

Return of Organization Exempt From Income Tax

2019

(Rev. January 2020)

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

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

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

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 02-01, 2019, and ending 01-31, 2020

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: COMMUNITY LEGAL AID SOCIAL. D Employer identification number: 95-1994337. E Telephone number: (714) 571-5200. G Gross receipts: \$ 11,497,545. H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. I Tax-exempt status: 501(c)(3). J Website: WWW.LEGAL-AID.COM. K Form of organization: Corporation. L Year of formation: 1958. M State of legal domicile: CA.

Part I Summary

Table with 4 main sections: Activities & Governance (lines 1-7b), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

Part II Signature Block

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

Sign Here: KATHRYN MARR, Signature of officer, Date. KATHRYN MARR, Exec Director, Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name: RON LOPEZ, Preparer's signature: RON LOPEZ Ron Lopez, Date: 09-16-2020, Check self-employed: No, PTIN: P00758088, Firm's name: GRUBER AND ASSOCIATES, Firm's address: 438 OLD NEWPORT BLVD, Newport Beach CA 92663, Firm's EIN: 949-346-2900.

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

Yes No

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

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

Yes No

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

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

4a (Code: ) (Expenses \$ 8,023,350 including grants of \$ ) (Revenue \$ )

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

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

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 8,023,350

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Form W-2G, and backup withholding.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, foreign accounts, and charitable contributions.

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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include: 1a Enter the number of voting members... 29; 1b Enter the number of voting members included in line 1a... 29; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X

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

Table with 5 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 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? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization X; 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? X; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed California
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records RALPH DAO (714)571-5200, 2101 N Tustin Ave, Santa Ana, CA 92705

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

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

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

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

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

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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NEFI ACOSTA Board Member	1.00	X						0	0	0
(2) CAROL ANN BURR Board Member	1.00	X						0	0	0
(3) JARED BUNKER Board Member/ CFO	3.00	X		X				0	0	0
(4) MICHAEL BALMAGES Board Member	1.00	X						0	0	0
(5) ROMAN DARMER Board Member	1.00	X						0	0	0
(6) DOUG DAVIDSON PRESIDENT	3.00	X		X				0	0	0
(7) HILDA CUENCA Board Member	1.00	X						0	0	0
(8) ALISON CUFF Board Member	1.00	X						0	0	0
(9) ANNA DAVIS Board Member	1.00	X						0	0	0
(10) BLAINE EVANSON Board Member	1.00	X						0	0	0
(11) SHERY NESSIM Board Member	1.00	X						0	0	0
(12) LAUREN GROCHOW Board Member	1.00	X						0	0	0
(13) ROSETTE NSONGA Board Member	1.00	X						0	0	0
(14) LUCAS HORI Board Member	1.00	X						0	0	0

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

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

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

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

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

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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PEARL MANN Board Member	1.00	X						0	0	0
(2) ELIZABETH MCKEEN Board Member	1.00	X						0	0	0
(3) RICHARD MCNEIL Board Member	1.00	X						0	0	0
(4) ESTHER MORALES VICE PRESIDENT	3.00	X		X				0	0	0
(5) MICHAEL PERDOMO Board Member	1.00	X						0	0	0
(6) ALEX SHAW Board Member	1.00	X						0	0	0
(7) LEI LEI WANG EKVALL Board Member	1.00	X						0	0	0
(8) ALAN SLATER VICE PRESIDENT AT LARGE	3.00	X		X				0	0	0
(9) JILLAYNE VAN Audit Committee Chair	3.00	X						0	0	0
(10) KALEY WRIGHT Board Member	1.00	X						0	0	0
(11) KATHRYN MARR Executive Director	50.00	X			X			172,755	0	28,334
(12) RITA OKOROGU VICE PRESIDENT	3.00	X		X				0	0	0
(13) KIM LONG LE BOARDMEMBER	1.00	X						0	0	0
(14) MEI TSANG BOARDMEMBER	1.00	X						0	0	0



