Community Legal Services 2020 Exempt Income Tax Return Public Disclosure Copy

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STATEMENT THAT THIS IS A TAX RETURN NOT A FINANCIAL STATEMENT

The accompanying federal income tax return does **NOT** constitute a financial statement. We have not audited, reviewed or compiled the accompanying income tax return and, accordingly, do not express an opinion or any other form of assurance on it.

An income tax return is not intended to constitute financial statements prepared in accordance with generally accepted accounting principles. Accordingly, it does not necessarily include all financial information or disclosures required by generally accepted accounting principles. If the omitted financial information or disclosures were included with the tax return, they might influence the users' conclusions about the taxpayer's financial position, results of operations and cash flows. Accordingly, this income tax return is not designed to be used in lieu of financial statements.

RECORD RETENTION

Copies of your tax returns are enclosed for your files. It is your responsibility to retain copies of your tax information. We recommend the following guidelines:

- Tax returns keep indefinitely.
- Supporting documentation keep for 8 years.
- Records supporting your tax basis in personal, investment and business assets and gift documentation keep indefinitely.

Please note: Eide Bailly retains copies of tax returns, workpapers and other tax information for a period of eight years. After that, we dispose of all records. If you have questions regarding retention of tax records, please contact us.

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Form	Э	y	U

Department of the Treasury Internal Revenue Service

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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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

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



<u>A I</u>	For th	e 2020 calendar year, or tax year beginning and er	nding			
B	Check if applicat	le: C Name of organization		D Employer identific	cation number	
	Addr chan	COMMUNITY LEGAL SERVICES				
	Nam chan			86-016663	15	
	Initia retur		loom/suite	E Telephone number		
	Final retur	305 G 2ND AVE		602-258-3		
	termi	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,112,295.	
	Ame retur			H(a) Is this a group return		
	Appl tion	F Name and address of principal officer: LILLIAN O. JOHNSON		for subordinates		
	pend	SAME AS C ABOVE		H(b) Are all subordinates in		
1	Tax-e	empt status: X 501(c)(3) 501(c) ()	527	If "No," at ach a	list. See instructions	
J /	Webs	ite: ▶ WWW.CLSAZ.ORG		H(c) Group exemption	number 🕨	
K	orm c	f organization: 🔀 Corporation Trust Association Other 🕨	L Year of	of formation: 1953 N	State of legal domicile: AZ	
Pa	art I	Summary				
	1	Briefly describe the organization's mission or most significant activities:			'E	
Governance		POVERTY-BASED INEQUITIES IN THE CIVIL JUST	ICE S	YSTEM		
rna	2	Check this box I if the organization discontinued its operations or disposed	d of more	than 25% of its net ass		
ove	3			3	20	
		Number of independent voting members of the governing body (Part VI, line 1b)			20	
ŝ	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			87	
<u>viti</u>	6	Total number of volunteers (estimate if necessary)			700	
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.	
				Prior Year	Current Year	
Ð	8	Contributions and grants (Part VIII, line 1h)		7,271,055.	8,074,336.	
nue	9	Program service revenue (Part VIII, line 2g)		110,777.	27,489.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, ar d 7d)		4,836.	3,850.	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,247.	6,620.	
	12	Total revenue - add lines 8 through 11 (must ecual Part Viii, column (A), line 12)		7,387,915.	8,112,295.	
	13	Grants and similar amounts paid (Part IX, column (A), lir es 1-3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		5,769,949.	6,531,254.	
use.	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25) 200,740	0.			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u> </u>	1,412,603.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,290,571.	7,943,857.	
	19	Revenue less expenses. Subtract line 18 from line 12		97,344.	168,438.	
S OF	271		Beg	ginning of Current Year	End of Year	
sets	20	Total assets (Part X, line 16)		2,962,351.	3,656,292.	
Net Assets or	21	Total liabilities (Part X, line 26)		1,342,956.	1,868,632.	
ERe L	22	Net assets or fund balances. Subtract line 21 from line 20		1,619,395.	1,787,660.	
Pa	art II	Signature Block				
Und	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, 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.

