

FOR TAX YEAR 2023

COMMUNITY LEGAL AID SOCIAL

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 13, 2024

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

COMMUNITY LEGAL AID SOCAL:

Enclosed is the 2023 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 2023 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.

Return of Organization Exempt From Income Tax

2023

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Header section A-M containing organization details like name, address, EIN, and tax status.

Part I Summary

Main summary table with columns for line number, description, and amounts for Prior Year and Current Year.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block for KATE MARR, EXEC DIRECTOR, dated 08/27/2024.

Paid Preparer Use Only section for RON LOPEZ, GRUBER AND LOPEZ, INC., dated 08-13-2024.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [x] 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 [x] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ 12,627,761 including grants of \$) (Revenue \$)

COMMUNITY LEGAL AID SOCIAL (CLA SOCIAL) IS DEDICATED TO MEETING THE CIVIL LEGAL NEEDS OF LOW-INCOME PEOPLE THROUGHOUT ORANGE AND SOUTHEAST LOS ANGELES COUNTIES. CLA SOCIAL HELPS WITH LEGAL ISSUES RELATED TO IMMIGRATION, FAMILY LAW, ACCESS TO HEALTHCARE, PUBLIC BENEFITS, CONSUMER DEFENSE, AND HOUSING. CLA SOCIAL ALSO HAS A SPECIAL UNIT DEDICATED TO SENIORS AND PROVIDES CASE MANAGEMENT TO CLIENTS WHO ARE IDENTIFIED AS NEEDING A GREATER LEVEL OF SUPPORT TO INCREASE THEIR ABILITY TO PARTICIPATE IN THE LEGAL PROCESS. CLA SOCIAL OFFERS A FULL RANGE OF LEGAL ASSISTANCE, INCLUDING INFORMATION AND REFERRALS, COUNSEL AND ADVICE, WORKSHOPS, CLINICS, AND DIRECT LEGAL REPRESENTATION IN EACH OF THESE AREAS. CLA SOCIAL ALSO ENGAGES IN SYSTEMIC ADVOCACY AND IMPACT LITIGATION.

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 12,627,761

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for items 4, 11, and 12. 'X' marks indicate 'Yes' responses.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c detailing IRS filing and tax compliance information.

| Part V | | Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i> | | 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 | 171 | | |
| 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? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | 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? <i>If "No," provide an explanation on Schedule O</i> | 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 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed California
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records. 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 Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 | 226,404 | 0 | 31,146 | |
| (2) MAXINE MARGARITIS Director of Operations | 40.00 | X | | | X | | 166,213 | 0 | 14,883 | |
| (3) AMY GOLDMAN Director of Legal Services | 40.00 | X | | | X | | 142,916 | 0 | 14,234 | |
| (4) ANTHONY FILER Directing Attorney | 40.00 | X | | | X | | 121,504 | 0 | 20,748 | |
| (5) JASON COLEMAN Attorney | 40.00 | X | | | X | | 125,807 | 0 | 12,963 | |
| (6) DEIRDE KELLY Board Member | 1.00 | X | | | | | 0 | 0 | 0 | |
| (7) YURI DE JESUS RAMIREZ Board Member | 1.00 | X | | | | | 0 | 0 | 0 | |
| (8) LUCAS HORI Board Member | 1.00 | X | | | | | 0 | 0 | 0 | |
| (9) MICHELLE GOURLEY Board Member | 1.00 | X | | | | | 0 | 0 | 0 | |
| (10) STEVE SOHN Board Member | 1.00 | X | | | | | 0 | 0 | 0 | |
| (11) VANESSA DAVIS Board Member | 3.00 | X | | | | | 0 | 0 | 0 | |
| (12) JON LITTLE Board Member | 1.00 | X | | | | | 0 | 0 | 0 | |
| (13) ORCHID CAMERON Board Member | 1.00 | X | | | | | 0 | 0 | 0 | |
| (14) MEI TSANG Board member | 3.00 | X | | | | | 0 | 0 | 0 | |