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MICHAEL BEHRENS PRESIDENT ELECT	3.00	X					0	0	0	
(16) CHARLES MURRAY BOARDMEMBER	1.00	X					0	0	0	
(17) MARY LOU CZERNER Director of Operations	50.00				X		100,679	0	28,009	
(18) ANTHONY FILER Directing Attorney	50.00				X		89,138	0	25,984	
(19) JASON COLEMAN DIRECTING ATTORNEY	50.00				X		90,814	0	10,445	
(20) YOLANDA OMANA Supervising Attorney	50.00				X		76,089	0	32,771	
(21) ASHTON COOPER Directing Attorney	50.00				X		82,462	0	25,609	
(22) TONY LU ATTORNEY	50.00				X		104,206	0	14,341	
(23) SARAH YANEZ ATTORNEY	50.00				X		85,229	0	18,503	
(24) LAURA LUU ATTORNEY	50.00				X		95,022	0	17,431	
(25) FATIMA DADABHOY ATTORNEY	50.00				X		91,700	0	10,502	
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>988,094</b>	<b>0</b>	<b>211,929</b>	

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

3

- 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . .	<b>1e</b> 10,990,121				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 61,380				
	<b>g</b> Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$				
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		11,051,501			
<b>Program Service Revenue</b>	<b>2a</b> _____	Business Code				
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue . . . . .					
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		26,554	26,554		
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶					
	<b>5</b> Royalties . . . . . ▶					
	<b>6a</b> Gross rents . . . . .	(i) Real				
		(ii) Personal				
		<b>6a</b>				
	<b>b</b> Less: rental expenses . . . . .	<b>6b</b>				
	<b>c</b> Rental income or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss) . . . . . ▶					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>7a</b>				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>7b</b>				
	<b>c</b> Gain or (loss) . . . . .	<b>7c</b>				
	<b>d</b> Net gain or (loss) . . . . . ▶					
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .						
	<b>8a</b> 46,354					
	<b>b</b> Less: direct expenses . . . . .	<b>8b</b> 23,279				
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶		23,075			23,075	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .						
	<b>9a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .						
	<b>10a</b>					
	<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶						
<b>Miscellaneous Revenue</b>	<b>11a</b> <u>SETTLEMENTS &amp; MISC FEES</u>	541900	308,467	308,467		
	<b>b</b> <u>LRS REFERRAL FEES &amp; DUES</u>	541900	57,469	57,469		
	<b>c</b> <u>RENTAL INCOME</u>	532000	7,200	7,200		
	<b>d</b> All other revenue . . . . .					
	<b>e Total.</b> Add lines 11a-11d . . . . . ▶		373,136			
<b>12 Total revenue.</b> See instructions . . . . . ▶		11,474,266	399,690	0	23,075	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	5,894,160	4,667,273	1,191,598	35,289
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
<b>9</b> Other employee benefits . . . . .	1,073,448	847,010	222,594	3,844
<b>10</b> Payroll taxes . . . . .	495,689	391,594	99,137	4,958
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	17,130	17,130		
<b>c</b> Accounting . . . . .	27,846	22,110	5,736	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .	191,536	153,228	38,308	
<b>12</b> Advertising and promotion . . . . .	45,997	36,797	9,200	
<b>13</b> Office expenses . . . . .	259,740	206,234	53,506	
<b>14</b> Information technology . . . . .	40,887	32,709	8,178	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	181,899	144,428	37,471	
<b>17</b> Travel . . . . .	134,231	106,580	27,651	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	152,689	121,235	31,454	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	197,071	156,474	40,597	
<b>23</b> Insurance . . . . .	79,956	63,485	16,471	
<b>24</b> Other expenses. Itemize 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 O.)				
<b>a</b> <b>DUES AND FEES</b>	59,227	47,026	12,201	
<b>b</b> <b>TELEPHONE</b>	197,706	156,979	40,727	
<b>c</b> <b>PRIVATE ATTORNEY INVOLVEMENT</b>	469,514	372,794	96,720	
<b>d</b> <b>LIBRARY</b>	76,464	76,464		
<b>e</b> All other expenses	439,377	403,800	35,577	
<b>25 Total functional expenses.</b> Add lines 1 through 24e. . . .	10,034,567	8,023,350	1,967,126	44,091
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	1,223,888	1	2,224,622
	<b>2</b> Savings and temporary cash investments	1,000,000	2	250,000
	<b>3</b> Pledges and grants receivable, net	769,397	3	949,400
	<b>4</b> Accounts receivable, net	138,000	4	44,350
	<b>5</b> 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	
	<b>6</b> 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	
	<b>7</b> Notes and loans receivable, net		7	
	<b>8</b> Inventories for sale or use		8	
	<b>9</b> Prepaid expenses and deferred charges	55,057	9	70,906
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 10,310,425		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 4,602,804	5,807,802	<b>10c</b> 5,707,621
	<b>11</b> Investments - publicly traded securities		11	
	<b>12</b> Investments - other securities. See Part IV, line 11		12	
	<b>13</b> Investments - program-related. See Part IV, line 11		13	
	<b>14</b> Intangible assets		14	
	<b>15</b> Other assets. See Part IV, line 11	55,021	15	5,021
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	9,049,165	16	9,251,920	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	305,891	17	105,180
	<b>18</b> Grants payable		18	
	<b>19</b> Deferred revenue		19	
	<b>20</b> Tax-exempt bond liabilities		20	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	<b>22</b> Loans and other payables to 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		22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	3,223,235	23	3,081,996
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		24	
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,177,329	25	282,335	
<b>26 Total liabilities.</b> Add lines 17 through 25	4,706,455	26	3,469,511	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	3,559,443	27	4,660,612
	<b>28</b> Net assets with donor restrictions	783,267	28	1,121,797
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		29	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		30	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		31	
	<b>32</b> Total net assets or fund balances	4,342,710	32	5,782,409
<b>33</b> Total liabilities and net assets/fund balances	9,049,165	33	9,251,920	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	11,474,266
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	10,034,567
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,439,699
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	4,342,710
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	5,782,409

