victims of Crime Justice Corps Fellowships [TVPA + VOCA] - Year 2	Allie Yang-Green	1730 M Street, NW, Ste. 800, Washington, DC 20036	(p) 202.372.9331	6/1/2018-7/31/2020	6/1/2018	\$245,332	\$115,466
HCA - Blue Shield	Blue Shield	Jack Dailey/ Gregg Knoll LASSD	110 South Euclid Ave San Diego, CA 92114	619-471-2637	01/01/2018-12/31/2018	1/1/2018	\$129,167	\$129,167
HCA - Covered California (state health exchange)	Covered California - 2018-2019	Jack Dailey/Gregg Knoll	110 South Euclid Ave San diego, CA 92114	(619) 471-2606	7/1/2018-6/30/2019	7/1/2018	\$44,117	\$44,117
HCA - DHCS (California Dept. of Health Care Services) pass through SDLA	DHCS CCI - 2018-2019	Jack Dailey/Gregg Knoll	110 South Euclid Ave San Diego, CA 92114	(619) 471-2606	1/1/2018-12/31/2018	1/1/2018	158,621.80	158,621.80
HCA - DMHC CAP IV	CAP IV 2018-2019	Jack Dailey/Gregg Knoll	110 South Euclid Ave San diego, CA 92114	(619) 471-2606	12/1/2016-11/30/2019	12/1/2016	\$66,248	\$66,248

HCA - The California Endowment	California Endowment 2018-2019	Jack Dailey/ Gregg Knoll LASSD	110 South Euclid Ave San Diego, CA 92114	619-471-2637	07/01/2018-06/30/2019	7/1/2018	\$86,749	\$86,749
Internal Revenue Service	IRS Low Income Taxpayer Clinic - 2018	Robert Chang	1111 Constitution Ave. NW, Room 1034 Washington, D.C. 20224	240.353.6332	1/1/2019-12/31/2019	1/1/2019	\$100,000	\$100,000
Internal Revenue Service	IRS Low Income Taxpayer Clinic - 2019	Jeanette Roy-Wallace	1111 Constitution Ave. NW, Room 1034 Washington, D.C. 20224	202-317-6118	01/05/2018-12/31/2018	1/1/2018	\$100,000	\$100,000
LSC (Legal Services Corporation)	Basic Field Grant 2019	Nancy Glickman	3333 K Street NW 3rd Floor Washington, DC 20007-3522		1/1/2019-12/31/2019	1/1/2019	\$3,968,018	\$3,968,018
LSC (Legal Services Corporation)	Basic Field Grant 2018	Nancy Glickman	3333 K Street NW 3rd Floor Washington, DC 20007-3522		1/1/2018-12/31/2018	1/1/2018	\$4,125,058	\$4,125,058
LSC (Legal Services Corporation)	Pro Bono Innovation Fund Tranformation Project - Year 1	Sandhya Kidd	3333 K Street NW 3rd Floor Washington, DC 20007-3522	202-295-1590	10/1/2018 - 9/30/2020	10/1/2018	\$361,083	\$144,433
OCBA (Orange County Bar Association)	OCBA Charitable Fund	Trudy Levindofske	P.O. Box 6130 Newport Beach, CA 92658	949-440-6700 x161	01/01/2018-12/31/2018	1/1/2018	\$30,000	\$30,000
Orange County Community Foundation	Orange County Opportunity Initiative	Austin Muckenthaler	4041 MacArthur Blvd., Suit 510, Newport Beach, CA 92660	949-553-4202	10/1/2018-9/30/2019	10/1/2018	\$30,000	\$30,000
Orange County Office on Aging	Title IIIB- Older Americans - 2018-2019	Kathy Reza	Dept , Office of Aging 1300 S. Grand Ave., B, 2nd Flr Santa Ana, CA 92705	714-480-6482	07/01/2018-06/30/2019	7/1/2018	\$346,170	\$346,170
Orange County Superior Court	Limited Conservatorship OC Court - Year 2	Maria Livingston	700 Civic Center Drive West Santa Ana, CA 92702	657-622-6883	7/1/2017-6/30/2019	7/1/2017	\$90,000	\$45,000
Orange County Superior Court	Elder or Dependent Adult Abuse Restraining Orders Clinic - Year 2	Maria Livingston	Superior Court of CA, County of Orange 700 Civic Center Drive West	714-834-3579	7/1/2017-6/30/2019	7/1/2017	\$80,000	\$40,000
Orange County Superior Court	Small Claims Advisory Program - Year 3	Maria Livingston	Superior Court of CA, County of Orange 700 Civic Center Drive West	714-834-3579	7/1/17-6/30/2020	7/1/2017	\$391,583.06	\$131394.98 2019-2020