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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) MIKE BEHRENS Board Member | 1.00 | X | | | | | | 0 | 0 | 0 |
| (2) MARTHA MAURICIO Board Member | 1.00 | X | | | | | | 0 | 0 | 0 |
| (3) ERICKA IBARRA Board Member | 1.00 | X | | | | | | 0 | 0 | 0 |
| (4) ANIKA WILSON Board Member | 1.00 | X | | | | | | 0 | 0 | 0 |
| (5) SCOT RIVES Board Member | 1.00 | X | | | | | | 0 | 0 | 0 |
| (6) ALLISON CUFF Vice President | 1.00 | X | | | | | | 0 | 0 | 0 |
| (7) JENNI KATZER Board Member | 1.00 | X | | | | | | 0 | 0 | 0 |
| (8) RICH OTERA Board Member | 1.00 | X | | | | | | 0 | 0 | 0 |
| (9) TEDDY NGUYEN Board Member | 1.00 | X | | | | | | 0 | 0 | 0 |
| (10) RYAN WALSH Board Member | 1.00 | X | | | | | | 0 | 0 | 0 |
| (11) DONNA VALERA Board Member | 1.00 | X | | | | | | 0 | 0 | 0 |
| (12) MIRYAM ABITBOL Board Member | 1.00 | X | | | | | | 0 | 0 | 0 |
| (13) DEBORAH TRELLES Board Member | 1.00 | X | | | | | | 0 | 0 | 0 |
| (14) HONIEH UDENKA Board Member | 1.00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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) <u>MARCO ORTEGA</u> Board Member | 1.00 | X | | | | | 0 | 0 | 0 | |
| (16) <u>JEFF WERTHEIMER</u> Board Member | 1.00 | X | | | | | 0 | 0 | 0 | |
| (17) <u>MATTHEW PHAM</u> Board Member | 1.00 | X | | | | | 0 | 0 | 0 | |
| (18) <u>JORGE DENEVE</u> Board Member | 1.00 | X | | | | | 0 | 0 | 0 | |
| (19) <u>NIKKI MILIBAND</u> President-elect | 3.00 | X | | X | | | 0 | 0 | 0 | |
| (20) <u>RITA OKOROGU</u> Vice President | 3.00 | X | | X | | | 0 | 0 | 0 | |
| (21) <u>LAUREN GROCHOW</u> President | 3.00 | X | | X | | | 0 | 0 | 0 | |
| (22) <u>JORDAN MARTELL</u> CFO | 3.00 | X | | X | | | 0 | 0 | 0 | |
| (23) <u>YASHINA BURNS</u> Secretary | 3.00 | X | | X | | | 0 | 0 | 0 | |
| (24) _____ | | | | | | | | | | |
| (25) _____ | | | | | | | | | | |
| 1b Subtotal | | | | | | | 782,844 | 0 | 93,974 | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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**

| | Yes | No |
|--|----------|----------|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | 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? <i>If "Yes," complete Schedule J for such individual</i> | 4 | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | X |

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|---|---|----------------------|--|--------------------------------------|---|--|
| 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 | 14,449,477 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,201,745 | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ | | | |
| | h | Total. Add lines 1a-1f | | 15,651,222 | | | |
| Program Service Revenue | 2a _____ Business Code _____ | | | | | | |
| | 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) | | 150,246 | 150,246 | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6a | Gross rents | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | 6a | | | | |
| | 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 | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | 7a | | | | |
| | 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 | 139,081 | | | | |
| b | Less: direct expenses | 8b | 88,450 | | | | |
| c | Net income or (loss) from fundraising events | | 50,631 | | 50,631 | | |
| 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 | 11a <u>ERC CREDIT & DUES</u> _____ Business Code _____ | | 541900 | 1,092,359 | 1,092,359 | | |
| | b <u>DERIVATIVE INCOME</u> _____ | | 541900 | 8,646 | 8,646 | | |
| | c _____ | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | 1,101,005 | | | |
| 12 Total revenue. See instructions | | | | 16,953,104 | 1,251,251 | 0 50,631 | |

