Return of Organization Exempt from Income Tax

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

OMB No 1545-0047 2004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For ti	ne 2004 calen	dar year, 🤇	or tax year beginning	, 2004	4, and e	nding		,	
В	Check	if applicable						D Employer	Identification Numbe	er
	Ad	ldress change	Please use IRS label	LEGAL COMMUNITY A		! !		94-33	324402	
	∏ _{Na}	ime change	or print or type.	268 BUSH STREET #			Ī	E Telephone	e number	
	Ini	tial return	See specific	SAN FRANCISCO, CA	94104			415	433-2062	
	Fir	nal return	instruc- tions.				Ī	F Accounting	Cash	X Accrual
	HAn	nended return							r (specify)	
	\vdash	plication pending	• Section	on 501(c)(3) organizations a	nd 4947(a)(1) nonexemr	ot .	H and I are not applica			
	ш,	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	charit	on 501(c)(3) organizations are able trusts must attach a co	mpleted Schedule A	`	H (a) Is this a group			X No
			•	990 or 990-EZ).			H (b) If 'Yes,' enter			
<u>G</u> _	Web	site: ► WWW.	LCAV.O	RG		l.	H (C) Are all affiliat		Yes	No
J		nization type		.	<u></u>	-, I	• •	a list. See ins	structions)	ئــا
	•	k only one)		X 501(c) 3 ◀ (insert		527	H (d) Is this a separ	ate return filed	l by an	
K				nization's gross receipts are				overed by a gr		X No
	p25,0	ved a Form 99	nization ne 90 Packad	eed not file a return with the e in the mail, it should file a	return without financial	data.	I Group Exe	mption Nui		
	Some	e states requi	re a comp	lete return.		-			anization is not requ	ıred
L	Gross	receipts. Add	lines 6b. 8	b, 9b, and 10b to line 12	928,661.				990, 990-EZ, or 990	
Pa				ses, and Changes in N		Baland	ces (See Instru	ctions)		
· ·	1			ants, and similar amounts red					V.	
	-	Direct public				1 a	660,	890.		
		Indirect public	, ,			1 b			67 1 2	
		Government		ons (grants)		1 c			3	
	ď	Total (add lines la through 1c) (ca			Ś			1	d 660	,890.
	2			ue including government fee				. 2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	3	-		assessments	-			3		
	4	•		I temporary cash investment				4		579.
!	5		_	from securities				5		
		Gross rents				6a			5%	
		Less rental e	expenses			6 b				
	1		•	oss) (subtract line 6b from lii	ne 6a)			6		
	7	Other investr	•	• •) 7		
REVESUE				•	(A) Securities		(B) Other	23.23×	Q.	
Ě	8 a	than inventor		es of assets other		8a		78 54 1 80 %		
ũ	ь		•	is and sales expenses		8 b		第 次	1	
-		Gain or (loss) (a		•		8c		14		
_				ibine line 8c, columns (A) an	d (B))		·	8	•	
		• •		ivities (attach schedule). If a	• ••	ina, che	ck here	749	**	
7				luding \$,	_ [[
ヷ		reported on I				9a	267,	192.		
	Ь	•	•	other than fundraising expen	ses	9b		352.		
	i .		•	om special events (subtract			STATEME		209	9,840.
=	ı			ry, less returns and allowand		10a	i		2	
نے	1 .							50	9	
<u> </u>	c	Gross profit or (I	loss) from sa	ld ales of inventory (attach schedule) (s art VII, line 103)	ubtract line 10b from line roa			10	c	
5	11	Other revenu	e (from P	art VII, line 103)	IF	RECE	IVED	11		·
ş	12			es 1d, 2, 3, 4, 5, 6c, 7, 8d, 9			. 0	12	87:	1,309.
SCANNEL S	13	,		n line 44, column (B))		9V I ·	8 2005 S	. 13	57	0,514.
O)	14			eral (from line 44, column (C)	177 1 111	, , ,	RS-(14		5,083.
Ē	15			44, column (D))	با ا			15	16	4,321.
ENSES	16	-	-	(attach schedule)	. <u>L O</u>	<u>GDE</u>	N, UT	16		
5	17	-		nes 16 and 44, column (A))				17	83	9,918.
	18	·		the year (subtract line 17 fro	m line 12)			. 18	3:	1,391.
N E T	19			ances at beginning of year (f))	•	19		9,218.
N S	20			assets or fund balances (atta				20	-	
Ś		-		ances at end of year (combir				21	29	0,609.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0107L 01/07/05