**Part XII Financial Statements and Reporting**

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

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization

Employer identification number

COMMUNITY LEGAL AID SOCIAL

95-1994337

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

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

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	6,693,971	7,675,778	7,750,983	8,630,177	11,051,501	41,802,410
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	6,693,971	7,675,778	7,750,983	8,630,177	11,051,501	41,802,410
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						41,802,410

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 . . . . .	6,693,971	7,675,778	7,750,983	8,630,177	11,051,501	41,802,410
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	424	1,597	7,355	17,469	26,554	53,399
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	237,705	418,614	151,943	347,665	396,211	1,552,138
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						43,407,947
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	96.30 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	96.01 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014 . . . . .			
<b>b</b> From 2015 . . . . .			
<b>c</b> From 2016 . . . . .			
<b>d</b> From 2017 . . . . .			
<b>e</b> From 2018 . . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
<b>a</b> Excess from 2015 . . . .			
<b>b</b> Excess from 2016 . . . .			
<b>c</b> Excess from 2017 . . . .			
<b>d</b> Excess from 2018 . . . .			
<b>e</b> Excess from 2019 . . . .			



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2019

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

COMMUNITY LEGAL AID SOCIAL

95-1994337

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified lines conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount    |
|---------------------------------|-----------|
| c Beginning balance             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| (i) Unrelated organizations  | <b>3a(i)</b>  |    |
| (ii) Related organizations   | <b>3a(ii)</b> |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,127,281		3,127,281
b Buildings		1,521,142	1,183,602	337,540
c Leasehold improvements		2,185,016	732,760	1,452,256
d Equipment		1,978,093	1,206,504	771,589
e Other		1,498,893	1,479,938	18,955

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  **5,707,621**

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . . ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . . . ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) <b>Advanced funding</b>	938	
(3) <b>Accrued vacation</b>	276,376	
(4) <b>Client trust deposits</b>	5,021	
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	<b>282,335</b>	

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



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.