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 | 782,844 | 782,844 | | |
| 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 | 9,217,788 | 7,222,076 | 1,871,140 | 124,572 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . | | | | |
| 9 Other employee benefits | 1,446,438 | 1,178,469 | 259,356 | 8,613 |
| 10 Payroll taxes | 778,252 | 622,602 | 140,085 | 15,565 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 29,923 | 29,923 | | |
| c Accounting | 37,992 | 29,254 | 8,738 | |
| 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 | 335,906 | 258,648 | 77,258 | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 389,669 | 300,045 | 89,624 | |
| 17 Travel | 147,972 | 113,938 | 34,034 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 62,590 | 48,194 | 14,396 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 135,212 | 104,113 | 31,099 | |
| 23 Insurance | 92,121 | 70,933 | 21,188 | |
| 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 <u>DUES AND FEES</u> | 67,505 | 51,979 | 15,526 | |
| b <u>TELEPHONE</u> | 273,028 | 210,232 | 62,796 | |
| c <u>PRIVATE ATTORNEY INVOLVEMENT</u> | 717,606 | 571,214 | 146,392 | |
| d <u>EQUIPMENT RENTAL</u> | 5,821 | 4,482 | 1,339 | |
| e All other expenses | 1,245,775 | 1,028,815 | 216,960 | |
| 25 Total functional expenses. Add lines 1 through 24e . . | 15,766,442 | 12,627,761 | 2,989,931 | 148,750 |
| 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 Sheet

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

| | | (A) | | (B) |
|---|--|----------------------|------------|----------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash - non-interest-bearing | 4,784,723 | 1 | 5,454,471 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 1,126,304 | 3 | 1,706,641 |
| | 4 Accounts receivable, net | (4,878) | 4 | 11,057 |
| | 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 | 93,098 | 9 | 150,382 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 7,988,586 | | |
| | b Less: accumulated depreciation | 10b 2,727,933 | 5,579,559 | 10c 5,260,653 |
| | 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 | 4,760 | 15 | 4,760 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 11,583,566 | 16 | 12,587,964 | |
| Liabilities | 17 Accounts payable and accrued expenses | 706,859 | 17 | 811,158 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 1,200,049 | 19 | 1,233,496 |
| | 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 | 1,957,607 | 23 | 1,767,983 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 658,792 | 25 | 528,406 | |
| 26 Total liabilities. Add lines 17 through 25 | 4,523,307 | 26 | 4,341,043 | |
| 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 | 7,060,259 | 27 | 8,246,921 |
| | 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 | 7,060,259 | 32 | 8,246,921 |
| 33 Total liabilities and net assets/fund balances | 11,583,566 | 33 | 12,587,964 | |

Part XI Reconciliation of Net Assets

Check 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 | 16,953,104 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 15,766,442 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,186,662 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 7,060,259 |
| 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 | 8,246,921 |

Part XII Financial Statements and Reporting

Check 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 | | 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 | 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. | 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? | 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 | 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

2023

**Open to Public
Inspection**

| | |
|---|---|
| Name of the organization COMMUNITY LEGAL AID SOCIAL | Employer identification number 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.

| (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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|-----------|-----------|------------|------------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1,051,501 | 1,706,644 | 10,515,239 | 13,511,250 | 15,651,222 | 62,435,856 |
| 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 | 1,051,501 | 1,706,644 | 10,515,239 | 13,511,250 | 15,651,222 | 62,435,856 |
| 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) | | | | | | 23,773,024 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 38,662,832 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|-----------|-----------|------------|------------|------------|------------|
| 7 Amounts from line 4 | 1,051,501 | 1,706,644 | 10,515,239 | 13,511,250 | 15,651,222 | 62,435,856 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 33,754 | 8,610 | 201 | 4 | 150,246 | 192,815 |
| 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.) | 365,936 | 612,643 | 2,123,164 | 329,860 | 1,101,005 | 4,532,608 |
| 11 Total support. Add lines 7 through 10 | | | | | | 67,184,354 |
| 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 2023 (line 6, column (f), divided by line 11, column (f)) | 14 | 57.55 % |
| 15 Public support percentage from 2022 Schedule A, Part II, line 14 | 15 | 71.17 % |
| 16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (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**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2022 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) . . . | 17 | % |
| 18 Investment income percentage from 2022 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2023. 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 - 2022. 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 line 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? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |
| | 11a | |
| | 11b | |
| | 11c | |

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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i> | | |
| 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |
| | 1 | |
| | 2 | |

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

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|----------|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| | 1 | |
| | 2 | |
| | 3 | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|-----------|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | | |
| b 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | | |
| 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? <i>If "Yes" or "No," provide details in Part VI.</i> | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | | |
| | 2a | | |
| | 2b | | |
| | 3a | | |
| | 3b | | |