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

D	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	1	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising		
22	Grants and allocations (att sch)							
	(cash \$							
22	non-cash \$)	22						
23 24	Specific assistance to individuals (att sch) Benefits paid to or for members (att sch)	24						
25	Compensation of officers, directors, etc	25	90,000.	45,000.	22,500.	22,500.		
26	Other salaries and wages	26	374,677.	264,521.	41,927.	68,229.		
27	Pension plan contributions	27			•			
28	Other employee benefits	28	26,376.	17,569.	3,714.	5,093.		
29	Payroll taxes	29	37,832.	25,200.	5,327.	7,305.		
30	Professional fundraising fees	30						
31	Accounting fees	31	14,523.		14,523.			
32	Legal fees	32						
33	Supplies	33	17,804.	16,024.	1,780.			
34	Telephone	34	5,874.	5,287.	587.			
35	Postage and shipping	35	7,591.	6,832.	759.	1 050		
36	Occupancy	36	39,000.	33,150.	3,900.	1,950.		
37	Equipment rental and maintenance	37	3,465.	3,119.	346.			
38	Printing and publications.	38	31,490.	28,341.	3,149.			
39	Travel	39	3,185.	2,867.	318.			
40	Conferences, conventions, and meetings	40				· · · · · · · · · · · · · · · · · · ·		
41	Interest	41 42	2 010	2 010				
42	Depreciation, depletion, etc (attach schedule). Other expenses not covered above (itemize):	42	3,918.	3,918.				
	SEE STATEMENT 2	43a	184,183.	118,686.	6,253.	59,244.		
b		43 b	104,103.	110,000.	0,233.	33,244.		
C		43c						
d		43d						
e		43e						
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	839,918.	570,514.	105,083.	164,321.		
	Costs. Check If you are following			0,0,011.	200,000.	101,021.		
	iny joint costs from a combined education			solicitation reported in (E	3) Program services?	► Yes X No		
	s,' enter (i) the aggregate amount of these			; (ii) the a	mount allocated to Prog	ram services		
\$_		ocated	to Management and ge	eneral \$; and (iv) th	e amount allocated		
	ndraising \$.							
Part								
What All or cheni	is the organization's primary exempt purp ganizations must describe their exempt p is served, publications issued, etc. Discus ons and 4947(a)(1) nonexempt charitable	oose? urpose s achi	SEE STATEME achievements in a clear every entity that are not	NT 3 ar and concise manner. neasurable. (Section 50)	State the number of 1(c)(3) & (4) organ-	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)		
zatio	ons and 494/(a)(1) nonexempt charitable to	trusts	must also enter the amo	ount of grants & allocation	ons to others.)	optional for others)		
а	EDUCATES COMMUNITY LEADERS PROVIDES LEGAL AND TECHN							
	THE PURSUIT OF LEGALLY SO				CEGARDING			
	THE FORSULL OF LEGALLY 50	กัฬก_		d allocations \$	660,890.)	570 51 <i>4</i>		
b			(Grants and	i allocations \$	000,030.)	570,514.		
U								
(Grants and allocations \$								
C (Cirants and anocations 4								
(Grants and allocations \$								
d								
			(Grants and	d allocations \$)			
	Other program services			allocations \$)			
f	Total of Program Service Expenses (sho	ould ed	qual line 44, column (B)	, Program services)	•	570,514.		

Part IV Balance Sheets (See Instructions)

Note	: Wh	gere required, attached schedules and amounts within fumn should be for end-of-year amounts only.	n the d	escription	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			251,514.	45	265,967.
	46	Savings and temporary cash investments				46	
				ſ	****		
	47 a	Accounts receivable	47 a				
	t	b Less: allowance for doubtful accounts				47 c	
							•
	48 a	Pledges receivable	48a	7,610.			
		Less ⁻ allowance for doubtful accounts .	48b		3,250.	48 c	7,610.
	49	Grants receivable			· · · · · · · · · · · · · · · · · · ·	49	25,000.
A	50	Receivables from officers, directors, trustees, and k employees (attach schedule)	еу	[50	
Š	51 a Other notes & loans receivable (attach sch)			· · · · ·			
SSETS		Less: allowance for doubtful accounts	51 a			51 c	
		Inventories for sale or use	,	,, ,		52	
		Prepaid expenses and deferred charges		.	······································	53	
İ		Investments – securities (attach schedule)		► Cost FMV		54	
		Investments - land, buildings, & equipment, basis	55 a	8,123.		2963	
		Less. accumulated depreciation (attach schedule) STATEMENT 4	55 b		12,041.	55 c	8,123.
	56	Investments – other (attach schedule)	330		12,041.	56	0,123.
		Land, buildings, and equipment basis	57 a	· · · -		1000000	
ļ			3/ 8				
	t	Less: accumulated depreciation (attach schedule)	57 b			57 c	
	58	Other assets (describe SEE STATEMENT 5		, ,	16,217.	58	16,884.
		Total assets (add lines 45 through 58) (must equal).	283,022.	59	323,584.	
\dashv	60	Accounts payable and accrued expenses		/ · · · · · · · · · · · · · · · · · · ·	4,018.	60	17,326.
	61	Grants payable				61	
A	62	Deferred revenue				62	· · · · · · · · · · · · · · · · · · ·
A B L I T	63	Loans from officers, directors, trustees, and key employees (attacl		<u> </u>		63	
-		Tax-exempt bond liabilities (attach schedule)				64a	
1		• Mortgages and other notes payable (attach schedule)				64b	
E S		Other liabilities (describe > SEE STATEMENT		``	19,786.	65	15,649.
Ť		Total liabilities (add lines CO through CE)		· · · ·	23,804.	66	32,975.
\dashv				nplete lines 67			
Ř		through 69 and lines 73 and 74					
- 11	67	Unrestricted			259,218.	67	290,609.
ANOMILO	68	Temporarily restricted			•	68	
Ĭ	69	Permanently restricted				69	
- 1.	Organ	izations that do not follow SFAS 117, check here		and complete lines			
Ř	J	70 through 74.	لب	,			
DZC	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equ	upmer	it fund.		71	
Ă	72	Retained earnings, endowment, accumulated incom				72	
B4」420 世の	73	Total net assets or fund balances (add lines 67 thr. 72; column (A) must equal line 19; column (B) must	ough 6 st eaus	9 or lines 70 through	259,218.	73	290,609.
5	74	Total liabilities and net assets/fund balances (add			283,022.	74	323,584.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

