

FOR TAX YEAR 2022

COMMUNITY LEGAL AID SOCAL

GRUBER AND LOPEZ, INC.

438 OLD NEWPORT BLVD

Newport Beach, CA 92663

(949) 346-2900

GRUBER AND LOPEZ, INC.

438 OLD NEWPORT BLVD
Newport Beach, CA 92663

Phone: (949)346-2900 | Fax:

August 04, 2023

COMMUNITY LEGAL AID SOCAL
2101 N TUSTIN AVE
SANTA ANA, CA 92705

COMMUNITY LEGAL AID SOCAL:

Enclosed is the 2022 federal return for a tax-exempt organization, prepared for COMMUNITY LEGAL AID SOCAL from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Enclosed is the 2022 California Income Tax return for COMMUNITY LEGAL AID SOCAL, prepared from the information provided. The return will be e-filed with the California taxing authority.

The organization's California Income Tax return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (949)346-2900.

Sincerely,

RON LOPEZ
GRUBER AND LOPEZ, INC.

Form

990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning

02-01, 2022, and ending

01-31, 2023

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

2101 N TUSTIN AVE

City or town, state or province, country, and ZIP or foreign postal code

SANTA ANA, CA 92705

D Employer identification number

95-1994337

E Telephone number

(714) 571-5200

G Gross receipts

\$ 13,915,250

F Name and address of principal officer:

MEI TSANG

Same as C above

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status:

☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.COMMUNITYLEGALSOCAL.ORG

K Form of organization:

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation:

1958

M State of legal domicile:

CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

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 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

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

3 33

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

4 33

5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)

5 167

6 Total number of volunteers (estimate if necessary)

6 220

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

7a 0

7b Net unrelated business taxable income from Form 990-T, Part I, line 11

7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h)

10,515,239 13,511,250

9 Program service revenue (Part VIII, line 2g)

0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

652,981 4

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

1,470,384 329,860

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

12,638,604 13,841,114

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

0

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

9,391,622 10,986,330

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

16b Total fundraising expenses (Part IX, column (D), line 25)

94,193

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

2,934,800 2,748,910

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

12,326,422 13,735,240

19 Revenue less expenses. Subtract line 18 from line 12

312,182 105,874

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

12,459,593 11,583,566

21 Total liabilities (Part X, line 26)

5,505,208 4,523,307

22 Net assets or fund balances. Subtract line 21 from line 20

6,954,385 7,060,259

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

KATE MARR

Signature of officer

Date

KATE MARR, EXEC DIRECTOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed ☐ if PTIN

RON LOPEZ

RON LOPEZ Ron Lopez

08-04-2023

P00758088

Firm's name

Firm's EIN

GRUBER AND LOPEZ, INC.

Firm's address

Phone no.

438 OLD NEWPORT BLVD

949-346-2900

Newport Beach CA 92663

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

EEA

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 10,715,771 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 10,715,771

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)? If "Yes," complete Schedule A	1 <input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 <input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 <input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule D, Part I	6 <input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 <input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule D, Part IV	9 <input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule D, Part VI	11a <input checked="" type="checkbox"/>	<input type="checkbox"/>
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? If "Yes," complete Schedule D, Part VII	11b <input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule D, Part VIII	11c <input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule D, Part IX	11d <input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e <input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f <input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a <input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b <input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 <input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a <input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule F, Parts I and IV	14b <input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 <input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16 <input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17 <input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 <input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 <input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a <input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b <input type="checkbox"/>	<input type="checkbox"/>
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? If "Yes," complete Schedule I, Parts I and II	21 <input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	40	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	167		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			X
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

☒**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	33	
b	Enter the number of voting members included in line 1a, above, who are independent	33	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	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?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	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?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

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.
☒ Own website ☐ Another website ☒ 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.
KATE MARR (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 ContractorsCheck 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) KATHRYN MARR Executive Director	40.00	X				X		222,018	0	30,225
(2) RALPH DAO Finance Director	40.00	X			X			155,344	0	14,043
(3) MAXINE MARGARITAS Director of Operations	40.00				X			155,154	0	14,060
(4) AMY GOLDMAN Director of Legal Services	40.00				X			135,465	0	13,175
(5) ANTHONY FILER Directing Attorney	40.00				X			121,116	0	20,022
(6) DEIRDE KELLY Board Member	1.00	X						0	0	0
(7) KAILEY WRIGHT Board Member	1.00	X						0	0	0
(8) ALEX SHAW Board Member	1.00	X						0	0	0
(9) YURI DE JESUS RAMIREZ Board Member	1.00	X						0	0	0
(10) MICHELLE GOURLEY Board Member	1.00	X						0	0	0
(11) LUCAS HORI Board Member	1.00	X						0	0	0
(12) JON LITTLE Board Member	1.00	X						0	0	0
(13) JORDAN MARTELL CFO	1.00	X						0	0	0
(14) MIKE BEHRENS Board Member	1.00	X						0	0	0