Table with 5 main rows and sub-rows (a-e). Row 1: Total revenue, gains, and other support per audited financial statements: 12,134,571. Row 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12. Sub-rows: a Net unrealized gains (losses) on investments, b Donated services and use of facilities (660,305), c Recoveries of prior year grants, d Other (Describe in Part XIII.), e Add lines 2a through 2d: 660,305. Row 3: Subtract line 2e from line 1: 11,474,266. Row 4: Amounts included on Form 990, Part VIII, line 12, but not on line 1. Sub-rows: a Investment expenses not included on Form 990, Part VIII, line 7b, b Other (Describe in Part XIII.), c Add lines 4a and 4b. Row 5: Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.): 11,474,266.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e). Row 1: Total expenses and losses per audited financial statements: 10,694,872. Row 2: Amounts included on line 1 but not on Form 990, Part IX, line 25. Sub-rows: a Donated services and use of facilities (660,305), b Prior year adjustments, c Other losses, d Other (Describe in Part XIII.), e Add lines 2a through 2d: 660,305. Row 3: Subtract line 2e from line 1: 10,034,567. Row 4: Amounts included on Form 990, Part IX, line 25, but not on line 1. Sub-rows: a Investment expenses not included on Form 990, Part VIII, line 7b, b Other (Describe in Part XIII.), c Add lines 4a and 4b. Row 5: Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.): 10,034,567.

Part 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.

Series of horizontal lines provided for entering supplemental information.

**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.

**2019**

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

COMMUNITY LEGAL AID SOCIAL

95-1994337

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b> . . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>SELA</u> (event type)	(event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts . . . . .	46,354		46,354
	2	Less: Contributions . . . . .			
	3	Gross income (line 1 minus line 2) . . . . .	46,354		46,354
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .			
	7	Food and beverages . . . . .			
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .	23,279		23,279
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶			23,279
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶			23,075	

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

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

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

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2019**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

COMMUNITY LEGAL AID SOCIAL

95-1994337

**Part I Questions Regarding Compensation**

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

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KATHRYN MARR 1 Executive Director	(i)	172,755	0	0	28,334	0	201,089	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

**COMMUNITY LEGAL AID SOCIAL**

Employer identification number

**95-1994337**

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

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

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

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

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

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

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

SEE 03 ABOVE.

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

THE ORGANIZATION PROVIDES FORM 990 AND SUPPORTING SCHEDULES UPON REQUEST.

Name(s) as shown on return

FEIN

COMMUNITY LEGAL AID SOCAL

95-1994337

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

<b>Description</b>	<b>Amount</b>
TECHNOLOGY AND PRO BONO GRANT	\$ 259,482
SUPPORT TO PUBLIC LAW CENTER	15,290
BANK FEES AND PAYROLL PROCESSING	33,329
EQUIPMENT RENTAL	4,103
MISCELLANEOUS	91,596
<b>Total:</b>	<b>\$ 403,800</b>

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

<b>Description</b>	<b>Amount</b>
BANK FEES AND PAYROLL PROCESSING	\$ 8,333
EQUIPMENT RENTAL	1,064
MISCELLANEOUS	26,180
<b>Total:</b>	<b>\$ 35,577</b>

**California Exempt Organization  
Annual Information Return**

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) 02-01-2019, and ending (mm/dd/yyyy) 01-31-2020

Corporation/Organization name  
**COMMUNITY LEGAL AID SOCIAL** California corporation number  
**0354322**

Additional information. See instructions. FEIN  
**95-1994337**

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

City  
**SANTA ANA** State  
**CA** Zip code  
**92705**

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

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

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

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	399,690	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	11,074,576	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3.	4	11,474,266	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	11,474,266	00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	10,034,567	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1,439,699	00
<b>Filing Fee</b>	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Information F	15		00
	16	Penalties and Interest. See General Information J	16		00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		00

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

Signature of officer KATHRYN MARR Title EXEC DIRECTOR Date 09/12/2020 Telephone 714-571-5200

Preparer's signature Ron Lopez Date 09/16/2020 Check if self-employed  PTIN P00758088

**Paid Preparer's Use Only** Firm's name (or yours, if self-employed) and address GRUBER AND ASSOCIATES  
438 OLD NEWPORT BLVD  
NEWPORT BEACH, CA 92663 Telephone 949-346-2900