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 <i>(continued)</i> | | | | Current Year |
|--|---|-----------------------------|--|---|
| Section D - Distributions | | | | |
| 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 2023 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-2023 | (iii) Distributable Amount for 2023 |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | |
| a | From 2018 | | | |
| b | From 2019 | | | |
| c | From 2020 | | | |
| d | From 2021 | | | |
| e | From 2022 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2023 distributable amount | | | |
| i | Carryover from 2018 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2023 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2023 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2023, 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 2023. 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 2024. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2019 | | | |
| b | Excess from 2020 | | | |
| c | Excess from 2021 | | | |
| d | Excess from 2022 | | | |
| e | Excess from 2023 | | | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization: COMMUNITY LEGAL AID SOCIAL; Employer identification number: 95-1994337

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, rows 5-6 for Yes/No questions.

Part II Conservation Easements

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for lines 2a-2d.

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

Form with rows 1a-1b and 2a-2b for reporting on art and historical treasures.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange 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:
- | | Yes | No |
|-------------------------------------|---------------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
- b** 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 | 927,547 | 492,168 |
| c Leasehold improvements | | 2,164,461 | 931,077 | 1,233,384 |
| d Equipment | | 834,695 | 869,309 | (34,614) |
| e Other STFMD1E | | 707,565 | | 707,565 |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 5,260,653

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, line 12, col.(B)) | | |

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, line 13, col. (B)) | | |

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, line 15 col. (B)) | |

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 | 523,406 | |
| (3) Client trust deposits | 5,000 | |
| (4) _____ | | |
| (5) _____ | | |
| (6) _____ | | |
| (7) _____ | | |
| (8) _____ | | |
| (9) _____ | | |
| Total. (Column (b) must equal Form 990, Part X, line 25 col. (B)) | 528,406 | |

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 | 17,474,634 |
| 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 | 521,530 | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 521,530 |
| 3 | Subtract line 2e from line 1 | | 3 | 16,953,104 |
| 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 | 16,953,104 |

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 | 16,287,972 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | 521,530 | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 521,530 |
| 3 | Subtract line 2e from line 1 | | 3 | 15,766,442 |
| 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 | 15,766,442 |

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)

THE ORGANIZATION RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY OR NOT TO BE SUSTAINED IN AN AUDIT. DURING THE YEAR ENDED 1/31/24 THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS AND DID NOT NOTE ANY MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MIGHT HAVE AN EFFECT ON TAX EXEMPT STATUS.

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 <u>JUSTICE SERV</u> (event type) | (b) Event #2 _____ (event type) | (c) Other events <u>None</u> (total number) | (d) Total events (add col. (a) through col. (c)) |
|-----------------|--|---|---------------------------------------|---|--|
| Revenue | 1 | Gross receipts | 139,081 | | 139,081 |
| | 2 | Less: Contributions | | | |
| | 3 | Gross income (line 1 minus line 2) | 139,081 | | 139,081 |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | 88,450 | | 88,450 |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | | | |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 50,631 |

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

2023

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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?

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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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 | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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 | (i) | 226,404 | 0 | 0 | 10,539 | 20,607 | 257,550 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 MAXINE MARGARITIS Director of Operations | (i) | 166,213 | 0 | 0 | 7,573 | 7,310 | 181,096 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 AMY GOLDMAN Director of Legal Service | (i) | 142,916 | 0 | 0 | 6,696 | 7,538 | 157,150 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 5 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

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

**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.

FOR YOUR RECORDS ONLY
Federal Supporting Statements

2023 PG01

Name(s) as shown on return

Tax ID Number

COMMUNITY LEGAL AID SOCAL

95-1994337

Form 990 - Schedule D - Part VI - Line 1e
Investments - Other

Statement #D1e

| <u>Description of Investment</u> | <u>Cost/basis (Investment)</u> | <u>Cost/basis (Other)</u> | <u>Depr</u> | <u>Book Value</u> |
|--------------------------------------|------------------------------------|-------------------------------|-------------|-----------------------|
| LEASE ASSET | 0 | 707,565 | 0 | 707,565 |
| Total | <u>0</u> | <u>707,565</u> | <u>0</u> | <u>707,565</u> |

990

Overflow Statement

2023

Page 1

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

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 | \$ 193,307 |
| REPAIRS & MAINTENANCE, SUNDRY, BANK FEES, AND MISC. | 726,346 |
| LIBRARY | 109,162 |
| Total: | \$ 1,028,815 |

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

| Description | Amount |
|---|-------------------|
| REPAIRS & MAINTENANCE, SUNDRY, BANK FEES, AND MISC. | \$ 216,960 |
| Total: | \$ 216,960 |

California Exempt Organization Annual Information Return

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) 02-01-2023, and ending (mm/dd/yyyy) 01-31-2024

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

Form section with questions A through O regarding return status, accounting method, and organizational changes.