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) <u>TEAL KENT</u> Board Member	<u>1.00</u>	X						0	0	0
(2) <u>MARTHA MAURICIO</u> Board Member	<u>1.00</u>	X						0	0	0
(3) <u>MIRYAM ABITBOL</u> Board Member	<u>1.00</u>	X						0	0	0
(4) <u>JORGE DENEVE</u> Board Member	<u>1.00</u>	X						0	0	0
(5) <u>YASHINA BURNS</u> Board Member	<u>1.00</u>	X						0	0	0
(6) <u>JENNI KATZER</u> Board Member	<u>1.00</u>	X						0	0	0
(7) <u>ANIKI WILSON</u> Board Member	<u>1.00</u>	X						0	0	0
(8) <u>SCOT RIVES</u> Board Member	<u>1.00</u>	X						0	0	0
(9) <u>JIGNA PATEL</u> Board Member	<u>1.00</u>	X						0	0	0
(10) <u>DEBORAH TRELLES</u> Board Member	<u>1.00</u>	X						0	0	0
(11) <u>HONIEH UDENKA</u> Board Member	<u>1.00</u>	X						0	0	0
(12) <u>TEDDY NGUYEN</u> Board Member	<u>1.00</u>	X						0	0	0
(13) <u>RICHARD MCNEIL</u> Board Member	<u>1.00</u>	X						0	0	0
(14) <u>ROSETTE NSONGA</u> Board Member	<u>1.00</u>	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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) LAUREN GROCHOW President Elect	1.00	X						0	0	0
(16) RICH OTERA Board Member	1.00	X						0	0	0
(17) NIKKI MILIBAND Secreary	3.00	X		X				0	0	0
(18) JARED BUNKER Board Member	1.00	X		X				0	0	0
(19) ALLISON CUFF Vice President	1.00	X		X				0	0	0
(20) ALAN SLATER Board Member	3.00	X		X				0	0	0
(21) ESTHER MORALES Vice President	3.00	X		X				0	0	0
(22) MEI TSANG President	3.00	X		X				0	0	0
(23) ORCHID CAMERON Board Member	1.00	X		X				0	0	0
(24) RITA OKOROGU Vice President	3.00	X		X				0	0	0
(25)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								789,097	0	91,525

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

5

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

	Yes	No
3		X
4	X	
5		X

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

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 RevenueCheck 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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	11,641,686				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,869,564				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,778,160				
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2a _____						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4	4		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real	(ii) Personal			
	b Less: rental expenses . .	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
	b Less: cost or other basis and sales expenses . .	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	126,845				
	b Less: direct expenses	8b	74,136				
	c Net income or (loss) from fundraising events				52,709		52,709
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11a REFERRAL FEES & DUES	541900		277,151	277,151		
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d				277,151			
12 Total revenue. See instructions				13,841,114	277,155	0	52,709

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 ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	894,249	894,249		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,171,577	6,160,082	1,932,774	78,721
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9 Other employee benefits	1,222,873	922,816	290,098	9,959
10 Payroll taxes	697,631	539,845	152,273	5,513
11 Fees for services (nonemployees):				
a Management				
b Legal	26,665	26,665		
c Accounting	39,850	30,684	9,166	
d Lobbying				
e Professional fundraising services. See Part IV, line 17 .				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .				
12 Advertising and promotion				
13 Office expenses	230,567	177,537	53,030	
14 Information technology				
15 Royalties				
16 Occupancy	300,033	231,025	69,008	
17 Travel	8,745	6,734	2,011	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	59,878	46,106	13,772	
20 Interest	68,804	52,979	15,825	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	147,282	113,407	33,875	
23 Insurance	186,559	164,875	21,684	
24 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.)				
a DUES AND FEES	76,938	59,242	17,696	
b TELEPHONE	286,533	220,630	65,903	
c PRIVATE ATTORNEY INVOLVEMENT	562,478	447,732	114,746	
d EQUIPMENT RENTAL	4,709	3,626	1,083	
e All other expenses	749,869	617,537	132,332	
25 Total functional expenses. Add lines 1 through 24e . .	13,735,240	10,715,771	2,925,276	94,193
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,433,848	1	4,784,723
	2 Savings and temporary cash investments	1,766,752	2	
	3 Pledges and grants receivable, net	1,124,965	3	1,126,304
	4 Accounts receivable, net	8,148	4	(4,878)
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	101,672	9	93,098
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,600,216		
	b Less: accumulated depreciation	10b 2,020,657	5,019,206	10c 5,579,559
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,002	15	4,760
16 Total assets. Add lines 1 through 15 (must equal line 33)	12,459,593	16	11,583,566	
Liabilities	17 Accounts payable and accrued expenses	518,309	17	706,859
	18 Grants payable		18	
	19 Deferred revenue	1,062,739	19	1,200,049
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	
	23 Secured mortgages and notes payable to unrelated third parties	2,141,000	23	1,957,607
	24 Unsecured notes and loans payable to unrelated third parties	1,778,160	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,000	25	658,792
	26 Total liabilities. Add lines 17 through 25	5,505,208	26	4,523,307
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,954,385	27	7,060,259
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	6,954,385	32	7,060,259
33 Total liabilities and net assets/fund balances	12,459,593	33	11,583,566	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,841,114
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,735,240
3	Revenue less expenses. Subtract line 2 from line 1	3	105,874
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,954,385
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,060,259

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 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 on Schedule O.		
2a 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	2a	x
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	2b	x
c 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.	2c	x
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	x
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	3b	x

SCHEDULE A
(Form 990)

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 for instructions and the latest information.