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



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

95-1994337

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1		00
	2	Interest	2	26,554	00
	3	Dividends	3		00
	4	Gross rents	4	7,200	00
	5	Gross royalties	5		00
	6	Gross amount received from sale of assets (See Instructions)	6		00
	7	Other income. Attach schedule	7	365,936	00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	399,690	00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9		00
Expenses and Disbursements	10	Disbursements to or for members	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	11		00
	12	Other salaries and wages	12	5,894,160	00
	13	Interest	13	152,689	00
	14	Taxes	14		00
	15	Rents	15	181,899	00
	16	Depreciation and depletion (See instructions)	16	197,071	00
	17	Other Expenses and Disbursements. Attach schedule	17	3,608,748	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	10,034,567	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		2,223,888		2,474,622
2	Net accounts receivable		907,397		993,750
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments. Attach schedule				
10 a	Depreciable assets	7,086,254		7,183,144	
b	Less accumulated depreciation	4,405,733	2,680,521	4,602,804	2,580,340
11	Land		3,127,281		3,127,281
12	Other assets. Attach schedule		110,078		75,927
13	<b>Total assets</b>		9,049,165		9,251,920
<b>Liabilities and net worth</b>					
14	Accounts payable		305,891		105,180
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable		3,223,235		3,081,996
18	Other liabilities. Attach schedule		1,177,329		282,335
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		4,342,710		5,782,409
22	<b>Total liabilities and net worth</b>		9,049,165		9,251,920

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

1	Net income per books	1,439,699	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	1,439,699
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	1,439,699			

Name(s) as shown on return

SSN/FEIN

COMMUNITY LEGAL AID SOCAL

95-1994337

**FORM 199, PART II, LINE 7- OTHER REVENUES**

<b>Description</b>	<b>Amount</b>
SETTLEMENTS & MISC FEES	\$ 308,467
LRS REFERRAL FEES & DUES	57,469
<b>Total:</b>	<b>\$ 365,936</b>

**FORM 199, PART II, LINE 17 - OTHER EXPENSES**

<b>Description</b>	<b>Amount</b>
EMPLOYEE BENEFITS	\$ 1,073,448
PAYROLL TAXES	495,689
LEGAL	17,130
ACCOUNTING	27,846
PROFESSIONAL SERVICES	191,536
ADVERTISING	45,997
OFFICE EXPENSES	259,741
IT	40,887
TRAVEL	134,231
INSURANCE	79,956
DUES & FEES	59,227
TELEPHONE	197,706
PRIVATE ATTORNEY	469,514
LIBRARY	76,464
TECH & PRO BONO GRANT	259,482
PUBLIC LAW CENTER	15,290
BANK & OTHER FEES	41,662
EQUIPMENT RENTAL	5,167
MISCELLANEOUS	117,775
<b>Total:</b>	<b>\$ 3,608,748</b>

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400

WEBSITE ADDRESS:  
www.oag.ca.gov/charities

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

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

COMMUNITY LEGAL AID SOCIAL Name of Organization		Check if: <input type="checkbox"/> Change of address	
List all DBAs and names the organization uses or has used		<input type="checkbox"/> Amended report	
2101 N TUSTIN AVE Address (Number and Street)		State Charity Registration Number <u>CT-6611</u>	
SANTA ANA, CA 92705 City or Town, State, and ZIP Code		Corporation or Organization No. <u>0354322</u>	
714-571-5200 Telephone Number	WWW.LEGAL-AID.COM E-mail Address	Federal Employer ID No. <u>95-1994337</u>	

### ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

## PART A - ACTIVITIES

For your most recent full accounting period (beginning 02-01-2019 ending 01-31-2020) list:

Gross Annual Revenue \$ 11,474,266      Noncash Contributions \$ \_\_\_\_\_      Total Assets \$ 9,251,920  
 Program Expenses \$ 8,023,350      Total Expenses \$ 10,034,567

## PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	X	

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

Signature of Authorized Agent KATHRYN MARR      Printed Name EXEC DIRECTOR      Title 09-12-2020      Date

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

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311 and 312

**STATEMENT INFORMATION**

Name as shown on return:

COMMUNITY LEGAL AID SOCAL

FEIN

95-1994337

CA FORM RRF-1:

LINE 6: GOVERNMENTAL FUNDING - SEE ATTACHED.