0	Signature of officer			Date			
Sign Here		DIRECTOR					
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN		
Paid	BRENDA ANN BLUNT, CPA	BRENDA ANN BLUNT, C	CP 05/15	/21 self-employed	P00075126		
Preparer	Firm's name EIDE BAILLY LLP			Firm's EIN 🕨 45	-0250958		
Use Only	Firm's address 2355 E CAMELBAC	K RD, STE 900					
	PHOENIX, AZ 850	16-9065		Phone no. 480 –	315-1040		
May the IRS discuss this return with the preparer shown above? See instructions							
032001 12-2	3-20 LHA For Paperwork Reduction Act No	tice, see the separate instructions.			Form 990 (20)20)	
~					37		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		-0166615	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: COMMUNITY LEGAL SERVICES IS A NON-PROFIT LAW FIRM COMMITTED	то	
	INCREASING FAIRNESS IN THE CIVIL JUSTICE SYSTEM BY ADVOCATI	NG,	
	LITIGATING, AND EDUCATING ON BEHALF OF ARIZONA'S MOST UNDER	SERVED	
	COMMUNITIES.		
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	XNo
	If "Yes," describe these new services on Schedule O.		TT
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X 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 measu Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the		ad
	revenue, if any, for each program service reported.	total expenses, al	iu
4a	(Code:) (Expenses \$6, 471, 557. including grants of \$) (Revenue \$)	27,	489.)
Ĩ	IN 2020, COMMUNITY LEGAL SERVICES (CLS) PROVIDED CIVIL LECA		/
	TO 6,563 CLIENTS, DIRECTLY IMPACTING 15,154 FAMILY/HOUSEHOL		
	IF THESE CIVIL ISSUES WERE LEFT UNRESOLVED, PROBLEMS RESULT		
	HOMELESSNESS, CONTINUED ABUSE AND DOMESTIC VIOLENCE, LOSS O	F LIMITED	
	INCOME DUE TO CONSUMER FRAUD AND ILLEGAL EMPLOYMENT PRACTIC		
	HEALTH CARE AND THE RIGHT TO PUBLIC SCHOOL EDUCATION FOR CH		TH
	DISABILITIES WOULD HAVE ESCALATED. CLS ALSO PROVIDED ASSIST		
	APPROXIMATELY 25,000 PERSONS THROUGH COMMUNITY OUTREACH AND	EDUCATIO	N
	ALCH MALINMERE LANNERG PROGRAM (MER) PLANTER ATURE LEGAL A		
	CLS' VOLUNTEER LAWYERS PROGRAM (VLP) PROVIDED CIVIL LEGAL A		TRE.
	SERVICE, ASSISTANCE WITH SELF-ADVOCACY OF REPRESENTATION TH PRIVATE ATTORNEYS WHO VOLUNTEER THEIR TIME AND (CONT'D SCHE		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	5 07	<u> </u>
10			/
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
	· · · · · · · · · · · · · · · · · · ·		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 6 , 471, 557.		
		Form 9	90 (2020)

Form	990	(2020)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	_4		X X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	-5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custor an for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	х	
L	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	<u></u>	
b		11b		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	arr		- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization enswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		_	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		Х

Form 990 (2020)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b		24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pror year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes" complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		- 23
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
~	instructions, for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	200		- 23
C		28c		x
20	"Yes," complete Schedule L, Part IV	200		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
~	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or disso ve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	~~		x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	sections 301.7701-2 and 301 7701-3? // "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	~ ~		v
~-	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	054		
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	~~		v
07	If "Ves," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O Tt V Statements Regarding Other IRS Filings and Tax Compliance	30	27	L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 25		165	NU
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a25Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c X

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Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 87			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		37
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7b		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	00		
a h		9a 9b		
ь 10	Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareho ders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

Form 990 (2020)

COMMUNITY LEGAL SERVICES

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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
h	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
~	officer director tructed or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
5		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the survey institute have survey have a start hadden 2	6		X
0 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		
74		7a	x	
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	70		
, N		7b		х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
a	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
Ŭ	organization's mailing address? If "Yes," provide the names and addresses or Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)	-		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	al	
~	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 \blacktriangleright			
	$\frac{\text{LEESA BOWMAN} - 602 - 258 - 3434}{305 \text{ SOUTH 2ND AVENUE PHOENTY A7 85003}}$			
	305 SOUTH 2ND AVENUE, PHOENIX, AZ 85003			

Form 990 (2020) COMMUNITY LEGAL SERVICES	86-0166615	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
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	n or within the organization's	s tax year.
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regard Enter -0- in columns (D), (E), and (F) if no compensation was paid.	lless of amount of compens	ation.
• 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 	r kev emplovee) who receive	ed report-

• 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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(12) CHRSTINE BAIRD (FROM 6/20) 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (13) DIANA MOLL (THRU 5/20) 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (14) DIANA S. SOLORIO 1.00 X 0. 0. 0. 0. AT-LARGE MEMBER/DIRECTOR X 0. 0. 0. 0. 0. (15) GERALD P. RICHARD II (FROM 6/20 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. (16) HON. ED BURKE 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. URECTOR X 0. 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0.	(11) CARLENE HIGGINS (THRU 5/20)	1.00									
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(15) GERALD P. RICHARD II (FROM 6/20 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (16) HON. ED BURKE 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 01RECTOR X 0. 0. 0. 0. 0. 01RECTOR X 0. 0. 0. 0.	(14) DIANA S. SOLORIO	1.00									
DIRECTOR X 0. <t< td=""><td>AT-LARGE MEMBER/DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	AT-LARGE MEMBER/DIRECTOR		Х						0.	0.	0.
(16) HON. ED BURKE 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (17) JENNIFER ELIAS 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0.	(15) GERALD P. RICHARD II (FROM 6/20	1.00									
DIRECTORX0.0.0.(17) JENNIFER ELIAS1.00X0.0.0.DIRECTORX0.0.0.0.	DIRECTOR		Х						0.	0.	0.
(17) JENNIFER ELIAS1.00X0.0.DIRECTORX0.0.0.	(16) HON. ED BURKE	1.00									
(17) JENNIFER ELIAS 1.00 X 0. <td>DIRECTOR</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	DIRECTOR		Х						0.	0.	0.
	(17) JENNIFER ELIAS	1.00									
	DIRECTOR		Х						0.	0.	0.