OMB No. 1545-0047

2022

**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).)
- 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 on 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)						
Total						

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,630,177	11,051,501	11,706,644	10,515,239	13,511,250	55,414,811
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,630,177	11,051,501	11,706,644	10,515,239	13,511,250	55,414,811
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						13,224,354
6 Public support. Subtract line 5 from line 4						42,190,457

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	8,630,177	11,051,501	11,706,644	10,515,239	13,511,250	55,414,811
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	31,054	33,754	8,610	201	4	73,623
9 Net income from unrelated business activities, whether or not the business is regularly carried on		23,075				23,075
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	334,080	365,936	612,643	2,123,164	329,860	3,765,683
11 Total support. Add lines 7 through 10						59,277,192
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	71.17 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	83.92 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2021. 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 stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2022. 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 stop here . 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 10%-facts-and-circumstances test - 2021. 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 stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2022.** 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 - 2021.** 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
c 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>		
4a 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 lines 4b and 4c below.</i>		
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>		
c 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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its 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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on 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>		
c Did a disqualified person (as defined on 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 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? 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.		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

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

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.

Section A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	Distributable Amount. 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - <i>provide details in Part VI</i>	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

COMMUNITY LEGAL AID SOCIAL

Employer identification number

95-1994337

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization

COMMUNITY LEGAL AID SOCIAL

Employer identification number

95-1994337

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LEGAL SERVICES CORPORATION 3333 K STREET, NW Washington DC 20007	\$ 4,125,703	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	STATE BAR OF CALIFORNIA 180 HOWARD STREET San Francisco CA 94105	\$ 4,208,989	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	COUNTY OF LOS ANGELES - CALWORKS 1000 S FREMONT AVE BLDG A-9 E Alhambra CA 91803	\$ 746,579	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ORANGE COUNTY OFFICE ON AGING 1300 S GRAND AVE BLDG B Santa Ana CA 92705	\$ 508,754	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	DEPT OF JUSTICE-CAL OES 5540 TRABUCO RD STE 100 Irvine CA 92619	\$ 431,160	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	HEALTH CONSUMER ALLIANCE 110 SOUTH EUCLID AVE San Diego CA 92114	\$ 370,494	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

COMMUNITY LEGAL AID SOCAL

Employer identification number

95-1994337

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LAFLA-LA CNTY DEPT CONSUMER AFFAIRS 1550 W 8TH ST Los Angeles CA 90017	\$ 320,770	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II

Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Preservation of a certified historic structure	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.

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.	
b 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	 \$ \$

Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets <i>(continued)</i>
-----------------	---

- 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 program
- 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	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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:

organization by:		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

- 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		2,862,150		2,862,150
b Buildings		1,419,715	798,036	621,679
c Leasehold improvements		2,147,821	925,376	1,222,445
d Equipment		1,170,530	297,245	873,285
e Other				
Total. Add lines 1a through 1e. <i>(Column (d) must equal Form 990, Part X, column (B), line 10c.)</i>				5,579,559

EEA Schedule D (Form 990) 2022

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) _____		
Total. (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) _____		
Total. (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) _____	
Total. (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) Lease payable	653,792	
(3) Client trust deposits	5,000	
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . .	658,792	

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.

1	Total revenue, gains, and other support per audited financial statements	1	14,167,741
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	326,627
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	326,627
3	Subtract line 2e from line 1	3	13,841,114
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	13,841,114

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.

1	Total expenses and losses per audited financial statements	1	14,061,867
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	326,627
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	326,627
3	Subtract line 2e from line 1	3	13,735,240
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	13,735,240

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.

01. Footnote for uncertain tax position under FIN 48 (Part X)

COMMUNITY LEGAL AID SOCIAL RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IN AUDIT, BASED ON TECHNICAL MERITS OF THAT POSITION. DURING THE YEAR ENDED JANUARY 31, 2023, COMMUNITY LEGAL AID SOCIAL PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITION AND DID NOT NOTE ANY MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MIGHT HAVE AN EFFECT ON ITS TAX EXEMPT STATUS.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

COMMUNITY LEGAL AID SOCIAL

Employer identification number

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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

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						
Total						

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.

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>JUSTICE SERV</u> (event type)	(event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	126,845			126,845
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	126,845			126,845
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	74,136			74,136
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				74,136
	11 Net income summary. Subtract line 10 from line 3, column (d)				52,709

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))
Revenue	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)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Employer identification number

95-1994337

COMMUNITY LEGAL AID SOCIAL

Part I Questions Regarding Compensation

1a 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

2 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?

3 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"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 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:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 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

8 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

x

x

x

x

x

x

x

x

x

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 and/or 1099-NEC 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				
1	KATHRYN MARR Executive Director	222,018	0	0	10,593	19,632	252,243	0
		0	0	0	0	0	0	0
2	RALPH DAO Finance Director	155,344	0	0	7,061	6,982	169,387	0
		0	0	0	0	0	0	0
3	MAXINE MARGARITAS Director of Operations	155,154	0	0	7,078	6,982	169,214	0
		0	0	0	0	0	0	0
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

95-1994337

COMMUNITY LEGAL AID SOCIAL

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (FORGIVENESS OF)	X		1,778,160	FMV
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

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.

990**Overflow Statement**

(This page is not filed with the return. It is for your records only.)