If 'Yes,' attach schedule — see instructions.

•		Yes
---	--	-----

X No

BAA

Forn	990 (2004) LEGAL COMMUNITY AGAINST VIOLENCE	94-332440	2	F	⊃age 5
Pa	rt VI Other Information (See instructions.)			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		76		X
77	Were any changes made in the organizing or governing documents but not reported to the I	RS?	77	<u> </u>	$\frac{1}{X}$
• •	If 'Yes,' attach a conformed copy of the changes.	,	<u> </u>		
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the ye	ar covered by this return?	78 a		X
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?		78 b	N	/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the				
• •	year? If 'Yes,' attach a statement		79	200000000000000000000000000000000000000	X
80 a	Is the organization related (other than by association with a statewide or nationwide organiz membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt or	ation) through common ganization?	80 a	1	X
١	olf 'Yes,' enter the name of the organization ► N/A				
01.		xempt ornonexempt.			
	n Enter direct and indirect political expenditures. See line 81 instructions Did the organization file Form 1120-POL for this year?	81a 0.	81 b		X
	· ·	•	815		 ^
	a Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	es at no charge or at	82 a		<u> </u>
	olf 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.).	82b			100
	Did the organization comply with the public inspection requirements for returns and exempti		83 a		
	Did the organization comply with the disclosure requirements relating to quid pro quo contril	outions?	83 b		X
	Did the organization solicit any contributions or gifts that were not tax deductible?	• •	04 a		C 91.5mg/35
ł	olf 'Yes,' did the organization include with every solicitation an express statement that such on the tax deductible?	contributions or gifts were	84 b	0 m 0 m 1 m	A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members	?	85 a		/A
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b		/A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless				74K
	waiver for proxy tax owed for the prior year.				
(Dues, assessments, and similar amounts from members .	85c N/A	4		
	Section 162(e) lobbying and political expenditures	85 d N/A	-	P.S	
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A	-		
	Taxable amount of lobbying and political expenditures (line 85d less 85e) .	85f N/A	┪	Marie:	A
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	IN	
İ	n If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasi dues allocable to nondeductible lobbying and political expenditures for the following tax year?	onable estimate of	85 h	N	/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on	11			
_		86 a N/A			P P
	Gross receipts, included on line 12, for public use of club facilities		-		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a N/A	4		cologie (j. rea d'Interio
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/F	7		7.00
88	At any time during the year, did the organization own a 50% or greater interest in a taxable or an entity disregarded as separate from the organization under Regulations sections 301	corporation or partnership, 7701-2 and 301 7701-3?	88		х
89	a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year section 4911 ► 0., section 4912 ► 0.; section 4910				
ĺ	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 exceeduring the year or did it become aware of an excess benefit transaction from a prior year? explaining each transaction.	ess benefit transaction if 'Yes,' attach a statement	89 b		х
•	Enter: Amount of tax imposed on the organization managers or disqualified persons during year under sections 4912, 4955, and 4958	the			0.
	d Enter. Amount of tax on line 89c, above, reimbursed by the organization				0.
	a List the states with which a copy of this return is filed CALIFORNIA		-,	т — —	
	Number of employees employed in the pay period that includes March 12, 2004 (See instru		90 t	<u> </u>	8
91	The books are in care of BARRY E. GOLDSTEIN Telephone in				
	Located at ► 938 DEWING AVENUE #3	ZIP + 4 ► <u>9454</u>			
92	3		N/	'A	
	and enter the amount of tax-exempt interest received or accrued during the tax year .	▶ 92			N/A

Part VII | Analysis of Income-Producing Activities (See instructions)