- - - - -

Form 990 (2020) COMMUNITY	LEGAL	SE	RV	ICI	ES				86-016	6615	<u>;</u> F	-age 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	Hig	hes	t C	ompensated Employee	s (continued)			
(A)	(B)			_ (C	;)			(D)	(E)		(F)	
Name and title	Average	(do		Posit		han o	ne	Reportable	Reportable		stimat	
	hours per			ss pers Id a dir				compensation	compensation	a	mount	
	week (list any					/	,	- from the	from related		other	
	hours for	direct				-		organization	organizations (W-2/1099-MISC)		npens: from th	
	related	e or o	stee			nsated		(W-2/1099-MISC)	(** 2/ 1000 10100)		ganiza	
	organizations	truste	al tru:		yee	im per					nd rela	
	below	ndividual trustee or director	nstitutional trustee	er	key employee	est cc loyee	ıer			org	ganizat	ions
	line)	Indiv	Insti	Officer	Keye	Highest compensated employee	Former					
(18) K ROYAL	1.00											
DIRECTOR		Х						0.	0			0.
(19) KIASHA J. HENDRIX	1.00											
AT-LARGE MEMBER		Х						0.	0	•		0.
(20) MAX H. COVIL	1.00											
DIRECTOR		Х						0.	0	•		0.
(21) MICHAEL BREEZE (THRU 5/20)	1.00											
DIRECTOR		Х						0.	0	•		0.
(22) MICHELLE RODDY (THRU 5/20)	1.00											
DIRECTOR		Х						0.	0	•		0.
(23) NORMANDO DEHALLE (THRU 5/20)	1.00											
DIRECTOR		Х						0.	0	•		0.
(24) RAYMOND HANNA (FROM 6/20)	1.00											
DIRECTOR		Х						0.	0	•		0.
(25) VANESSA MORALES (FROM 6/20)	1.00											
DIRECTOR		Х				- 4		0.	0	•		0.
(26) VERONICA HERNANDEZ (THRU 5/20)	1.00											
DIRECTOR		X		- (0.	0	•		0.
1b Subtotal								712,642.	0	. 8	38,4	73.
c Total from continuation sheets to Part VI	, Section A							0.	0	•		0.
d Total (add lines 1b and 1c)]		712,642.	0	• 6	38,4	73.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d abo	ove)	who	o re	eceived more than \$100,	000 of reportable			
compensation from the organization				/								5
											Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	ey e	mplo	byee	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for su	uch individual									3		X
4 For any individual listed on line 1a, is the su		e co	mpe	ensati	ion a	and	oth	ner compensation from t	he organization			
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete So	che	dule	J f	or such individual		4	Х	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich p	ersc	<u>. n</u>				5		X
Section B. Independent Contractors				-								
1 Complete this table for your five highest cor	npensated inc	lepe	nder	nt coi	ntra	ctor	s th	nat received more than \$	100,000 of compens	sation f	rom	
the organization Report compensation for t	he calendar ye	ear e	ndir	ng wit	th o	r wit	hin	the organization's tax y	ear.			
(A)								(B)			(C)	
Name and business	address	NC	ONE	3				Description of s	services	Comp	ensatio	วท
							\square					
							-					
2 Total number of independent contractors (ir	0	ot lin	nitec	d to th			ed	above) who received me	ore than			
\$100,000 of compensation from the organiz	ation 🕨				0							

Form 990 COMMUNITY	LEGAL	SE	RV	IC	ES				86-016	6615
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cł	heck	allt	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				em pl		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	Institutional trustee		/ee	m pen				organizations
	below	dual t	utiona	_	i old m	st co	L.			organizations
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former			
(27) JENNIFER HOLSMAN TETREAULT	1.00									
PRESIDENT/VICE-PRESIDENT				Х				0.	0.	0.
(28) MICHAEL KIELSKY	1.00									
VICE-PRESIDENT/TREASURER				Х				0.	0.	0.
(29) YVETTE KINSEY	1.00									<u>^</u>
TREASURER/AT-LARGE MEMBER	1 00			Х				0.	0.	0.
(30) GARY M. RESTAINO	1.00	{		37						_
SECRETARY/AT-LARGE MEMBER (31) KENNETH MOYER	1.00			Х				0.	0.	0.
PAST PRESIDENT/CO-PRESIDENT	1.00	-		x				0.	0.	0.
(32) LIZA LAGUANA-MERRILL	1.00									
PAST PRESIDENT/CO-PRESIDENT		1		х				0.	0.	0.
						-				
		•								
				_						
		\mathbf{D}^{-}								
		-								
		1								
Total to Part VII, Section A, line 1c										
								1		L