2022

Page 1

Name(s) as shown on return

FEIN

COMMUNITY LEGAL AID SOCAL

95-1994337

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

Description	Amount
COVID RELIEF, TECHNOLOGY AND PRO BONO GRANT	\$ 74,812
SUPPORT TO PUBLIC LAW CENTER	5,316
REPAIRS & MAINTENANCE, SUNDRY, BANK FEES, AND MISC.	443,025
LIBRARY	94,384
Total:	\$ 617,537

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

Description	Amount
REPAIRS & MAINTENANCE, SUNDRY, BANK FEES, AND MISC.	\$ 132,332
Total:	\$ 132,332

2022

California Exempt Organization Annual Information Return

199

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) 02-01-2022, and ending (mm/dd/yyyy) 01-31-2023

Corporation/Organization name
COMMUNITY LEGAL AID SOCAL

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 Is the organization a limited liability company? ☐ Yes ☒ No

M Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No

O 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.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	277,155	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	13,563,959	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3.	4	13,841,114	00
This line must be completed. If the result is less than \$50,000, see General Information B					
	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	13,841,114	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	13,735,240	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	105,874	00
Filing Fee	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	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		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 KATE MARR Title EXEC DIRECTOR Date 07/17/2023 Telephone 714-571-5200

Paid Preparer's Use Only

Preparer's signature Ron Lopez Date 08/04/2023 Check if self-employed ☐ PTIN P00758088

Firm's name (or yours, if self-employed) and address GRUBER AND LOPEZ, INC.
438 OLD NEWPORT BLVD
NEWPORT BEACH, CA 92663 Firm's FEIN 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	4	00
	3 Dividends	3		00
	4 Gross rents	4		00
	5 Gross royalties	5		00
	6 Gross amount received from sale of assets (See instructions)	6		00
	7 Other income. Attach schedule	7	277,151	00
	8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	277,155	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	894,249	00
	12 Other salaries and wages	12	10,092,081	00
	13 Interest	13	68,804	00
	14 Taxes	14		00
	15 Rents	15	300,033	00
	16 Depreciation and depletion (See instructions)	16	147,282	00
	17 Other expenses and disbursements. Attach schedule	17	2,232,791	00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	13,735,240	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1 Cash			6,200,600		4,784,723
2 Net accounts receivable			1,133,113		1,121,426
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		5,577,436		4,738,066	
b Less accumulated depreciation		3,420,380	2,157,056	2,020,657	2,717,409
11 Land			2,862,150		2,862,150
12 Other assets. Attach schedule			106,674		97,858
13 Total assets			12,459,593		11,583,566
Liabilities and net worth					
14 Accounts payable			518,309		706,859
15 Contributions, gifts, or grants payable					
16 Bonds and notes payable			1,778,160		
17 Mortgages payable			2,141,000		1,957,607
18 Other liabilities. Attach schedule			1,067,739		1,858,841
19 Capital stock or principal fund					
20 Paid-in or capital surplus. Attach reconciliation					
21 Retained earnings or income fund			6,954,385		7,060,259
22 Total liabilities and net worth			12,459,593		11,583,566

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	105,874	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	105,874
5 Expenses recorded on books this year not deducted in this return. Attach schedule			
6 Total. Add line 1 through line 5	105,874		

California Form 199 Supporting Statements**2022**

California Form 199

Part I - Line 3 -- Gross contributions, gifts, grants, and similar amounts received, Part I, Line 3

PG01

Name(s) shown on return**Identifying Number**

COMMUNITY LEGAL AID SOCAL

95-1994337

(a) Contributor's Name	(b) Contributor's Address	(c) Date Received	(d) Amount Received
LEGAL SERVICES CORP	3333 K STREET NW Washington, DC 20007	01-31-2023	4,125,703
STATE BAR OF CA	180 HOWARD ST San Francisco, CA 94105	01-31-2023	4,208,989
COUNTY OF LACALWORK	1000 S FREMONT ST Alhambra, CA 91803	01-31-2023	746,579
OC OFFICE ON AGING	1300 S GRAND AVE Santa Ana, CA 92705	01-31-2023	508,754
CAL OES	5540 TRABUCO RD Irvine, CA 92619	01-31-2023	431,160
HEALTH CONSUMER ALLI	110 SOUTH EUCLID AVE San Diego, CA 92114	01-31-2023	370,494
LAFLA	1550 W 8TH ST Los Angeles, CA 90017	01-31-2023	320,770
OC SUPERIOR COURT	700 CIVIC CENTER DR Newport Beach, CA 92660	01-31-2023	160,209
NEIGHBORHOOD LEGAL	1102 E CHEVY CHASE DR Glendale, CA 91205	01-31-2023	177,778

PAGE TOTAL:

11,050,436

Name(s) as shown on return

SSN/FEIN

COMMUNITY LEGAL AID SOCAL

95-1994337

FORM 199, PART II, LINE 7 - OTHER REVENUES

Description	Amount
REFERRAL FEES & DUES	\$ 277,151
Total:	\$ 277,151

FORM 199, PART II, LINE 17 -OTHER EXPENSES

Description	Amount
LEGAL	\$ 26,665
ACCOUNTING	39,850
OFFICE SUPPLIES	230,567
TRAVEL	8,745
CONFERENCES	59,878
INSURANCE	186,559
DUES & FEES	76,938
TELEPHONE	286,533
PRIVATE ATTORNEY	562,478
EQUIPMENT	4,709
TECHNOLOGY GRANTS	74,812
PUBLIC LAW CENTER	5,316
REPAIRS, SUNDRY, FEES, & MISC	575,357
LIBRARY	94,384
Total:	\$ 2,232,791

FORM 199, SCH L, LINE 12 - OTHER ASSSETS

Description	Amount
PREPAID EXPENSES	\$ 93,098
DEPOSITS	4,760
Total:	\$ 97,858

FORM 199, SCH L, LINE 18 - OTHER LIABILITIES

Description	Amount
DEFERRED REVENUE	\$ 1,200,049
LEASE PAYABLE	653,792
CLIENT TRUST DEPOSITS	5,000
Total:	\$ 1,858,841

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 SOCAL Name of Organization	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report
List all DBAs and names the organization uses or has used 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 WWW.COMMUNITYLEGALSOCAL.ORG Telephone Number 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

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 02-01-2022 ending 01-31-2023) list:

Total Revenue \$
(including noncash contributions) 13,841,114 **Noncash Contributions \$** 1,778,160 **Total Assets \$** 11,583,566
Program Expenses \$ 10,715,771 **Total Expenses \$** 13,735,240

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	KATE MARR Printed Name	EXEC DIRECTOR Title	07-17-2023 Date
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**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

FORM RRF-1:

LINE 5 = GOVERNMENTAL FUNDING:

See attached.