	, , ,	Unrelated	d business income	Excluded by se	ection 512, 513, or 514	(E)
otherwise	er gross`amounts unless undicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Pro a	ogram service revenue:					
"—						
c						
d						
е						
f Me	dicare/Medicaid payments					
-	s & contracts from government agencies .					
	mbership dues and assessments					
	rest on savings & temporary cash invmnts					579.
	idends & interest from securities			STATE STATE COMMENTS OF STATE AND A		
	rental income or (loss) from real estate			M		A PART AND AND AND AND AND AND AND AND AND AND
	ot-financed property		· · · · · · · · · · · · · · · · · · ·			
	debt-financed property		· · · · · · · · · · · · · · · · · · ·			
	rental income or (loss) from pers prop ner investment income.					
	in or (loss) from sales of assets					
oth	er than inventory					
101 Net	income or (loss) from special events			1	209,840.	
102 Gros	ss profit or (loss) from sales of inventory					
103 Oth	ner revenue: a	李祁朝 (1)				
b						
¢						
d	· · · · · · · · · · · · · · · · · · ·					
e	(0) (0)	e ditta	 	Park, 17 de danda, a libera	200 040	F70
		· 404 , 1 085			209,840.	579. 210,419.
	t al (add line 104, columns (B), (D), a 105 plus line 1d, Part I, should equ		ton line 12 Port I	•		210,419.
	Relationship of Activities to			mnt Purnos	ec (Soo instructions)	<u>.</u>
Line No.	Explain how each activity for which of the organization's exempt purpose					e accomplishment
~ -						
95	LEGAL COMMUNITY AGAINS				VE FREEDOM FRO	
	VIOLENCE BY EDUCATING					
	· 				NCE TO POLICY	MAKERS
	REGARDING THE PURSUIT					
Part IX	Information Regarding Tax					
	(A)	(B)	(C)	(D)	(E)
	address, and EIN of corporation,	Percentage		activities	Total	End-of-year
	tnership, or disregarded entity	ownership in			ıncome	assets
N/A			8			
			8			
		+	<u> </u>			
Dout V	Information Regarding Tra	nefere Ace		anal Banafit (Contracto (Con matri	I valuama \
Part X						
	e organization, during the year, receive any fu	· ·		=		Yes X No
	he organization, during the year, pa		•	n a personal ber	nefit contract?	Yes X No
Note: /	If 'Yes' to (b), file Form 8870 and Fo					
	Under penalties of perjuly, I declare that have true, correct, and complete Declaration of pre-	ve examined this re parer (other than	eturn, including accompanying officer) is based on all informa	schedules and stater ation of which prepare	nents, and to the best of my kr er has any knowledge	nowledge and belief, it is
Please	Nullan XX	Chill	1)		1 11/14/05	
Sign	Signature of officer	y y			Date /	
Here	PERCHANTUR DIDECTOR	•			·	
	EXECUTIVE DIRECTOR Type or print name and title	1				
	1	4-	•	Date /	7 Is	Preparer's SSN or PTIN (See
Paid	Preparer's signature	HT .	/ II D	11/14/0	\ Sell 3.7 -	Preparer's SSN or PTIN (See General Instruction W)
Pre-		<u> </u>	W/Z	1111110	employed ► X 5	547-86-5572
parer's	waves if salf		CPA			
Use	Temployed). \triangleright 938 DEWING F		3			319946
Only	address, and ZIP + 4 LAFAYETTE, C	CA 94549			Phone no ► 925	283-1040
BAA					TEEA0106L 10/03/	o3 Form 990 (2004)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

Department of the Treasury Internal Revenue Service

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

2004

OMB No. 1545-0047

Name of the organization Employer identification number 94-3324402 LEGAL COMMUNITY AGAINST VIOLENCE Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions List each one If there are none, enter 'None.') (d) Contributions to employee benefit plans and deferred (a) Name and address of each (c) Compensation (e) Expense account and other allowances (b) Title and average employee paid more than \$50,000 hours per week devoted to position compensation EXEC. DIRECTOR SUE ANN SCHIFF 90,000 0 LISTED ADDRESS 40 0. STAFF ATTORNEY SAM HOOVER LISTED ADDRESS 53,560 0 0. SR. STAFF ATTY ANDREW SPAFFORD 0 LISTED ADDRESS 49,028 0. DOROTHY C. STELL DEV. DIRECTOR 0 LISTED ADDRESS 56,500 0. 40 SR. STAFF ATTY. LAURA CUTILETTA LISTED ADDRESS 40 56,650 Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services