		Check if Schedule O contains a resp	onse or note to any lin	e in this Part VIII			Γ
				(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue exclue from tax und sections 512 -
ş	1 a	Federated campaigns 1a	1,600.				
and Other Similar Amounts		Membership dues 1b					
m	с	Fundraising events 1c					
ar⊿		Related organizations 1d					
mil		Government grants (contributions) 1e	7,483,654.				
ŝ		All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	589,082.				
Ò	g	Noncash contributions included in lines 1a-1f					
ano	h	Total. Add lines 1a-1f	▶	<u>8,074,336.</u>			
ſ			Business Code				
		CONSULTING FEES	541610	15,600.			
e	b	ATTORNEY FEES	541100	11,889.	11,889.		
nue	с						
Revenue	d					-	
μ.	е						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	····· ►	27,489.			
	3	Investment income (including dividends,		2 6 5 0			
		other similar amounts)		3,850.			3,85
	4	Income from investment of tax-exempt b					
	5	Royalties					
		(i) Rea	al (ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss)					
		Net rental income or (loss) Gross amount from sales of (i) Secur	ities (ii) Other				
	<i>i</i> a						
	h	assets other than inventory 7a Less: cost or other basis					
D	D	and sales expenses					
	~	Gain or (loss)					
		Net gain or (loss)					
5		Gross income from fundraising events (not					
	υu	including \$ of					
-		contributions reported on line 1c) See					
		Part IV, line 18	8a				
	b	Less: direct expenses					
		Net income or (loss) from fundraising eve					
		Gross income from gaming activities. Se					
		Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activitie	es ►				
	10 a	Gross sales of inventory, less returns					
		and allowances					
		Less: cost of goods sold					
	с	Net income or (loss) from sales of invented					
			Business Code				
e		MISCELLANEOUS REFUNDS		5,320.			5,32
Revenue	b	EASEMENT	900099	1,300.			1,30
Sev	С						
٦		All other revenue					
Ĩ	е	Total. Add lines 11a-11d		<u>6,620.</u> 8,112,295.			10,47

COMMUNITY LEGAL SERVICES Part IX Statement of Functional Expenses

Do n	Check if Schedule O contains a response of include amounts reported on lines 6b.	(A) (A) Total expenses	(B) Program service	(C) Management and	
Ъ, 8	3b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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				4
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
Ļ	Benefits paid to or for members				
;	Compensation of current officers, directors,				
	trustees, and key employees	567,974.	462,899.	90,876.	14,199
;	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4,666,009.	3,781,661.	762,489.	121,859
,	Other salaries and wages				•
;	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	213,454.	158,104	48,584.	<u>6,760</u> 13,801
)	Other employee benefits	729,621.	613,186.	102,634.	13,80
)	Payroll taxes	354,196.	290,349.	54,756.	9,09
	Fees for services (nonemployees):	,		,	2,02
	Management				
	Legal				
	Accounting	32,800.	25,457.	6,484.	859
		52,000.	10/10/1	0,1010	
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	435,549.	374,382.	47,189.	13 079
	column (A) amount, list line 11g expenses on Sch 0.)	387.	1.	359.	13,978
	Advertising and promotion	219,394.	184,161.	30,116.	5,11
}	Office expenses	219,394.	104,101.	50,110.	J, 11
-	Information technology				
5	Royalties	341,461.	272 506	67,875.	
;	Occupancy		273,586.		
	Travel	7,785.	6,408.	810.	56'
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings		100		
	Interest	5,750.	197.	5,553.	
	Payments to affiliates	00 5 4 4		10 005	~
	Depreciation, depletion, and amortization	87,564.	71,699.	13,697.	2,168
	Insurance	34,037.	28,417.	4,738.	882
	Other expenses, Item ze expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	LITICATION	82,695.	82,695.		
b	MISCELLANEOUS EXPENSES	54,308.	28,100.	20,479.	5,729
	PROFESSIONAL DUES	38,817.	36,461.	1,657.	699
d	LIBRARY	34,669.	33,844.	623.	202
	All other expenses	37,387.	19,950.	12,641.	4,796
C	Total functional expenses. Add lines 1 through 24e	7,943,857.	6,471,557.	1,271,560.	200,74
	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 Check here for the following SOP 98-2 (ASC 958-720)				

COMMUNITY	LEGAL	SERVICES
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Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,928,429.	1	2,588,214.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	148,581.	3	181,150.
	4	Accounts receivable, net	2,054.	4	4,632.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	92,212.	9	81,344.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a1,844,561.Less: accumulated depreciation10b1,061,394.			
	b	Less: accumulated depreciation 1,061,394.		10c	783,167. 2,019.
	11	Investments - publicly traded securities	2,192.	11	2,019.
	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	7,370.	15	15,766.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,962,351.	16	3,656,292.
	17	Accounts payable and accrued expenses	185,170.	17	242,256.
	18	Grants payable		18	
	19	Deferred revenue	577,539.	19	1,012,430.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	187.	21	187.
ŝ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties	500,000.	23	500,000.
	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			440 550
		of Schedule D	80,060.		113,759.
	26	Total liabilities. Add lines 17 through 25	1,342,956.	26	1,868,632.
6		Organizations that follow FASE ASC 958, check here 🕨 🗴			
čě		and complete lines 27, 28, 32, and 33.	1 (10 205		1 808 660
alan	27	Net assets without donor restrictions	1,619,395.	27	1,787,660.
ä	28	Net assets with donor restrictions		28	
un		Organizations that do not follow FASB ASC 958, check here 🕨 📃			
г		and complete lines 29 through 33.			
ts	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	1 (10 205	31	
Ne	32	Total net assets or fund balances	1,619,395.	32	1,787,660.
	33	Total liabilities and net assets/fund balances	2,962,351.	33	3,656,292.