LINE 6 - RAFFLES:

One raffle held on 10/6/22.

FORM RRF-1 - SUPPORTING STATEMENT Community Legal Aid SoCal Part B: Line 5- Government Funding:

2022
95-1994337

Name of Grantor	Name of Grant	Amount of Grant	Grant Contact Person	Address	E-mail Address	Phone Number
CA Board of State and Community Corrections (BSCC)	CA Violence Intervention and Prevention (CalVIP)	\$400,000	Katrina Jackson	2590 Venture Oaks Way, Suite 200	katrina.jackson@bscc.ca.gov	916.618.7487
California Commission on the Status of Women and Girls	Women's Recovery Fund	\$50,000	Steven Maestas, Contracts & Budgets Analyst	925 L Street, Suite 345, Sacramento, CA 95814	grants@women.ca.gov	(916) 651-5405
California Department of Housing and Community Development (through NLS)	Mobilehome Residency Law	\$575,400	Ana Maria Garcia (NLS)	1102 E. Chevy Chase Dr Glendale, CA 91205	anamariagarcia@nlsa.org	818-291-1788/818-291-1795
California Department of Housing and Community Development (through NLS)	Mobilehome Residency Law	\$575,400	Ana Maria Garcia (NLS)	1102 E. Chevy Chase Dr Glendale, CA 91205	anamariagarcia@nlsa.org	818-291-1788/818-291-1795
CalOES (California Office of the Governor Emergency Services)	American Rescue Plan (RP)	\$65,000	John Kim	Victim Services Branch/American Rescue Plan Unit, 3650 Schriever Ave., Mather, CA 95655	john.kim@caloes.ca.gov	916.328.7652
CalOES (California Office of the Governor Emergency Services)	American Rescue Plan (RP)	\$65,000	John Kim Catherine Perkins	Victim Services Branch/American Rescue Plan Unit, 3650 Schriever Ave., Mather, CA 95655	john.kim@caloes.ca.gov	916.328.7652
CalOES (California Office of the Governor Emergency Services)	CSNSGP - Nonprofit Security	\$199,116	Leslie Tagtmeier, Prog. Rep.	Infrastructure Protection Grants Unit II Homeland Security and Grants Processing	leslie.tagtmeier@CalOES.ca.gov	Katellyn.M (916) 845-8281
CalOES (California Office of the Governor Emergency Services)	CSNSGP - Nonprofit Security	\$199,116	Leslie Tagtmeier, Prog. Rep.	Infrastructure Protection Grants Unit II Homeland Security and Grants Processing	leslie.tagtmeier@CalOES.ca.gov	(916) 845-8281
CalOES (California Office of the Governor Emergency Services)	KI - Cal OES Foster Youth/Immigration	\$181,058	Daniel R. Martinez , Program Specialist	Underserved Victims Unit 3650 Schriever Avenue Mather, CA 95655	Daniel.Martinez@CalOES.ca.gov	(916) 845-8367
CalOES (California Office of the Governor Emergency Services)	KI - Cal OES Foster Youth/Immigration	\$181,058	Daniel R. Martinez , Program Specialist	Underserved Victims Unit 3650 Schriever Avenue Mather, CA 95655	Daniel.Martinez@CalOES.ca.gov	(916) 845-8367
CalOES (California Office of the Governor Emergency Services)	XL LA - Rainbow Services Cal OES	\$100,000	Brenda Magid; Gina Lansing	Rainbow services LTD 453 W. 7th Street San Pedro, CA 90731	glansing@rainbowservicesdv.org	424-264-0644
CalOES (California Office of the Governor Emergency Services)	XL LA - Rainbow Services Cal OES	\$100,000	Brenda Magid; Gina Lansing	Rainbow services LTD 453 W. 7th Street San Pedro, CA 90731	glansing@rainbowservicesdv.org	424-264-0644
CalOES (California Office of the Governor Emergency Services)	XL OC - Project LIVE	\$206,000	Angel Deyarmond	Victims Services & Public Safety Branch, Human Trafficking Division, 3650 Schriever Ave., Mather, CA 95655	Angelina.Deyarmond@caloes.ca.gov	(916) 845 - 8842
CalOES (California Office of the Governor Emergency Services)	XL OC - Project LIVE	\$206,000	Angel Deyarmond	Victims Services & Public Safety Branch, Human Trafficking Division, 3650 Schriever Ave., Mather, CA 95655	Angelina.Deyarmond@caloes.ca.gov	(916) 845 - 8842