Sche	dule	A (Form 990 or 990-EZ) 2004 I	EGAL	COMMUNITY	AGAINST	VIOLENCE	94-33244	02	F	age 2
Par	t III	Statements About Activit	i es (Se	e instructions.)					Yes	No
1	to i	ing the year, has the organization att	ve matte	er or referendur	n? If 'Yes,' ei	nter the total e	ation, including any attempt expenses paid			
		ncurred in connection with the lobbyi st equal amounts on line 38, Part VI	_			<u>,090. </u>		. 1	х	
		•			-	· · · · O must sompl	oto Bort VII.A. Othor		•	#1357
1	org	anizations that made an election und anizations checking 'Yes' must comp bying activities	lete Par	t VI-B AND atta	ing Form 576 ich a stateme	ent giving a de	tailed description of the			7. X.,
2	sub	ing the year, has the organization, ei stantial contributors, trustees, directoable organization with which any suct eficiary? (If the answer to any questi	ors, offic h persor	ers, creators, k n is affiliated as	ey employee an officer, d	s, or members	s of their families, or with any			
а	Sal	e, exchange, or leasing of property?		•			•	2a		X
b	Ler	ding of money or other extension of	credit?					2b		Х
С	Fur	nishing of goods, services, or facilitie	s?					2c		<u>X</u>
d	Pay	ment of compensation (or payment of	or reimb	ursement of ex	penses if moi	re than \$1,000))?	2d		X
е	Tra	nsfer of any part of its income or ass	ets? .					2e		X
	exp	ou make grants for scholarships, fel anation of how you determine that re	ecipients	s qualify to rece	eive payments	s,' attach an s.)		3a		Х
		you have a section 403(b) annuity pla				•		3 b	Х	
4a	Did on	you maintain any separate account f he use or distribution of funds?	or partic	cipating donors	where donors	s have the righ	nt to provide advice	4a		Х
		you provide credit counseling, debt m						4b		X
Par	t IV	Reason for Non-Private F	ounda	tion Status	(See instructi	ons.)				
The c	orga	nization is not a private foundation be				•	ox.)			
5	Ц	A church, convention of churches, or			es. Section 17	70(b)(1)(A)(ı).				
6	Н	A school. Section 170(b)(1)(A)(ii). (A		-						
7	Н	A hospital or a cooperative hospital :		-						
8 9		A Federal, state, or local governmen A medical research organization ope and state ►					o)(1)(A)(III). Enter the hospita	l's name	e, city	,
10		An organization operated for the ber (Also complete the Support Schedul	nefit of a	college or univ	ersity owned	or operated b	by a governmental unit. Section	on 170(b)(1)(A	\)(iv).
11 a	X	An organization that normally receive Section 170(b)(1)(A)(vi). (Also comp								
11 b		A community trust Section 170(b)(1)		* *		-				
12	X	An organization that normally receive from activities related to its charitable from gross investment income and u organization after June 30, 1975. Se	le, etc, f inrelated e sectio	unctions – sub I business taxa n 509(a)(2). (A	ject to certair ble income (l lso complete	n exceptions, a ess section 51 the Support S	and (2) no more than 33-1/3% 1 tax) from businesses acqui schedule in Part IV-A.)	of its s red by t	uppor he	eipts t
13	Ш	An organization that is not controlled described in: (1) lines 5 through 12 a section 509(a)(3).)	d by any above; o	disqualified per (2) section 50	ersons (other 1(c)(4), (5), c	than foundation (6), if they r	on managers) and supports on neet the test of section 509(a	ganizat)(2) (Se	ions ee	
		Provide the	follow	ng information	about the sup	ported organi	zations (See instructions)			
			(a) Nar	ne(s) of suppor	ted organizat	ion(s)		(b) Lır fron	ne nur n abov	
1.4		An organization organized and a series	otod 1- 1	oot for multiple -	ofoty Control	500(±)(4) (C	lan material \			
HAA	l	An organization organized and opera	ateu to t		atety. Section 402L 07/27/04	1 509(a)(4). (S	Schedule A (Form 990 or	Form 99	0-EZ)	2004

	Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.									
Note	Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.									
	ndar year (or fiscal year nning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total				
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	670,283.	803,272.	780,353.	736,424.	2,990,332.				
16	Membership fees received			-						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose									
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,268.	5,039.	16,039.	12,893.	36,239.				
19	Net income from unrelated business activities not included in line 18									
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf									
21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge									
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.									
23	Total of lines 15 through 22	672,551.	808,311.	796,392.	749,317.	3,026,571.				
24	Line 23 minus line 17 .	672,551.	808,311.	796,392.	749,317.	3,026,571.				
25	Enter 1% of line 23	6,726.	8,083.	7,964.	7,493.					
26	Organizations described on line		er 2% of amount in c	• • •	. ► 26a	60,531.				
b	Prepare a list for your records to show the supported organization) whose total gifts f return. Enter the total of all these excess	or 2000 through 2003 excee	ributed by each person (oth ided the amount shown in l	er than a governmental uni ne 26a. Do not file this lis 	t or publicly t with your					
c	Total support for section 509(a)(1) test. Enter line 24,			► 26c	3,026,571.				
C	Add Amounts from column (e) fo		36,239.	19		PO DE CONTRA				
		22		26 b	26 d					
e	Public support (line 26c minus lir	ne 26d total)		• • •	► 26e					
f	Public support percentage (line	26e (numerator) divid	led by line 26c (deno	minator))	► 26f	98.80 %				
27	Organizations described on line For amounts included in lines 15 name of, and total amounts rece such amounts for each year:	12: , 16, and 17 that were	e received from a 'dis	qualified person,' pre	pare a list for your re	cords to show the rn. Enter the sum of				
	(2003)	(2002)	<u>0</u> . (2001)	0	(2000)	0.				
ļ	PFor any amount included in line 17 show the name of, and amount r \$5,000 (Include in the list organi computing the difference betwee (the excess amounts) for each year	that was received from eceived for each year zations described in in the amount receive ear:	each person (other tha , that was more than lines 5 through 11, as d and the larger amo	an 'disqualified persons the larger of (1) the swell as individuals.) unt described in (1) o	b), prepare a list for your amount on line 25 fo Do not file this list work or (2), enter the sum of	ur records to r the year or (2) rith your return. After of these differences				
	(2003)0.	(2002)	0(2001)_	0	_ (2000)	0.				
C	Add. Amounts from column (e) for 17 I Add Line 27a total Public support (line 27c total min Total support for section 509(a)(a)	or lines: 15 20	2,990,332.	16 21	27c	2,990,332.				
c	Add Line 27a total	0. ar	nd line 27b total .		0. 27d	0.				
€	Public support (line 27c total mir	ius line 27d total)		, ,,,,	. ► 27e	2,990,332.				
f	Total support for section 509(a)(2	2) test: Enter amount	from line 23, column	(e) ► 27f 3	3,026,571.	MITTERS TO THE THE THE THE THE THE THE THE THE THE				
,	i rubiic support percentage (iiile	276 (Hullierator) utvit	ied by line 2/1 (delib		· · · · · <u>· · 2/9</u>	<u> </u>				
	Investment income percentage (line 18, column (e) (r	umerator) divided by	line 27f (denominate	or)) ► 27h	1.20 %				
28	Unusual Grants: For an organizalist for your records to show, for nature of the grant Do not file the	each vear, the name	of the contributor, the	e date and amount of	rants during 2000 thr the grant, and a brie	ough 2003, prepare a of description of the				

Га	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	20.00	25467
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	-		4.0
	Does the organization maintain the following:			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c 32 d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
		-		
33			4.5	
	a Students' rights or privileges?	33 a		
	b Admissions policies?	33 b		
	c Employment of faculty or administrative staff?	33c		
	d Scholarships or other financial assistance?	33 d		
	e Educational policies?	33 e		
	f Use of facilities?	33 f		
	g Athletic programs?	33 g		,
	h Other extracurricular activities?	33 h		等海)
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34	la Does the organization receive any financial aid or assistance from a governmental agency?		Manager -	2 7 2
- -1				
	b Has the organization's right to such aid ever been revoked or suspended?	34b	(inte	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation	35		
	Cabadula A /Carra M	VA A	<u> </u>	

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
(To be completed ONLY by an eligible organization that filed Form 5768)

			· · · · · · · · · · · · · · · · · · ·		•			
Chec	k ► a	if the organization	belongs to an affiliated group.	Check ► b	ıf yo	u check	ed 'a' and 'limited cont	rol' provisions apply.
			s on Lobbying Expenditur		_		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total	lobbying expenditures to	o influence public opinion (grass	roots Johbying)		36		organizations
37			o influence a legislative body (di			37		4,090.
38			add lines 36 and 37)			Till	0.	4,090.
39			ditures			1 1 T		835,828.
40			litures (add lines 38 and 39)			40	0.	839,918.
41			Enter the amount from the follo	wing table -		4061		
	-	amount on line 40 is -	The lobbying nonta	•	is –			
	Not o	ver \$500,000	20% of the amount					
	Over \$5	500,000 but not over \$1,000,000	1 \$100,000 plus 15% of th	ne excess over \$500,	000			
	Over \$1	,000,000 but not over \$1,500,0	00 \$175,000 plus 10% of th	ne excess over \$1,00	0,000	41		150,988.
	Over \$1	,500,000 but not over \$17,000,	000 . \$225,000 plus 5% of the	excess over \$1,500	,000			
	Over :	\$17,000,000	\$1,000,000					
42	Grass	roots nontaxable amour	nt (enter 25% of line 41)			42		37,747.
43	Subtra	act line 42 from line 36	Enter -0- if line 42 is more than	line 36		43	0.	0.
44	Subtra	act line 41 from line 38.	Enter -0- if line 41 is more than	line 38 .		44	0.	0.
	Cautio	on: If there is an amour	nt on either line 43 or line 44, you	u must file Forn	n 4720.		A CHARLE S	
			4 -Year Averaging P	Period Under	Section	on 501	(h)	

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50)