Form **990** (2020)

Part X Balance Sheet

Form	990	(2020)

Form	990 (202	0) COMMUNITY LEGAL SERVICES	86-	01666	515	Pa	_{ge} 12
Par	rt XI R	econciliation of Net Assets					
	С	neck if Schedule O contains a response or note to any line in this Part XI	<u></u>				
				-			
1	Total rev	renue (must equal Part VIII, column (A), line 12)	1		,11		
2	Total ex	penses (must equal Part IX, column (A), line 25)	2	7	<u>,94</u>		
3	Revenue	e less expenses. Subtract line 2 from line 1	3				38.
4		ets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,61	9,3	<u>95.</u>
5		alized gains (losses) on investments	5			-1	73.
6		I services and use of facilities	6		_		
7		ent expenses	7	-	+		
8		riod adjustments	8		-		
9		nanges in net assets or fund balances (explain on Schedule O)	9				0.
10		ets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		1	,78	76	60
Par		(B)) nancial Statements and Reporting	10	<u> </u>	,70	7,0	00.
I UI		neck if Schedule O contains a response or note to any line in this Part XII					
	0	leck if Schedule O contains a response of hote to any line in this Part Xii	<u></u>	· <u>· · · · · · · · · · · · · · · · · · </u>		Yes	No
1	Accourt	ing method used to prepare the Form 990: 📃 Cash 🛛 🔀 Accrual 📃 Other		ſ		100	
•		ganization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	-			
2a		e organization's financial statements compiled or reviewed by an independent accountant?			2a		x
24		check a box below to indicate whether the financial statements for the year were compiled or reviewed		·····	Lu		
		e basis, consolidated basis, or both:	on a				
	<u> </u>	eparate basis Consolidated basis Both consolidated and separate basis					
b	Were th	e organization's financial statements audited by an independent accountant?			2b	Х	
		check a box below to indicate whether the financial statements for the year were audited on a separate					
		lated basis, or both:					
	XS	eparate basis Consolidated basis Both consolidated and separate basis					
с	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?			2c	Х	
	If the or	ganization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
3a	As a res	ult of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t			
	Act and	OMB Circular A-133?			3a	Х	<u> </u>
b	If "Yes,"	did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits	s, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b	X	
					Form	990	(2020)
		did the organization undergo the required audit or audits? If the organization did not undergo the requires, explain why on Schedule O and describe any steps taken to undergo such audits					

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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
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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
2020
Open to Public Inspection

Name of the or	ganization
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Employer	identification numb
8	6-0166615

Nan							6-0166615		
Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							0 0100010		
The	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1	Ŭ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in secti							
3		A hospital or a cooperative					i).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)) Ť
6		A federal, state, or local gov	-						
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general p	public described in
-		section 170(b)(1)(A)(vi). (C							
8		A community trust describe			-				
9		An agricultural research org							
		or university or a non-land-g university:	frant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membersh	in fees and	d aross receipts from
		activities related to its exem							
		income and unrelated busir		-					-
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public sat	ety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section a	509(a)(2).	See section	509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	l 12g.	
а		Type I. A supporting orga	-		• • • •	-			
		the supported organization			majority o	of the direc	tors or truste	es of the su	ipporting
L		organization. You must o			ion with it		d organizatio	n(a) hy hay	ina
b		_ Type II. A supporting org control or management o					-		•
		organization(s). You mus			ine perso			ge the supp	bonted
с		Type III functionally inte			in connect	tion with. a	and functiona	llv integrate	d with.
	-	its supported organization	-						,
d		Type III non-functionally						rted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution rec	quirement and	an attentiv	veness
		requirement (see instruct	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this box if the orga					Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated supportir	ng organiz	ation.			
f		er the number of supported c	•						
<u> </u>	Prov	vide the following information i) Name of supported	about the supporte	d organization(s).	(iv) Is the orga	anization listed	(v) Amount o	f monetary	(vi) Amount of other
	organization (ii) 2111 (iii) 4110 or organization (iv) 4110 or organiz								support (see instructions)
	_			above (see instructions))	103				

Schedule A (Form 990 or 990-EZ) 2020 COMMUNITY LEGAL SERVICES

Part II

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7556901.	7142550.	7296309.	7271055.	8074336.	37341151.
2	Tax revenues levied for the organ-						4
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	7556901.	7142550.	7296309.	7271055.	8074336.	37341151.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						37341151.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	7556901.	7142550.	7296309.	7271055.	8074336.	37341151.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,481.	1,423.	3,291.	4,836.	3,850.	14,881.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			65.		1,300.	
11	Total support. Add lines 7 through 10						37357397.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	187,735.
13	First 5 years. If the Form 990 is for th	ne o ganization's fi	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stor						>
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2020 (I					14	<u>99.96 %</u>
	Public support percentage from 2019					15	99.96 %
16a	33 1/3% support test - 2020. If the c	organization did no	ot check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶∟
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶∟
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ►
					Sche	dule A (Form 990	or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 COMMUNITY LEGAL SERVICES 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						Z
•	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the			S			
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	••			() == (=	()) 00 (0	()	(0
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	C	0				
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizati	on,
_	check this box and stop here						
See	ction C Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
See	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19 a	33 1/3% support tests - 2020. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
٢	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the	-	-		•••••		and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
				.,,			🚩 📖