CDBG - City of Norwalk	CDBG-NORWALK	\$25,000	Rosio Medina	12700 Norwalk Blvd. Room 12 Norwalk, CA 90650	RMEDINA@norwalkca.gov>	562-929-5952
CDBG - City of Santa Ana	CDBG Santa Ana DV	\$65,000	David Flores, Mikelle Daily	20 Civic Center Plaza, Santa Ana, CA 92702	DFlores@santa-ana.org	(714) 647-6561
CDBG - City of Santa Ana	CDBG Santa Ana DV	\$65,000	Brenda Vega David Flores	20 Civic Center Plaza, Santa Ana, CA 92702	BVega@santa-ana.org	(714) 647-6561
CDSS (California Department of Social Services)	CDSS Immigration Grant	\$80,750	Hallee Caron	744 P Street, MS 9-6-33, Sacramento, CA 95814	hallee.caron@dss.ca.gov	(916) 203-1009
CDSS (California Department of Social Services)	CDSS Immigration Grant	\$80,750	Hallee Caron	744 P Street, MS 9-6-33, Sacramento, CA 95814	hallee.caron@dss.ca.gov	(916) 203-1009
DCBA - LA County Dept. of Consumer and Business Affairs via LAFLA	Eviction Defense Project (EDP) via LAFLA	\$383,420	Yuval Yossefy-No longer at LAFLA; reach out to Joanna Esquivel	LAFLA - Ron Olson Justice Center 1550 W. 8th St. Los Angeles, CA 90017	yyossefy@lafia.org	213.235.0078
DCBA - LA County Dept. of Consumer and Business Affairs via LAFLA	Eviction Defense Project (EDP) via LAFLA	\$456,390	Yuval Yossefy	LAFLA - 1550 W. 8th St. Los Angeles, CA 90017	yyossefy@lafia.org	213.235.0078
DCBA - LA County Dept. of Consumer and Business Affairs via LAFLA	Eviction Defense Project (EDP) via LAFLA	\$484,329	Yuval Yossefy	LAFLA - 1550 W. 8th St. Los Angeles, CA 90017	yyossefy@lafia.org	213.235.0078
DCBA - LA County Dept. of Consumer and Business Affairs via LAFLA	LA County Eviction Defense ARP (Stay Housed ARP)	\$502,554	Joanna Esquivel	LAFLA - 1550 W. 8th St. Los Angeles, CA 90017	jesquivel@lafia.org	323.801.7964
DCBA - LA County Dept. of Consumer and Business Affairs via LAFLA	LA County Eviction Defense Incorporated (PHLA)	\$211,435	Joanna Esquivel	LAFLA - 1550 W. 8th St. Los Angeles, CA 90017	jesquivel@lafia.org	323.801.7964
DCBA - LA County Dept. of Consumer and Business Affairs via LAFLA	LA County Eviction Defense Unincorporated (UPHLA)	\$379,189	Joanna Esquivel	LAFLA - 1550 W. 8th St. Los Angeles, CA 90017	jesquivel@lafia.org	323.801.7964
Dept. of Justice Office on Violence Against Women [Rainbow]	DOJ OVW Legal Assistance for Victims [Rainbow Service]	\$270,000	Brenda Magid; Gina Lansing	Rainbow services LTD 453 W. 7th Street San Pedro, CA 90731	bmagid@rainbowservicesdv.orgglansing@r	310.987.1128
Dept. of Justice Office on Violence Against Women [Rainbow]	DOJ OVW Legal Assistance for Victims [Rainbow Service]	\$270,000	Brenda Magid; Gina Lansing	Rainbow services LTD 453 W. 7th Street San Pedro, CA 90731	bmagid@rainbowservicesdv.orgglansing@r	310.987.1128
DPH (LA County Dept. of Public Health)	DPH DVSS ARP (American Rescue Plan)	\$400,000	Ellie Tam	1000 S. Fremont Ave., Building A-9 East, 5th Floor, Mail Unit #105, Alhambra, California 91803	etam@ph.lacounty.gov	(626) 293-2625 / (626) 293-296
DPH (LA County Dept. of Public Health) CalWORKS	CalWORKS 2020-2024	\$249,212	Ellie Tam	1000 S. Fremont Ave., Building A-9 East, 5th Floor, Mail Unit #105, Alhambra, California 91803	etam@ph.lacounty.gov	(626) 293-2963
DPH (LA County Dept. of Public Health) CalWORKS	CalWORKS 2020-2024	\$342,650	Ellie Tam	1000 S. Fremont Ave., Building A-9 East, 5th Floor, Mail Unit #105, Alhambra, California 91803	etam@ph.lacounty.gov	(626) 293-2963
DPH (LA County Dept. of Public Health) CalWORKS	CalWORKS 2020-2024	\$462,913	Ellie Tam	1000 S. Fremont Ave., Building A-9 East, 5th Floor, Mail Unit #105, Alhambra, California 91803	etam@ph.lacounty.gov	(626) 293-2963
