### Part I - Summary

1. **Briefly describe the organization’s mission or most significant activities:** Provide legal information & community education & promote reform of the courts and public agencies.

2. **Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.**

3. **Number of voting members of the governing body (Part VI, line 1a):** 3

4. **Number of independent voting members of the governing body (Part VI, line 1b):** 21

5. **Total number of individuals employed in calendar year 2018 (Part V, line 2a):** 5

6. **Total number of volunteers (estimate if necessary):** 25

7. **Total unrelated business revenue from Part VIII, column (C), line 12:** 7a

8. **Net unrelated business taxable income from Form 990-T, line 38:** 7b

### Revenue

- **Contributions and grants (Part VIII, line 1h):**
- **Program service revenue (Part VIII, line 2g):**
- **Investment income (Part VIII, line 3, 4, and 7d):**
- **Other revenue (Part VIII, line 5, 6c, 8d, 9c, 10c, and 11e):**
- **Total revenue: add lines 8 through 11 (must equal Part VIII, column (A), line 12):**

### Expenses

- **Grants and similar amounts paid (Part IX, column (A), lines 1-3):**
- **Benefits paid to or for members (Part IX, column (A), line 4):**
- **Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10):**
- **Professional fundraising fees (Part IX, column (A), line 11e):**
- **Total fundraising expenses (Part IX, column (D), line 25):** 290,551.
- **Other expenses (Part IX, column (A), lines 11a-11d, 11f-24d):**
- **Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25):**

### Net Assets or Fund Balances

- **Total assets (Part X, line 16):**
- **Total liabilities (Part X, line 26):**
- **Net assets or fund balances. Subtract line 21 from line 22:**

### Part II - Signature Block

**Sign Here**

- **Signature of officer:**
- **Type or print name and title:**

**Preparer Information**

- **Preparer’s name:**
- **Preparer’s signature:**
- **Date:**
- **Check the box if self-employed:**

**Paid Preparer Use Only**

- **Firm’s name:**
- **Firm’s address:**
- **Firm’s EIN:**
- **Phone no.:**

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**Disclaimer:**

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.