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 COMMUNITY LEGAL SERVICES

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make gran's to the foreign supported organization? 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.
- **c** Did the organization support any foreign supported organization that does not have an IPS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substitute I, 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).
- **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 support of organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- **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))? If "Yes," provide detail in **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- 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? *If* "Yes," *provide detail in* **Part VI.**
- **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)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990 EZ) 2020 COMMUNITY LEGAL SERVICES

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Par	rt IV Supporting	Organizations (continued)			
				Yes	No
11	Has the organization a	ccepted a gift or contribution from any of the following persons?			
а	A person who directly of	or indirectly controls, either alone or together with persons described in lines 11b and	İ		
	11c below, the governi	ng body of a supported organization?	11a		
b	A family member of a p	erson described in line 11a above?	11b		
с	A 35% controlled entity	of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.		11c		
Sec	tion B. Type I Supp	porting Organizations	4		
				Yes	No
1	more supported organi directors, or trustees at effectively operated, su organization, describe l	r, members of the governing body, officers acting in their official capacity, or membership of one or zations have the power to regularly appoint or elect at least a majority of the organization's officers : all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>pervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>now the powers to appoint and/or remove officers, directors, or trustees were allocated amo ig the</i> <i>s and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1		
2		erate for the benefit of any supported organization other than the supported			

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

<u>supervised, or controlled the supporting organization.</u> 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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlle 1 or managed			
	the supported erganization(s)	1		

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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

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 The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization support	ed a governmental entity	. Describe in Part VI how	vou supported a	governmental entity	(see instructions).
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- 2 Activities Test. Answer lines 2a and 2b 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? If "Yes," then in **Part VI identify these 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

3b

Yes No

Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	et short-term capital gain	1		
	ecoveries of prior-year distributions	2		
	ther gross income (see instructions)	3		
	dd lines 1 through 3.	4		
	epreciation and depletion	5		
6 P	ortion of operating expenses paid or incurred for production or			
	ollection of gross income or for management, conservation, or			
	aintenance of property held for production of income (see instructions)	6		
	ther expenses (see instructions)	7		
8 A	djusted 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 A	ggregate fair market value of all non-exempt-use assets (see			
in	structions for short tax year or assets held for part of year):			
	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
c Fa	air market value of other non-exempt-use assets	1c		
d To	otal (add lines 1a, 1b, and 1c)	1d		
еD	iscount claimed for blockage or other factors			
(e	xplain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
3 S	ubtract line 2 from line 1d.	3		
	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	ee instructions).	4		
	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
	lultiply line 5 by 0.035.	6		
	ecoveries of prior-year distributions	7		
8 M	linimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, column A)	1		
2 Ei	nter 0.85 of line 1.	2		
3 M	inimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Ei	nter greater of line 2 or line 3.	4		
5 In	come tax imposed in prior year	5		

6 **Distributable Amount**. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form	990 or 990-EZ) 2	2020 COMMUNITY	LEGAL	SERVICES	

 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

Schedule A (Form 990 or 990-EZ) 2020 COMMUNITY LEGAL SERVICES

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continue}	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 COMMUNITY LEGAL SERVICES	86-0166615 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
MISCELLANEOUS INCOME	
2018 AMOUNT: \$ 65.	4
EASEMENT	
2020 AMOUNT: \$ 1,300.	
S	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

86-	01	66	61	5
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COMMUNITY	LEGAL	SERVICES	

5	·
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

. .

Employer identification number

COMMUNITY LEGAL SERVICES ...

86-0166615

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ 6,416,897.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$688.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$233,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$ <u>225,203.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

86-0166615

COMMUNITY LEGAL SERVICES

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	2
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of or	rganization		Employer identification number
COMMUN	NITY LEGAL SERVICES		86-0166615
Part III) through (e) and the following line ent charitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE D)
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Department of the Treasury

Internal Revenue Service

9 0)

Supplemental Financial Statements ► 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. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization COMMUNITY LEGAL SEF	VICES		Employer identification numbe 86-0166615
Pa			imilar Funds	
	organization answered "Yes" on Form 990, Part IV, line			
	,,,,,,, _	(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets he	ld in donor advis	sed funds
-	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat		Preservation o	f a historically important land area
	Protection of natural habitat		Preservation o	f a certified historic structure
	Preservation of open space			*
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contrib	ution in the form	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic stru	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on	a historic structu	ure
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			
	year 🕨			
4	Number of states where property subject to conservation eas	ement is located 🕨 🔄		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspect	ion, handling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, ar	nd enforcing cons	servation easements during the year
	•			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and en	forcing conserva	tion easements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	on easements in its rever	nue and expense	statement and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's	financial statem	ents that describes the
Do	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of	Art Historical Tro		thar Similar Accoto
Га		-		the Similar Assets.
	Complete if the organization answered "Yes" on Form			
па	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for pub	-		•
L	service, provide in Part XIII the text of the footnote to its finan			
Ø	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, of	research in furth	ierance of public serVICe,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea	ourse, or other similar a		
2				u gani, provide
~	the following amounts required to be reported under FASB AS Revenue included on Form 990, Part VIII, line 1	So abo relating to these		▶ \$
a	HOVENED INCIDENCE OF FORTH JOU, FAIL VIII, INC. I			