DPH (LA County Dept. of Public Health) CalWORKS	CalWORKS 2020-2024	\$446,094	Ellie Tam	1000 S. Fremont Ave., Building A-9 East, 5th Floor, Mail Unit #105, Alhambra, California 91803	etam@ph.lacounty.gov	(626) 293-2963
DPSS (California Department of Social Services)	CSBG CARES 2021-2022	\$56,600	Lisa Gaeta	12900 Crossroads Parkway South, City of Industry, CA 91746	LisaGaeta@dpss.lacounty.gov	(562) 908-3558
HCA - California Health Benefit Exchange	Covered California	\$44,117	Jack Dailey	110 South Euclid Ave San Diego, CA 92114	JackD@lassd.org	(619) 471-2606
HCA - California Health Benefit Exchange	Covered California	\$48,529	Jack Dailey	110 South Euclid Ave San Diego, CA 92114	JackD@lassd.org	(619) 471-2606
HCA - CCHI (CA Coverage and Health Initiatives)	CCHI (CA Coverage and Health Initiatives)	\$276,000	Jack Dailey	110 South Euclid Ave San Diego, CA 92114	JackD@lassd.org	(619) 471-2606
HCA - DHCS (California Dept. of Health Care Services)	CCI (Coordinated Care Initiative)	\$360,857	Jack Dailey	110 South Euclid Ave San Diego, CA 92114	JackD@lassd.org	(619) 471-2606
HCA - DHCS (California Dept. of Health Care Services)	CCI (Coordinated Care Initiative)	\$360,857	Jack Dailey	110 South Euclid Ave San Diego, CA 92114	JackD@lassd.org	(619) 471-2606
HCA - DHCS (California Dept. of Health Care Services)	CCI (Coordinated Care Initiative)	\$360,857	Jack Dailey	110 South Euclid Ave San Diego, CA 92114	JackD@lassd.org	(619) 471-2606
HCA - DHCS MMOP (CA Dept. of Health Care Services)	HCA MMOP (Medicare Medi-Cal Ombudsperson prograr	\$480,000	Jack Dailey	110 South Euclid Ave San Diego, CA 92114	JackD@lassd.org	(619) 471-2606
HCA - DMHC (California Dept. of Managed Health Care)	COAP (Community Assistance Program)	\$204,265	Jack Dailey	110 South Euclid Ave San diego, CA 92114	JackD@lassd.org	(619) 471-2606
HCA - DMHC (California Dept. of Managed Health Care)	COAP (Community Assistance Program)	\$204,265	Jack Dailey	110 South Euclid Ave San diego, CA 92114	JackD@lassd.org	(619) 471-2606
HCA - DMHC COAP (California Dept. of Managed Health Care)	COAP (Community Assistance Program)	\$340,804	Jack Dailey	110 South Euclid Ave San diego, CA 92114	JackD@lassd.org	(619) 471-2606
HCA - The California Endowment	California Endowment	\$156,148	Jack Dailey	110 South Euclid Ave San Diego, CA 92114	JackD@lassd.org	619-471-2637
Jewish Community Foundation of LA County	Cutting Edge Grant: Safe and Health Jewish Families Pro	\$300,000	Charlotte Friedman	6505 Wilshire Blvd., Suite 1200 ? Los Angeles, CA 90048	cfriedman@jewishfoundationla.org	(323) 761-8717 / (323) 761-870
LSC (Legal Services Corporation)	Basic Field Grant	\$4,047,361	Francis Nugent	3333 K Street NW 3rd Floor Washington, DC 20007-3522	nugentf@lsc.gov	(202) 295-1549
LSC (Legal Services Corporation)	Basic Field Grant	\$4,654,803	Francis Nugent	3333 K Street NW 3rd Floor Washington, DC 20007-3522	nugentf@lsc.gov	(202) 295-1549
LSC (Legal Services Corporation)	TIG (Technology Innovation Grant) Techknowledgey	\$114,668	Jane Ribadeneyra	3333 K Street NW 3rd Floor Washington, DC 20007-3522	ribadeneyraj@lsc.gov>	202-295-1554
LSC (Legal Services Corporation)	TIG (Technology Innovation Grant) Techknowledgey	\$114,668	Jane Ribadeneyra	3333 K Street NW 3rd Floor Washington, DC 20007-3522	<ribadeneyraj@lsc.gov>	202-295-1554
LSC (Legal Services Corporation)	TIG Mapping 2022-2024	\$203,826	Jane Ribadeneyra	3333 K Street NW 3rd Floor Washington, DC 20007-3522	ribadeneyraj@lsc.gov>	202-295-1554
LSC (Legal Services Corporation)	TIP	\$35,000	Jane Ribadeneyra	3333 K Street NW 3rd Floor Washington, DC 20007-3522	ribadeneyraj@lsc.gov>	202-295-1554