St. Joseph's Health [Mission Hospital]	St. Joseph Community Benefit: <i>South County Immigrant Outreach Project</i>	Eduardo Moreno Cerezo	27700 Medical Center Rd, Mission Viejo, CA 92691	(949) 364-1400 x2222	1/1/2019-12/31/2019	1/1/2019	\$83,479	\$83,479
State Bar of California	Legal Services Trust Fund IOLTA	Rodney Low	180 Howard Street San Francisco, CA 94105-1639	415-538-2249	1/1/2019-12/31/2019	1/1/2019	\$726,420	\$726,420
State Bar of California	Equal Access Fund	Rodney Low	180 Howard Street San Francisco, CA 94105-1639	415-538-2249	1/1/2019-12/31/2019	1/1/2019	\$606,330	\$606,330
State Bar of California	Bank Settlement Funds Formula grant - Year 1	Stephanie Choy	180 Howard Street San Francisco, CA 94105-1639	415.538.2545	1/1/2018-12/31/2020	1/1/2018	\$750,000	\$250,000
State Bar of California	Bank Settlement Funds Community Redevelopment	Stephanie Choy	180 Howard Street San Francisco, CA 94105-1639	415.538.2545	01/01/2016-12/31/2018	1/1/2016	\$175,000	\$75,000
State Bar of California	Bank Settlement Funds Foreclosure	Stephanie Choy	sacramento, CA 95814	415.538.2545	01/01/2016-12/31/2018	1/1/2016	\$100,000	\$50,000
State Bar of California	Legal Services Trust Fund IOLTA OC	Stephanie Choy	180 Howard Street San Francisco, CA 94105-1639	415-538-2249	1/1/2018-12/31/2018	1/1/2018	\$275,870	\$275,870
State Bar of California	Legal Services Trust Fund-IOLTA SE	Stephanie Choy	180 Howard Street San Francisco, CA 94105-1639	415-538-2249	1/1/2018-12/31/2018	1/1/2018	\$90,600	\$90,600
State Bar of California	Equal Access Fund OC	Stephanie Choy	180 Howard Street San Francisco, CA 94105-1639	415-538-2249	1/1/2018-12/31/2018	1/1/2018	\$455,930	\$455,930
State Bar of California	Equal Access Fund SELA	Stephanie Choy	180 Howard Street San Francisco, CA 94105-1639	415-538-2249	1/1/2018-12/31/2018	1/1/2018	\$149,740	\$149,740
State Bar of California	Equal Access Partnership Consumer Debt - Orange County	Dan Passamanek	180 Howard Street San Francisco, CA 94105-1639	(415) 538-2403	1/1/2019-12/31/2019	1/1/2019	\$47,000	\$47,000
State Bar of California	Equal Access Partnership UD - Orange County	Dan Passamanek	180 Howard Street San Francisco, CA 94105-1639	(415) 538-2403	1/1/2019-12/31/2019	1/1/2019	\$66,000	\$66,000
State Bar of California	Equal Access Partnership UD - Orange County	Dan Passamanek	180 Howard Street San Francisco, CA 94105-1639	(415) 538-2403	1/1/2018-12/31/2018	1/1/2018	\$49,000	\$49,000
State Bar of California	Equal Access Partnership UD - Norwalk	Dan Passamanek	180 Howard Street San Francisco, CA 94105-1639	(415) 538-2403	1/1/2019-12/31/2019	1/1/2019	\$60,000	\$60,000
State Bar of California	Equal Access Partnership UD - Norwalk	Dan Passamanek	180 Howard Street San Francisco, CA 94105-1639	(415) 538-2403	1/1/2018-12/31/2018	1/1/2018	\$66,000	\$66,000
State Bar of California	Equal Access Partnership-Consumer Debt - Norwalk Workshop	Dan Passamanek	180 Howard Street San Francisco, CA 94105-1639	(415) 538-2403	1/1/2019-12/31/2019	1/1/2019	\$35,000	\$38,000
State Bar of California	Equal Access Partnership-Consumer Debt Workshop	Dan Passamanek	180 Howard Street San Francisco, CA 94105-1639	(415) 538-2403	1/1/2018-12/31/2018	1/1/2018	\$38,000	\$38,000

State Bar of California	Equal Access Partnership Estate Accounting Workshop and Clinic	Maria Livingston & State Bar	180 Howard Street San Francisco, CA 94105-1639	415-538-2545	1/1/2018- 12/31/2018	1/1/2018	\$30,000	\$30,000
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