а	Revenue included on Form 990, Part VIII, line	1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

Schedule D (Form 990) 2020

► \$

Sche		TY LEGAL S						Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Other Si	imilar Asset	continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that	make signif	ficant use of its		
	collection items (check all that apply):							
а	Public exhibition	c	Loan or exe	change progra	m			
b	Scholarly research	e	e 🗌 Other					
с	Preservation for future generations							
4	Provide a description of the organization's co						XIII.	
5	During the year, did the organization solicit of						_	
_	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arran		ete if the organization	on answered "	Yes" on For	rm 990, Part IV,	line 9, or	
	reported an amount on Form 990, Pa					4		
1a	Is the organization an agent, trustee, custodi							
	on Form 990, Part X?					L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
							Amount	
	Beginning balance							
	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f	Yes	
	Did the organization include an amount on F				-	LA	. Yes	No X
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete							21
		(a) Current year	(b) Prior year	(c) Two years		Three years back	(a) Four	ears back
1a	Beginning of year balance	(a) Ourrent year						ycars back
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
Ū	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1a. column (a	a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment							
	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	- uld equal 100%.						
3a	Are there endowment funds not in the posse		ation that are held a	nd administere	ed for the o	rganization		
	by:							Yes No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm	ient.						
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990,	Part X, line	10.		
	Description of property	(a) Cost or c	• • •	t or other	(c) Accu		(d) Book	value
		basis (investr	,	(other)	depred	ciation		
1a	Land			97,500.				,500.
b	Buildings			29,505.		9,362.		,143.
	Leasehold improvements			12,969.		2,752.		,217.
	Equipment			<u>16,657.</u>		6,131.		,526.
	Other			97,930.		3,149.		,781.
Tota	. Add lines 1a through 1e. (Column (d) must e	aual Form 990, Part	X. column (B). line	10c.)		🕨 🗌	783	,167.

Schedule D (Form 990) 2020

Complete if the organization answered "Yes" of (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)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, Ine 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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990 Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CAPITAL LEASE LIABILITY			113,759
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	25.)		113,759

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2020 COMMUNITY LEGAL SERVICES	86-	0166615 Page 4			
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements		. 1	8,149,347.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a -173				
b	Donated services and use of facilities	2b 9,261	•			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d 27,964	•			
е	Add lines 2a through 2d		2e	37,052.		
3	Subtract line 2e from line 1		3	8,112,295.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b		40	0.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,112,295.			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	r Returi	າ.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements		1	7,981,082.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a 9.261	•			
b	Prior year adjustments	2b	_			
С	Other losses	2c	_			
d	Other (Describe in Part XIII.)	27,964	•			
е	Add lines 2a through 2d		2e	<u> </u>		
3	Subtract line 2e from line 1		3	7,943,857.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_			
b	Other (Describe in Part XIII.)	4b		-		
С	Add lines 4a and 4b		4c	0.		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		. 5	7,943,857.		
Pa	rt XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

THE ORGANIZATION HOLDS CLIENT RETAINERS AND COURT AWARDED SETTLEMENTS
UNTIL THEY ARE USED TO OFFSET CHARGES FOR PROFESSIONAL TIME AND
OUT-OF-POCKET EXPENSES INCURRED FOR A GIVEN CASE OR UNTIL THE MATTER IS
COMPLETE AT WHICH TIME, ANY EXCESS RETAINER/COURT AWARDED SETTLEMENT IS
RETURNED TO THE CLIENT.
PART X LINE 2:

MANAGEMENT BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY INCOME TAX

POSITIONS TAKEN, AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS

THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2020 COMMUNITY LEGAL SERVICES Part XIII Supplemental Information (continued) (continued) (continued)	86-0166615 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FAMILY FIRST CORONAVIRUS RESPONSE SICK LEAVE REIMBURSEMENT	27,964.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FAMILY FIRST CORONAVIRUS RESPONSE SICK LEAVE REIMBURSEMENT	27,964.
	\circ
C	<u>v</u>
)