		Lobbying Expenditures During 4 -Year Averaging Period							
	Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total			
45	Lobbying nontaxable amount	150,988.	160,373.	142,991.		454,352			
46	Lobbying ceiling amount (150% of line 45(e))					681,528			
47	Total lobbying expenditures	4,090.	2,834.	1,448.		8,372			
48	Grassroots non- taxable amount	37,747.	40,093.	35,748.		113,588			
49	Grassroots ceiling amount (150% of line 48(e))				Harris 125 Carrena	170,382			
50	Grassroots lobbying expenditures					0			

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)	N/A			
During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount	
a Volunteers				
b Paid staff or management (Include compensation in expenses reported on lines c through h.)				
c Media advertisements				
d Mailings to members, legislators, or the public .				
e Publications, or published or broadcast statements				
f Grants to other organizations for lobbying purposes .				
g Direct contact with legislators, their staffs, government officials, or a legislative body				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means				
i Total lobbying expenditures (add lines c through h.)				

BAA

Schedule A (Form 990 or 990-EZ) 2004

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule A (Form 990 or 990-EZ) 2004 LEGAL COMMUNITY AGAINST VIOLENCE 94-3324402 Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See Instructions)

51 Did th	e reporting organization Code (other than section	directly or in 501(c)(3) (ndirectly engage in any of the following anizations) or in section 527, rela	ing with any other organization describe ting to political organizations?	ed in secti	on 50	1(c)
			o a noncharitable exempt organizati			Yes	No
(i) C					51 a (i)		Х
•••	ther assets	•			a (ii)		Х
	transactions.				, , ,		
		ets with a n	oncharitable exempt organization		b (i)		Х
,,,	•		ble exempt organization		b (ii)		X
	ental of facilities, equipm		· •		b (iii)		X
	eimbursement arrangem	*			b (iv)		X
	pans or loan guarantees	01110			b (v)		X
, ,	•	r memhersh			b (vi)		X
• •			its, other assets, or paid employees.		c		X
d If the the go any tr	answer to any of the aboods, other assets, or ser ansaction or sharing arra	ove is 'Yes,' rvices given angement, sl	complete the following schedule. Co by the reporting organization. If the now in column (d) the value of the g	olumn (b) should always show the fair n organization received less than fair ma oods, other assets, or services received		ue of	
(a) Line no	(b) Amount involved	1	(c) noncharitable exempt organization	Description of transfers, transactions, and			ts
N/A	<u> </u>						
					-	,	
		<u> </u>					
						<u> </u>	
					 		
							
		ļ					
descri	bed in section 501(c) of	the Code (of	iliated with, or related to, one or mod ther than section 501(c)(3)) or in sec	re tax-exempt organizations ction 527?	► ☐ Ye	s X	No
b if Yes	s,' complete the following	schedule		1			
	(a) Name of organization		(b) Type of organization	(c) Description of relation	ship		
31 / 3	Traine of organization		type et etgatilettett				
N/A							
			· · · · · · · · · · · · · · · · · · ·				
«							
		·					
BAA			· · · · · · · · · · · · · · · · · · ·	Schedule A (Form	990 or 99	0.EZ	2004

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LEGAL COMMUNITY AGAINST VIOLENCE

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STATEMENT 1 FORM 990, PART I, LINE 9 **NET INCOME (LOSS) FROM SPECIAL EVENTS**

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
SPECIAL EVENT DINNER TOTAL	267,192.	<u>0.</u>	267,192.	57,352.	209,840.
	\$ 267,192.	\$ 0.	\$ 267,192.		\$ 209,840.

STATEMENT 2 FORM 990, PART II, LINE 43 OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	FUNDRAISING
ADMIN. AND PAYROLL SERVICES BOARD AND STAFF DEVELOPMENT	2,663. 987.	2,397.	266. 987.	
COMMUNITY EDUC. & OUTREACH COMPUTER AND INFOR SERVICES	2,920. 23,669.	2,920. 21,302.	2,367.	
CONTRACT LEGAL SERVICES DINNER & YR END CAMPAIGN	23,123. 56,926.	23,123.	2,00	56,926.
DUES AND FEES	2,828.	2,545.	283.	30, 920.
INSURANCE OUTSIDE SERVICES	10,241. 35,942.	9,217. 35,942.	1,024.	
UNCOLLECTED PLEDGES WEB DESIGN SERVICES	500. 13,407.	13,407.		500.
WORK STUDY INTERNS WORKER'S COMP. INSURANCE	1,561. 9,416.	1,561. 6,272.	1,326.	1,818.
	TAL \$ 184,183.	\$ 118,686.	\$ 6,253.	\$ 59,244.

STATEMENT 3 FORM 990, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

LEGAL COMMUNITY AGAINST VIOLENCE WORKS TO ACHIEVE FREEDOM FROM GUN VIOLENCE BY:
1. EDUCATING COMMUNITY LEADERS ABOUT EFFECTIVE VIOLENCE PREVENTION STRATEGIES.
2. PROVIDING LEGAL AND TECHNICAL ASSISTANCE TO POLICY MAKERS REGARDING THE PURSUIT

- OF LEGALLY SOUND FIREARMS POLICY.