FORM RRF-1 - SUPPORTING STATEMENT

Community Legal Aid SoCal

Part B: Line 5- Government Funding:

2022

95-1994337

NLSLA (Neighborhood Legal Services)	NLS - CLS Self Help Center (SHLAC)	\$279,300 Ana Maria Garcia (NLS)	1102 E. Chevy Chase Dr Glendale, CA 91205	anamariagarcia@nlsla.org	818-291-1788/818-291-1795
Orange County Office on Aging	Title IIIB- Older Americans	\$381,377 Lillian Maruta Jannette M. Revilla	1300 S. Grand Ave., Bldg. B, Santa Ana 92705	Lillian.Maruta@occr.ocgov.com	(714) 480-6456
Orange County Office on Aging	Seniors - American Rescue Plan Act (ARPA)	\$136,749 Jannette M. Revilla	1300 S. Grand Ave., Bldg. B, Santa Ana 92705	jannette.Revilla@occr.ocgov.com	(714) 480-6456
Orange County Office on Aging	Seniors - American Rescue Plan Act (ARPA)	\$136,749 Jannette M. Revilla	1300 S. Grand Ave., Bldg. B, Santa Ana 92705	jannette.Revilla@occr.ocgov.com	(714) 480-6456
Orange County Office on Aging	Title IIIB- Older Americans	\$362,611 Lillian Maruta Jannette M. Revilla	1300 S. Grand Ave., Bldg. B, Santa Ana 92705	Lillian.Maruta@occr.ocgov.com	(714) 480-6456
Orange County Superior Court	Limited Conservatorship OC Court	\$27,500 Christine Tran, Contracts Analyst	Superior Court of CA, County of Orange 700 Civic Center Drive West	c2tran@occourts.org	657-622-6883
Orange County Superior Court	Small Claims Advisory Program	\$398,127 Christine Tran, Contracts Analyst	Superior Court of CA, County of Orange 700 Civic Center Drive West	c2tran@occourts.org	657-622-6882
Orange County Superior Court	Small Claims Advisory Program	\$398,127 Christine Tran, Contracts Analyst	Superior Court of CA, County of Orange 700 Civic Center Drive West	c2tran@occourts.org	657-622-6883
State Bar of California	Bank Settlement Funds RFP grant	\$250,000 Doan Nguyen	180 Howard Street San Francisco, CA 94105-1639	doan.nguyen@calbar.ca.gov	415.538.2545
State Bar of California	Equal Access Fund (EAF)	\$1,568,630 Christal Budang	180 Howard Street San Francisco, CA 94105-1639	Christal.Bundang@calbar.ca.gov>	415-538-2252
State Bar of California	Equal Access Fund (EAF)	\$918,927 Christal Budang	180 Howard Street San Francisco, CA 94105-1639	Christal.Bundang@calbar.ca.gov>	415-538-2252
State Bar of California	Equal Access Partnership 2.0	\$194,491 Christal Budang	180 Howard Street San Francisco, CA 94105-1639	Christal.Bundang@calbar.ca.gov>	415-538-2252
State Bar of California	Equal Access Partnership Compton Self-Help	\$92,000 Christal Budang	180 Howard Street San Francisco, CA 94105-1639	Christal.Bundang@calbar.ca.gov>	415-538-2252
State Bar of California	Equal Access Partnership Compton Self-Help	\$91,000 Christal Budang	180 Howard Street San Francisco, CA 94105-1639	Christal.Bundang@calbar.ca.gov>	415-538-2252
State Bar of California	Equal Access Partnership Norwalk Consumer Debt Series	\$34,000 Christal Budang	180 Howard Street San Francisco, CA 94105-1639	Christal.Bundang@calbar.ca.gov>	415-538-2252
State Bar of California	Equal Access Partnership Norwalk UD	\$60,000 Christal Budang	180 Howard Street San Francisco, CA 94105-1639	Christal.Bundang@calbar.ca.gov>	415-538-2252
State Bar of California	Equal Access Partnership OC Consumer Debt Series	\$69,000 Christal Budang	180 Howard Street San Francisco, CA 94105-1639	Christal.Bundang@calbar.ca.gov>	415-538-2252
State Bar of California	Legal Services Trust Fund IOLTA	\$957,360 Christal Budang	180 Howard Street San Francisco, CA 94105-1639	Christal.Bundang@calbar.ca.gov>	415-538-2252
State Bar of California	Legal Services Trust Fund IOLTA	\$1,461,093 Christal Budang	180 Howard Street San Francisco, CA 94105-1639	Christal.Bundang@calbar.ca.gov>	415-538-2252
State Bar of California	Provisionally Licensed Lawyer	\$63,000 Christopher McConkey	845 South Figueroa Street Los Angeles, CA 90017	Christopher.McConkey@calbar.ca.gov	213-765-1505
State Bar of California	State Bar Homelessness Prevention - Competitive #2	\$650,000 Christopher McConkey	180 Howard Street San Francisco, CA 94105-1639	Christopher.McConkey@calbar.ca.gov	213-765-1505
State Bar of California	State Bar Homelessness Prevention - Competitive #2	\$650,000 Christopher McConkey	180 Howard Street San Francisco, CA 94105-1639	Christopher.McConkey@calbar.ca.gov	213-765-1505
State Bar of California	State Bar Homelessness Prevention - Competitive #3	\$1,000,000 Christal Budang	180 Howard Street San Francisco, CA 94105-1639	Christal.Bundang@calbar.ca.gov>	415-538-2252
State Bar of California	State Bar Homelessness Prevention - Competitive #3	\$1,000,000 Christal Budang	180 Howard Street San Francisco, CA 94105-1639	Christal.Bundang@calbar.ca.gov>	415-538-2252
State Bar of California	State Bar Homelessness Prevention - Competitive #3	\$1,000,000 Christal Budang	180 Howard Street San Francisco, CA 94105-1639	Christal.Bundang@calbar.ca.gov>	415-538-2252
State Bar of California	State Bar Homelessness Prevention - Formula #2	\$650,000 Christal Budang	180 Howard Street San Francisco, CA 94105-1639	Christal.Bundang@calbar.ca.gov>	415-538-2252
State Bar of California	State Bar Homelessness Prevention - Formula #2	\$650,000 Christal Budang	180 Howard Street San Francisco, CA 94105-1639	Christal.Bundang@calbar.ca.gov>	415-538-2252
State Bar of California	State Bar Homelessness Prevention - Formula #3	\$1,624,419 Christal Budang	180 Howard Street San Francisco, CA 94105-1639	Christal.Bundang@calbar.ca.gov>	415-538-2252
State Bar of California	State Bar Homelessness Prevention - HP4	\$799,866 Christopher McConkey	180 Howard Street San Francisco, CA 94105-1639	Christopher.McConkey@calbar.ca.gov	213-765-1505
United Way (via Childrens Health OC [CHOC])	Equity in OC	\$121,899 Erika Jewell	1201 W. La Veta Ave., Orange, CA 92868	ejewell@choc.org	714.509.4380