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

Table with 16 rows detailing Receipts and Revenues, Expenses, and Payments with associated amounts.

Sign Here section containing signature of KATE MARR, Title EXEC DIRECTOR, Date 06/03/2024, Telephone 714-571-5200, and Preparer's information for GRUBER AND LOPEZ, INC.

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 | 150,246 | 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 | 1,101,005 | 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 | 1,251,251 | 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 | 782,844 | 00 |
| | 12 | Other salaries and wages | 12 | 11,442,478 | 00 |
| | 13 | Interest | 13 | 62,590 | 00 |
| | 14 | Taxes | 14 | | 00 |
| | 15 | Rents | 15 | 389,669 | 00 |
| | 16 | Depreciation and depletion (See instructions) | 16 | 135,212 | 00 |
| | 17 | Other expenses and disbursements. Attach schedule | 17 | 2,953,649 | 00 |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | 18 | 15,766,442 | 00 |

| Schedule L Balance Sheet | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---|---------------------------|------------|---------------------|------------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | 4,784,723 | | 5,454,471 |
| 2 | Net accounts receivable | | 1,121,426 | | 1,717,698 |
| 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 | 4,738,066 | | 5,126,436 | |
| b | Less accumulated depreciation | 2,020,657 | 2,717,409 | 2,727,933 | 2,398,503 |
| 11 | Land | | 2,862,150 | | 2,862,150 |
| 12 | Other assets. Attach schedule | | 97,858 | | 155,142 |
| 13 | Total assets | | 11,583,566 | | 12,587,964 |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | 706,859 | | 811,158 |
| 15 | Contributions, gifts, or grants payable | | | | |
| 16 | Bonds and notes payable | | | | |
| 17 | Mortgages payable | | 1,957,607 | | 1,767,983 |
| 18 | Other liabilities. Attach schedule | | 1,858,841 | | 1,761,902 |
| 19 | Capital stock or principal fund | | | | |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | | |
| 21 | Retained earnings or income fund | | 7,060,259 | | 8,246,921 |
| 22 | Total liabilities and net worth | | 11,583,566 | | 12,587,964 |

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

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

| | | | | | |
|---|---|-----------|----|--|-----------|
| 1 | Net income per books | 1,186,662 | 7 | Income recorded on books this year not included in this return. Attach schedule | |
| 2 | Federal income tax | | 8 | Deductions in this return not charged against book income this year. Attach schedule | |
| 3 | Excess of capital losses over capital gains | | 9 | Total. Add line 7 and line 8 | |
| 4 | Income not recorded on books this year. Attach schedule | | 10 | Net income per return. Subtract line 9 from line 6 | 1,186,662 |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | | | | |
| 6 | Total. Add line 1 through line 5 | 1,186,662 | | | |

Name(s) as shown on return

SSN/FEIN

COMMUNITY LEGAL AID SOCAL

95-1994337

FORM 199, PART II, LINE 7 - OTHER REVENUES

| Description | Amount |
|--------------------|----------------------------|
| ERC CREDCIT & DUES | \$ 1,092,359 |
| DERIVATIVE INCOME | 8,646 |
| Total: | \$ <u>1,101,005</u> |

FORM 199, PART II, LINE 17 - OTHER EXPENSES

| Description | Amount |
|--------------------|----------------------------|
| LEGAL | \$ 29,923 |
| ACCOUNTING | 37,991 |
| SUPPLIES | 335,906 |
| TRAVEL | 147,972 |
| INSURANCE | 92,121 |
| DUES | 67,505 |
| TELEPHONE | 273,028 |
| PAI | 717,606 |
| EQUIPMENT | 5,821 |
| MAINTENANCE | 943,306 |
| LSC GRANTS | 193,307 |
| LIBRARY | 109,163 |
| Total: | \$ <u>2,953,649</u> |