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

Funder	Grant Name	Contact Name	Address	Phone	Grant Period	Start	Amount of Grant	Annual Funding
DOJ Legal Assistance for Victims [WTLC]	DOJ Legal Assistance for Victims [Human Options]	Mark Lee	WTLC, PO Box 916, Fullerton, CA. 92832	714-992-1939	1/1/2019-12/31/2019	1/1/2019	\$50,000	\$50,000
CalOES (California Office of the Governor Emergency Services)	Cal OES Foster Youth/Immigration	Elizabeth Pollard	Underserved Victims Unit 3650 Schriever Avenue Mather, CA 95655	916-845-8997	1/1/2019-12/31/2019	1/1/2019	\$301,819	\$301,819
CalOES (California Office of the Governor Emergency Services)	CalOES Family Violence (FX) - DV Litigator	Tammy Pratt	Domestic Violence Unit Victim Services Branch 3650 Schriever Avenue Mather, CA 95655		1/1/2019-12/31/2020	1/1/2019	\$298,368	\$149,184
CalOES (California Office of the Governor Emergency Services)	Orange County Cal OES VOCA 17	Angel Deyarmond	Victims Services & Public Safety Branch, Human Trafficking Division, 3650 Schriever Ave., Mather, CA 95655	916-845-8838	07/01/2016-12/31/2019	7/1/2016	\$699,083	\$65,750
CalOES (California Office of the Governor Emergency Services)	Rainbow Services Cal OES	Marci Fukuroda; Gina Lansing	Rainbow services LTD  453 W. 7th Stree  San Pedro, CA 90731	424-264-0644	10/01/2016-08/31/2019	10/1/2016	\$358,152	\$100,000
CDBG - City of Compton	CDBG-Compton DVPP	Dr. Aubrey Relf, Grants Mgr. / Claudia Batres, Administrative Analyst I	205 S. Willowbrook Ave.   Compton, CA 90220	310-605-5580	7/1/2018-6/30/2019	7/1/2018	\$25,000	\$25,000
City of Norwalk	NORWALK - Homelessness Prevention	Kristin Maithonis	12700 Norwalk Blvd. Room 11   Norwalk, CA 90650	(562) 929-5653	12/1/2018-6/30/2019	12/1/2018	\$15,000	\$15,000
CDBG - City of Norwalk	CDBG-NORWALK	Petra Pena	12700 Norwalk Blvd. Room 12  Norwalk, CA 90650	562-929-5509	7/1/2018-6/30/2019	7/1/2018	\$11,000	\$11,000
CDBG - City of Santa Ana	CDBG-Santa Ana Expungement	David Flores	20 Civic Center Plaza, Santa Ana, CA 92702	(714) 647-6561	7/1/2018-6/30/2019	7/1/2018	\$44,277	\$44,277
CDBG - City of Santa Ana	CDBG-Santa Ana DV	David Flores	20 Civic Center Plaza, Santa Ana, CA 92702	(714) 647-6561	7/1/2018-6/30/2019	7/1/2018	\$36,374	\$36,374
CDBG - Whittier 2019	CDBG-Whittier DVPP	Greg Alaniz	13230 Penn St., Whittier, CA 90602-1772	562-801-4332	7/1/2018-6/30/2019	7/1/2018	\$4,000	\$4,000
CDSS (California Department of Social Services)	CDSS Immigration Grant 2019	Jocelyn Gutierrez	744 P Street, MS 8-9-33, Sacramento, CA 95814	916-651-8008	1/1/2019-12/31/2019	1/1/2019	\$88,350	\$88,350
CDSS (California Department of Social Services)	Immigration Grant 2018	Jocelyn Gutierrez	744 P Street, MS 8-9-33, Sacramento, CA 95814	916-651-8008	1/1/2018-12/31/2018	1/1/2018	\$96,250	\$96,250
City of Cerritos	CDBG-Cerritos DVPP	Connie Hinger	PO Box 3130 Cerritos, CA 90703-3130 / Civic Center, 18125 Bloomfield Ave. Cerritos, CA 90703-3130	(562) 860-0311	7/1/2018-6/30/2019	7/1/2018	\$1,710	\$1,710