SC	HEDULE J	Compensation Information	I	OMB No. 1	1545-004	47
(Fo	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		2020			
	Compensated Employees		2020		J	
Denar	Pepartment of the Treasury ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.			Open to Public		
	Final Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.			Inspection		
Nam	e of the organizatior		Employer id			nber
De		COMMUNITY LEGAL SERVICES	86-01	16661	5	
Ра	rt I Question	s Regarding Compensation				.
	<u>.</u>				Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com	panions				
		spending account				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	-	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
		, , , , , , , , , , , , , , , , , , , ,				
3	Indicate which, if ar	y, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation	committee Written employment contract				
	Independent c	ompensation consultant Compensation survey or study				
	Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee			
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 re	lated organization:				
а		e payment or change-of-control payment?		4 a		X
b		eive payment from a supplemental nonqualified retirement plan?		<u>4b</u> 4c		X
с						X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only and the Ford					
F)(3), 501(c)(4), and 501(c)(29) or ganizations 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						
а	contingent on the re			5a		x
a h	 a The organization? b Any related organization? 					X
		r 5b, describe in Part III.		. <u>5b</u>		
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
•	contingent on the n					
а	U U			6a		X
b	b Any related organization?					X
		r 6b, describe in Part III.				
7		Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lin	es 5 and 6? If "Yes," describe in Part III		. 7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in				
	Regulations section	53.4958-6(c)?	<u></u>	. 9		
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forn	n 990)	2020

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

86-0166615

Page **2**

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, clescribed 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.

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LILLIAN O. JOHNSON	(i) 158,683.	0.	0.	11,212.	4,896.	174,791.	0.
	ii) 0.		0.	0.	0.	0.	0.
	(i) 131,595.		0.	9,463.	9,091.		0.
	ii) 0.		0.	0.	0.	0.	0.
	(i)						
	ii)						
	(i)						
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	ii)						

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

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. Example 2020 Open to Public Inspection Employer identification number

86-0166615

OMB No. 1545-0047

COMMUNITY LEGAL SERVICES

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BY PROVIDING HIGH-QUALITY LEGAL ADVICE, ADVOCACY, AND ASSISTANCE TO

LOW-INCOME ARIZONANS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SERVICES. CLS HAS ACCESS TO APPROXIMATE 3,300 PRIVATE ATTORNEYS

THROUGH OUR PRIVATE ATTORNEY INVOLVEMENT PROGRAM.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE, (COMPRISED OF THE ORGANIZATION'S LEGAL OFFICERS PLUS TWO ADDITIONAL DIRECTORS ELECTED BY THE BOARD OF DIRECTORS INCLUDING AT LEAST TWO CLIENT MEMBERS), HAS THE AUTHORITY TO ACT ON BEHALF OF THE BOARD IN CONNECTION WITH ROUTINE MATTERS AND EMERGENCIES REQUIRING ACTION BETWEEN REGULAR MEETINGS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A:

AT LEAST 60% OF THE BOARD MEMBERS MUST BE ATTORNEYS LICENSED TO PRACTICE IN THE STATE OF ARIZONA. A MAJORITY OF THE ATTORNEY MEMBERS ARE SELECTED AS FOLLOWS:

1) 4 - 7 ARE APPOINTED BY THE MARICOPA COUNTY BAR ASSOCIATION;

2) 1 MUST BE A FACULTY MEMBER OR ADMINISTRATOR APPOINTED BY THE COLLEGE OF

LAW AT ARIZONA STATE UNIVERSITY;

3) 1 IS APPOINTED BY THE ARIZONA CENTER FOR DISABILITY LAW;

4) 3 - 4 ARE APPOINTED BY THE STATE BAR OF ARIZONA;

5) 1 IS APPOINTED BY THE YUMA COUNTY BAR ASSOCIATION;

6) 1 IS APPOINTED BY THE MOHAVE COUNTY BAR ASSOCIATION;

Schedule O (Form 990 or 990-EZ) 2020	Page 2			
Name of the organization COMMUNITY LEGAL SERVICES	Employer identification number 86-0166615			
7) 1 IS APPOINTED BY THE YAVAPAI COUNTY BAR ASSOCIATION;				
8) 1 IS APPOINTED BY THE EAST VALLEY BAR ASSOCIATION;				
9) AT LEAST ONE IS APPOINTED BY ONE OR MORE OF THE FOLLOWI	NG: LOS			
ABOGADOS, HAYZEL B. DANIELS ASSOCIATION, ARIZONA WOMEN LAW	YERS ASSOCIATION,			
ARIZONA ASIAN AMERICAN BAR ASSOCIATION, ARIZONA MINORITY B	AR ASSOCIATION,			
SCOTTSDALE BAR ASSOCIATION, AND WEST MARICOPA COUNTY BAR A	SSOCIATION.			
	-0			
FORM 990, PART VI, SECTION B, LINE 11B:	\mathcal{I}			
COPIES OF FORM 990 ARE APPROVED BY THE EXECUTIVE COMMITTEE	AND DISTRIBUTED			
TO EACH BOARD MEMBER PRIOR TO FILING.				
FORM 990, PART VI, SECTION B, LINE 12C:				
ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO	DISCLOSE			
INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST.				
FORM 990, PART VI, SECTION B, LINE 15:				
THE PROCESS OF DETERMINING FXECUTIVE DIRECTOR COMPENSATION	INCLUDES			
DISCUSSION AND REVIEW BY A COMPENSATION COMMITTEE. COMPEN	SATION IS THEN			
APPROVED BY THE BOARD OR COMPENSATION COMMITTEE. THIS DET	ERMINATION IS			
PERFORMED ANNUALLY.				

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE PHOENIX OFFICE OF THE ORGANIZATION.