FORM 199, SCH L, LINW 12 - OTHER ASSETS

| Description | Amount |
|--------------------|--------------------------|
| PREPAIDS | \$ 150,382 |
| DEPOSITS | 4,760 |
| Total: | \$ <u>155,142</u> |

FORM 199, SCH L, LINE 18 - OTHER LIABILITIES

| Description | Amount |
|--------------------|----------------------------|
| LEASE PAYABLE | \$ 523,406 |
| DEPOSITS | 5,000 |
| UNEARNED REVENUE | 1,233,496 |
| Total: | \$ <u>1,761,902</u> |

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)

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

**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 02-01-2023 ending 01-31-2023) list:

Total Revenue \$
(including noncash contributions) 16,953,104 **Noncash Contributions \$** _____ **Total Assets \$** 12,587,964

Program Expenses \$ 12,627,761 **Total Expenses \$** 15,766,442

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 | EXEC DIRECTOR | 06-03-2024 |
| | Printed Name | Title | Date |

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

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

STATEMENT INFORMATION

Name as shown on return:

COMMUNITY LEGAL AID SOCAL

FEIN

95-1994337

FORM RRF-1:

LINE 5 - GOVERNMENTAL FUNDING: SEE ATTACHED

LINE 6 - RAFFLES: ONE RAFFLE HELD ON 10/5/23

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

2023
 95-1994337

| Name of Grantor | Grant Contact Person | Address | Phone Number |
|--|--|---|---|
| CA Board of State and Community Corrections (BSCC) | Michael Martinez Katrina Jackson | 2590 Venture Oaks Way, Suite 200 | 916 764-7782 916.618.7487 |
| CA Board of State and Community Corrections (BSCC) | Tony Knapp Michael Martinez | 2590 Venture Oaks Way, Suite 200 | 916 764-7782 |
| California Department of Housing and Community Development (through NLS) | Ana Maria Garcia (NLS) | 1102 E. Chewy Chase Dr Glendale, CA 91205 | 818-291-1788/818-291-1795 |
| California Department of Housing and Community Development (through NLS) | Ana Maria Garcia (NLS) | 1102 E. Chewy Chase Dr Glendale, CA 91205 | 818-291-1788/818-291-1795 |
| CalOES (California Office of the Governor Emergency Services) | Daniel R. Martinez, Program Specialist | Underserved Victims Unit 3650 Schriever Avenue Mather, CA 95655 | (916) 845-8367 |
| CalOES (California Office of the Governor Emergency Services) | Angel Deyamond | Victims Services & Public Safety Branch, Human Trafficking Division, 3650 Schriever Ave., Mather, CA 95 | (916) 845-8842 |
| CalOES (California Office of the Governor Emergency Services) | Brenda Magid; Gina Lansing | Rainbow services LTD 453 W. 7th Street San Pedro, CA 90731 | 424-264-0644 |
| CalOES (California Office of the Governor Emergency Services) | Leslie Tagtmeier | Infrastructure Protection Grants Unit II Homeland Security and Grants Processing | (916) 845-8281 |
| CalOES (California Office of the Governor Emergency Services) | Nicole Kriger Lance Stark | Victims Services & Public Safety Branch, Human Trafficking Division, 3650 Schriever Ave., Mather, CA 95 | (916)845-8264 (916) 845-8842 |
| CalOES (California Office of the Governor Emergency Services) | Brenda Magid; Gina Lansing | Rainbow services LTD 453 W. 7th Street San Pedro, CA 90731 | 424-264-0644 |
| CDSS/CLINIC | Luis Guerra | Catholic Legal Immigration Network, Inc. (CLINIC) 8757 Georgia Avenue, Suite 850 Silver Spring, MD 2091 | (301) 565-4885 |
| City of Costa Mesa | Mikelle Daily | Development Services Department, 77 Fair Drive Costa Mesa CA 92626 | (714) 754-5678 |