City of Irvine	City of Irvine Funding Agreement	Katie Crevda	1 Civic Center Plaza  Irvine, CA 92606	949-724-6240	7/1/2018-6/30/2019	7/1/2018	100000	\$100,000
DOJ Legal Assistance for Victims [Human Options]	DOJ LAV [HO] - Year 1	Judith Rose (Human Options)	PO Box 53745, Irvine, CA 92619-3745 5540 Trabuco Road, Suite 100, Irvine, CA	562-818-9288 (cell)	10/1/2018-9/30/2021	10/1/2018	\$303,264	\$100,077
DOJ Legal Assistance for Victims [Rainbow Services]	DOJ LAV [Rainbow] - Year 1	Marci Fukuroda; Gina Lansing	Rainbow services LTD  453 W. 7th Stree  San Pedro, CA 90731	424-264-0644	10/1/2018-9/30/2021	10/1/2018	270,216	\$270,206
DPH (LA County Dept. of Public Health)	CalWORKS-Dept of Public Social Services Substance Abuse Disorder Augmentation #2	Andrea Boger / Linda Hamill	1000 S. Fremont Ave., Building A-9 East, 5 <sup>th</sup> Floor, Mail Unit #105	(626) 293-2625 / (626) 293-2961	07/01/2016-06/30/2019	7/1/2019	\$88,180	\$88,180
DPH (LA County Dept. of Public Health)	CalWORKS-Dept of Public Social Services- Auto Renewal 1 year	Andrea Boger / Linda Hamill	1000 S. Fremont Ave., Building A-9 East, 5 <sup>th</sup> Floor, Mail Unit #105	(626) 293-2625 / (626) 293-2961	07/01/2016-06/30/2019	7/1/2019	\$587,867	\$587,867
DPSS (California Department of Social Services) CalWORKS	CalWORKS-Dept of Public Social Services- Amendment 3 Year 3	Sheri Ramirez	12800 Crossroads Parkway, City of Industry 91746	562-908-3031	07/01/2016-06/30/2019	7/1/2016	\$928,419	\$587,867
Equal Justice Works	Victims of Crime Justice Corps Fellowships [TVPA + VOCA] - Year 2	Allie Yang-Green	1730 M Street, NW, Ste. 800, Washington, DC 20036	(p) 202.372.9331	6/1/2018-7/31/2020	6/1/2018	\$245,332	\$115,466
Equal Justice Works	Victims of Crime Justice Corps Fellowships [TVPA + VOCA] - Year 2	Allie Yang-Green	1730 M Street, NW, Ste. 800, Washington, DC 20036	(p) 202.372.9331	6/1/2018-7/31/2020	6/1/2018	\$245,332	\$115,466
HCA - Blue Shield	Blue Shield	Jack Dailey/ Gregg Knoll LASSD	110 South Euclid Ave  San Diego, CA 92114	619-471-2637	01/01/2018-12/31/2018	1/1/2018	\$129,167	\$129,167
HCA - Covered California (state health exchange)	Covered California - 2018-2019	Jack Dailey/Gregg Knoll	110 South Euclid Ave  San diego, CA 92114	(619) 471-2606	7/1/2018-6/30/2019	7/1/2018	\$44,117	\$44,117
HCA - DHCS (California Dept. of Health Care Services) pass through SDLA	DHCS CCI - 2018-2019	Jack Dailey/Gregg Knoll	110 South Euclid Ave  San Diego, CA 92114	(619) 471-2606	1/1/2018-12/31/2018	1/1/2018	158,621.80 <del>149136</del>	158,621.80 <del>149136</del>
HCA - DMHC CAP IV	CAP IV 2018-2019	Jack Dailey/Gregg Knoll	110 South Euclid Ave  San diego, CA 92114	(619) 471-2606	12/1/2016-11/30/2019	12/1/2016	\$66,248	\$66,248

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

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