AMENDED RETURN - SECTION 512(A)(7) REPEAL

Form 990-T	Exempt Organization B	usiness Income of the section 6033(e)	Γax Return	OMB No 1545-0687			
\a_3	For calendar year 2018 or other tax year beginning	, and ending	1812	_ 2018			
Department of the Treasury Internal Revenue Service	Go to www irs.gov/Form990T fo Do not enter SSN numbers on this form as it	or instructions and the latest infor		Open to Public Inspection to 501(c)(3) Organizations Only			
A Check box if address changed	Name of organization (Check box if nar	ne changed and see instructions.)		D Employer identification number (Employees' trust, see instructions)			
B Exempt under section	Print Legal Counsel for the	Legal Counsel for the Elderly					
X 501(c)(3)	or Number, street, and room or suite no. If a P.O			E Unrelated business activity code (See instructions)			
408(e) 220(e)	Type 601 E Street, NW, Tax	x Dept.					
408A 530(a) 529(a)		Crty or town, state or province, country, and ZIP or foreign postal code					
C Book value of all assets at end of year	F Group exemption number (See instructions.	F Group exemption number (See instructions.)					
16,331,4	14. G Check organization type ► X 501(c)	corporation 501(c) trust	401(a)	trust Other trust			
H Enter the number of the	organization's unrelated trades or businesses. 🕨 🔔		e the only (or first) un				
trade or business here			e, complete Parts I-V.				
describe the first in the b	lank space at the end of the previous sentence, complet	te Parts I and II, complete a Schedu	le M for each addition	al trade or			
business, then complete							
	the corporation a subsidiary in an affiliated group or a p	parent-subsidiary controlled group?		Yes X No			
	and identifying number of the parent corporation.	Tolon	hone number > /	202)434-6755			
J The books are in care of	d Trade or Business Income	(A) Income	(B) Expenses				
1 a Gross receipts or sale		(7,7,11,0,11,0	(0)	(-),			
b Less returns and allo		▶ 1c	'	,			
2 Cost of goods sold (S		2	 				
3 Gross profit. Subtract	/ /	3					
4 a Capital gain net incon	· \ \	48					
, -	4797, Part II, line 17) (attach Form 4797)	4b					
c Capital loss deduction		46					
	partnership or an S corporation (attach statement)	5		Marie Committee			
6 Rent income (Schedu		6	RECE	IVED			
	ed income (Schedule E)	7	-				
	valties, and rents from a controlled organization (Schedul	de F) 8	S DEC 9	9 2000 8			
	f a section 501(c)(7), (9), or (17) organization (Schedule	·	A DEC 2	D CO. 0			
	vity income (Schedule I)	10	OCOF	The same of the sa			
11 Advertising income (11	OGDE.	IA, UT			
•	structions; attach schedule)	12	,				
13 Total. Combine lines		13 0					
	ns Not Taken Elecwhere (See instruction contributions, deductions must be directly conne						
14 Compensation of of	icers, directors, and trustees (Schedule K)			14			
15 Salaries and wages			•	15			
16 Repairs and mainter	nance			18			
17 Bad debts				17			
18 Interest (attach sche	dule) (see instructions)			18			
19 Taxes and licenses				19			
20 Charitable contribut	ons (See instructions for limitation rules)			20			
21 Depreciation (attach	•	21	<u></u>	 			
22 Less depreciation cl	aimed on Schedule A and elsewhere on return	22a		22b			
23 Depletion				23			
24 Contributions to def	erred compensation plans			24			
20 Charitable contribute 21 Depreciation (attach 22 Less depreciation cl 23 Depletion 24 Contributions to def 25 Employee benefit pr 26 Excess exempt exces				25			
				26			
27 Excess readership c	·			27			
28 Other deductions (a	•			28 (
	Total deductions. Add lines 14 through 28						
	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13						
31 Deduction for net of	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 31 from line 30						
32 Unrelated business				32 0			

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Part	II Total Unrelated Business Taxable Income			•			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	33	0.				
34	Amounts paid for disallowed fringes See Stat	34	0.				
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	35					
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su						
36	•						
	lines 33 and 34	36	1,000.				
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.		
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	36,		1	•		
	enter the smaller of zero or line 36			38	0.		
Part				1 1	` _		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		▶	39	0.		
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of						
	Tax rate schedule or Schedule D (Form 1041)	40					
41	Proxy tax. See instructions	41					
42	Alternative minimum tax (trusts only)			42			
43	Tax on Noncompliant Facility Income. See instructions			43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.				
Part				1	****		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	• •				
	Other credits (see instructions)	45b		7			
	General business credit. Attach Form 3800	45c		-			
	· · · · · · · · · · · · · · · · · · ·	45d		┥ ┆			
đ	· · · · · · · · · · · · · · · · · · ·	450		45-			
	Total credits. Add lines 45a through 45d		•	45e			
46	Subtract line 45e from line 44		Other (attach schedule)	46	0.		
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886						
48	Total tax. Add lines 46 and 47 (see instructions)			48	0.		
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.		
50 a	Payments: A 2017 overpayment credited to 2018	50a		_			
b	2018 estimated tax payments	50b					
C	Tax deposited with Form 8868	50c					
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d					
е	Backup withholding (see instructions)	50e					
	Credit for small employer health insurance premiums (attach Form 8941)	50f		7			
	Other credits, adjustments, and payments: Form 2439			7			
•	Form 4136 Other Total	50g	9,500	•			
51	Total payments. Add lines 50a through 50g			51	9,500.		
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			54	9,500.		
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	0.	Refunded	55	9,500.		
Part \			e instructions)	1 33 1	2,300.		
					I Van I Na		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of		Yes No				
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file						
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the f	oreign (country				
	here >				X		
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ınsferor	to, a foreign trust?		<u> </u>		
	If "Yes," see instructions for other forms the organization may have to file.				- -		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		 				
C:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer.	ements, a has any k	and to the best of my know mowledge	ledge and beli	ef, it is true,		
Sign	1 1 1 1 1 1 1 1 1 1		Г	May the IRS d	scuss this return with		
Here		ve I	\-`		hown below (see		
	Signature of officer Date Title		<u> </u>	instructions)?	X Yes No		
	Print/Type preparer's name Preparer's signature Dat	e	Check	if PTIN			
Paid			self- employe	d			
Prepa	per PARVIN VAN ENGER Pain y Van Ergn 12	-3-20	20		0955143		
Use (Firm's EIN	> 33	-1197384		
-550 (400 SOUTH HOPE STREET SUITE 100	0					
	Firm's address ► LOS ANGELES, CA 90071		Phone no.	213-5	93-2300		
823711 01	<u> </u>				Form 990-T (2018)		

AS AMENDED

LEGAL COUNSEL FOR THE ELDERLY

52-1194741

FORM 990-T AMENDED RETURN INFORMATION STATEMENT

DESCRIPTION

LINE 34 CHANGED DUE TO REPEAL OF SECTION 512(a)(7)

LINE 36 CHANGED DUE TO REDUCTION ON LINE 34

LINE 38 CHANGED DUE TO REDUCTION ON LINE 34

LINE 39 CHANGED DUE TO REDUCTION ON LINE 34

A COPY OF THE 2018 990-T ORIGINAL RETURN IS ATTACHED.