| DCBA - LA County Dept. of Consumer and Business Affairs via LAFLA | Joanna Esquivel | LAFLA - 1550 W. 8th St. Los Angeles, CA 90017 | 323.801.7964 |
| DCBA - LA County Dept. of Consumer and Business Affairs via LAFLA | Joanna Esquivel | LAFLA - 1550 W. 8th St. Los Angeles, CA 90017 | 323.801.7964 |
| DCBA - LA County Dept. of Consumer and Business Affairs via LAFLA | Joanna Esquivel | LAFLA - 1550 W. 8th St. Los Angeles, CA 90017 | 323.801.7964 |
| Dept. of Justice Office of Violence Against Women [Human Options] | Hanna Katz | | 202-451-7587 |
| Dept. of Justice Office of Violence Against Women [Rainbow] | Brenda Magid; Gina Lansing | Rainbow services LTD 453 W. 7th Street San Pedro, CA 90731 | 310.987.1128 |
| Dept. of Justice Office of Violence Against Women [Rainbow] | Brenda Magid; Gina Lansing | Rainbow services LTD 453 W. 7th Street San Pedro, CA 90731 | 310.987.1128 |
| DPH (LA County Dept. of Public Health) | Ellie Tam Kristi Smith | 1000 S. Fremont Ave., Building A-9 East, 5th Floor, Mail Unit #105, Alhambra, California 91803 | (626) 293-2600 |
| DPH (LA County Dept. of Public Health) | Ellie Tam Kristi Smith | 1000 S. Fremont Ave., Building A-9 East, 5th Floor, Mail Unit #105, Alhambra, California 91803 | (626) 293-2600 |
| DPH (LA County Dept. of Public Health) | Ellie Tam Kristi Smith | 1000 S. Fremont Ave., Building A-9 East, 5th Floor, Mail Unit #105, Alhambra, California 91803 | (626) 293-2600 |
| DPH (LA County Dept. of Public Health) | Ellie Tam Kristi Smith | 1000 S. Fremont Ave., Building A-9 East, 5th Floor, Mail Unit #105, Alhambra, California 91803 | (626) 293-2600 |
| DPH (LA County Dept. of Public Health) CatWORKS | Ellie Tam | 1000 S. Fremont Ave., Building A-9 East, 5th Floor, Mail Unit #105, Alhambra, California 91803 | (626) 293-2963 |
| DPH (LA County Dept. of Public Health) CatWORKS | Ellie Tam | 1000 S. Fremont Ave., Building A-9 East, 5th Floor, Mail Unit #105, Alhambra, California 91803 | (626) 293-2963 |
| DPH (LA County Dept. of Public Health) CatWORKS | Ellie Tam | 1000 S. Fremont Ave., Building A-9 East, 5th Floor, Mail Unit #105, Alhambra, California 91803 | (626) 293-2963 |
| DPH (LA County Dept. of Public Health) CatWORKS | Ellie Tam | 1000 S. Fremont Ave., Building A-9 East, 5th Floor, Mail Unit #105, Alhambra, California 91803 | (626) 293-2963 |
| HCA - CCHI (CA Coverage and Health Initiatives) | Jack Dailey | 110 South Euclid Ave San Diego, CA 92114 | (619) 471-2606 |
| HCA - CCHI (CA Coverage and Health Initiatives) | Jack Dailey | 110 South Euclid Ave San Diego, CA 92114 | (619) 471-2606 |
| HCA - DHCS (California Dept. of Health Care Services) | Jack Dailey | 110 South Euclid Ave San Diego, CA 92114 | (619) 471-2606 |
| HCA - DHCS MMOP (CA Dept. of Health Care Services) | Jack Dailey | 110 South Euclid Ave San Diego, CA 92114 | (619) 471-2606 |
| HCA - DHCS MMOP (CA Dept. of Health Care Services) | Jack Dailey | 110 South Euclid Ave San Diego, CA 92114 | (619) 471-2606 |
| HCA - DMHC COAP (California Dept. of Managed Health Care) | Jack Dailey | 110 South Euclid Ave San Diego, CA 92114 | (619) 471-2606 |
| HCA - DMHC COAP (California Dept. of Managed Health Care) | Jack Dailey | 110 South Euclid Ave San Diego, CA 92114 | (619) 471-2606 |
| LSC (Legal Services Corporation) | Francis Nugent | 3333 K Street NW 3rd Floor Washington, DC 20007-3522 | (202) 295-1549 |
| LSC (Legal Services Corporation) | Jane Ribadeneyra | 3333 K Street NW 3rd Floor Washington, DC 20007-3522 | 202-295-1554 |