STATEMENT 4 FORM 990, PART IV, LINE 55B **INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	 BASIS	_	ACCUM. DEPREC.	 BOOK VALUE
MACHINERY AND EQUIPMENT TOTAL	\$ 8,123.	<u>\$</u>	0.	\$ 8,123.
	\$ 8,123.	\$	0.	\$ 8,123.

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1/14/05 STATEMENT 5 FORM 990, PART IV, LINE 58 OTHER ASSETS				10:38AN
DEPOSIT PREPAIDS			\$ TOTAL <u>\$</u>	3,767. 13,117. 16,884.
STATEMENT 6 FORM 990, PART IV, LINE 65 OTHER LIABILITIES				
ACCRUED EXPENSES/VACATION	i		TOTAL \$	15,649. 15,649.
·	S, TRUSTEES, AND KEY EMPLO TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-	CONTRI- BUTION TO EBP & DC	ACCOUNT/
NAME AND ADDRESS FREDERICK BROWN, ESQ. SEE LISTED ADDRESS	NONE		\$ 0.	
CAROL KINGSLEY, ESQ. SEE LISTED ADDRESS	DIRECTOR NONE	0.	0.	0.
PAUL KREKORIAN, ESQ SEE LISTED ADDRESS	DIRECTOR NONE	0.	0.	0.
BOBBY LAWYER, ESQ. SEE LISTED ADDRESS	DIRECTOR NONE	0.	0.	0.
DAVID J. KAPNICK SEE LISTED ADDRESS	DIRECTOR NONE	0.	0.	0.
RICHARD ODGERS, ESQ. SEE LISTED ADDRESS	DIRECTOR NONE	0.	0.	0
DAVID PASTERNAK, ESQ. SEE LISTED ADDRESS	DIRECTOR NONE	0.	0.	0.

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STATEMENT 7 (CONTINUED) FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	 COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DOUGLAS BOXER, ESQ. SEE LISTED ADDRESS	DIRECTOR NONE			\$ 0.
MEGIN SCULLY, M.D. SEE LISTED ADDRESS	DIRECTOR NONE	0.	0.	0.
BARRY SHANLEY, ESQ. SEE LISTED ADDRESS	DIRECTOR NONE	0.	0.	0.
JOHN SKONBERG, ESQ. SEE LISTED ADDRESS	DIRECTOR NONE	0.	0.	0.
STEPHEN STUBBAREC, ESQ. SEE LISTED ADDRESS	DIRECTOR NONE	0.	0.	0.
ROD THOMPSON, ESQ. SEE LISTED ADDRESS	DIRECTOR NONE	0.	0.	0.
TODD P. ZIESING SEE LISTED ADDRESS	DIRECTOR NONE	0.	0.	0.
ALISON TUCHER, ESQ. SEE LISTED ADDRESS	DIRECTOR NONE	0.	0.	0.
GEORGE HISERT, ESQ. SEE LISTED ADDRESS	DIRECTOR NONE	0.	0.	0.
DONALD JOSEPH, ESQ. SEE LISTED ADDRESS	DIRECTOR NONE	0.	0.	0.
JEFF APPLEMAN, ESQ. SEE LISTED ADDRESS	DIRECTOR NONE	0.	0.	0.
RANDAL SHORT, ESQ. SEE LISTED ADDRESS	DIRECTOR NONE	0.	0.	0.

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STATEMENT 7 (CONTINUED) FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	ACCOUNT/
DAVID BERGER, ESQ. SEE LISTED ADDRESS	DIRECTOR NONE		\$ 0.	
ROBERT BORDON, ESQ. SEE LISTED ADDRESS	DIRECTOR NONE	0.	0.	0.
ELIZABETH CABRASER, ESQ. SEE LISTED ADDRESS	DIRECTOR NONE	0.	0.	0.
OWEN CLEMENTS, ESQ. SEE LISTED ADDRESS	DIRECTOR NONE	0.	0.	0.
RAYMOND COUGHLAN, JR., ESQ. SEE LISTED ADDRESS	DIRECTOR NONE	0.	0.	0.
WILLIAM EDLUND, ESQ. SEE LISTED ADDRESS	DIRECTOR NONE	0.	0.	0.
JAMES FOUSEKIS, ESQ. SEE LISTED ADDRES	DIRECTOR NONE	0.	0.	0.
DIANE GIBSON, ESQ. SEE LISTED ADDRESS	DIRECTOR NONE	0.	0.	0.
JOHN HEISSE, II, ESQ. SEE LISTED ADDRESS	DIRECTOR NONE	0.	0.	0.
SUE ANN SCHIFF, ESQ. SEE LISTED ADDRESS	EXECUTIVE DIREC	90,000.	0.	0.
	TOTAL	\$ 90,000.	<u>\$ 0.</u>	\$ 0.