| LSC (Legal Services Corporation) | Jane Ribadeneyra | 3333 K Street NW 3rd Floor Washington, DC 20007-3522 | 202-295-1554 |
| LSC (Legal Services Corporation) | Francis Nugent | 3333 K Street NW 3rd Floor Washington, DC 20007-3522 | (202) 295-1549 |
| LSC (Legal Services Corporation) | Jane Ribadeneyra | 3333 K Street NW 3rd Floor Washington, DC 20007-3522 | 202-295-1554 |
| LSC (Legal Services Corporation) | Sandhya Kidd | 3333 K Street NW 3rd Floor Washington, DC 20007-3522 | 202-295-1590 |
| LSC (Legal Services Corporation) | Jane Ribadeneyra | 3333 K Street NW 3rd Floor Washington, DC 20007-3522 | 202-295-1554 |
| NLSLA (Neighborhood Legal Services) | Ana Maria Garcia (NLS) | 1102 E. Chewy Chase Dr Glendale, CA 91205 | 818-291-1788/818-291-1795 |
| NLSLA (Neighborhood Legal Services) | Ana Maria Garcia (NLS) | 1102 E. Chewy Chase Dr Glendale, CA 91205 | 818-291-1788/818-291-1795 |
| NLSLA (Neighborhood Legal Services) | Ana Maria Garcia (NLS) | 1102 E. Chewy Chase Dr Glendale, CA 91205 | 818-291-1788/818-291-1795 |
| Orange County Office on Aging | Lillian Maruta Jannette M. Revilla | 1300 S. Grand Ave., Bldg. B, Santa Ana 92705 | (714) 480-6456 |
| Orange County Office on Aging | Jannette M. Revilla | 1300 S. Grand Ave., Bldg. B, Santa Ana 92705 | (714) 480-6456 |
| Orange County Office on Aging | Loren Belardes | 1300 S. Grand Ave., Bldg. B, Santa Ana 92705 | Desk: (714) 480-6440 Cell: (657) 606-6154 |
| Orange County Office on Aging | Loren Belardes | 1300 S. Grand Ave., Bldg. B, Santa Ana 92705 | Desk: (714) 480-6440 Cell: (657) 606-6154 |
| Orange County Office on Aging | Loren Belardes Jannette M. Revilla | 1300 S. Grand Ave., Bldg. B, Santa Ana 92705 | (714) 480-6456 |
| Orange County Office on Aging | Loren Belardes | 1300 S. Grand Ave., Bldg. B, Santa Ana 92705 | Desk: (714) 480-6440 Cell: (657) 606-6154 |
| Orange County Superior Court | Christine Tran | Superior Court of CA, County of Orange 700 Civic Center Drive West | 657-622-8882 |
| Orange County Superior Court | Christine Tran | Superior Court of CA, County of Orange 700 Civic Center Drive West | 657-622-8882 |
| State Bar of California | Jennifer Zelnick | 180 Howard Street San Francisco, CA 94105-1639 | 213-765-1505 |
| State Bar of California | Jennifer Zelnick | 180 Howard Street San Francisco, CA 94105-1639 | 213-765-1210 |
| State Bar of California | Christal Budang | 180 Howard Street San Francisco, CA 94105-1639 | 415-538-2252 |
| State Bar of California | Jennifer Zelnick | 180 Howard Street San Francisco, CA 94105-1639 | 213-765-1210 |
| State Bar of California | Jennifer Zelnick | 180 Howard Street San Francisco, CA 94105-1639 | 213-765-1210 |
| State Bar of California | Jennifer Zelnick | 180 Howard Street San Francisco, CA 94105-1639 | 213-765-1210 |
| State Bar of California | Jennifer Zelnick | 180 Howard Street San Francisco, CA 94105-1639 | 213-765-1210 |
| State Bar of California | Jennifer Zelnick | 180 Howard Street San Francisco, CA 94105-1639 | 213-765-1210 |
| State Bar of California | Christal Budang | 180 Howard Street San Francisco, CA 94105-1639 | 415-538-2252 |
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| United Way (via Childrens Health OC [CHOC]) | Erika Jewell | 1201 W. La Veta Ave., Orange, CA 92868 | 714.509.4380 |
| United Way (via Childrens Health OC [CHOC]) | Erika Jewell | 1201 W. La Veta Ave., Orange, CA 92868 | 714.509.4380 |
| Orange County Office on Aging | Loren Belardes | 1300 S. Grand Ave., Bldg. B, Santa Ana 92705 | (714) 480-6440 |