PUBLIC INSPECTION COPY

			EXTENDED TO MAY 15, 2023		
	Ω	00	Return of Organization Exempt From		OMB No. 1545-0047
For	m J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e		» 2021
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as it ma		Open to Public
Inter	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the late		Inspection
_				JUN 30, 2022	
	Check if applicat	ole: C Name of	organization	D Employer identific	ation number
	Addr		ECTICUT LEGAL SERVICES, INC.		
	Name Chan	ge Doing b	usiness as	06-095546	<u>j1</u>
	Initial returr Final	Number	and street (or P.O. box if mail is not delivered to street address) Room/su ASHINGTON STREET, 4TH FL	ite E Telephone number 860-344-0	447
	⊥returr termi ated	n_	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	12,353,478.
	Amer	nded MT	LETOWN, CT 06457	H(a) Is this a group ref	
	Appli		nd address of principal officer: DEBORAH WITKIN	for subordinates?	
	pend		AS C ABOVE	H(b) Are all subordinates inc	
11	Fax-e>	empt status:			ist. See instructions
			CTLEGAL.ORG	H(c) Group exemption	
ΚF	orm o	f organization:	X Corporation	ear of formation: 1977 M	
	art I				
	1	Briefly describ	e the organization's mission or most significant activities: THE ORGAN	NIZATION PROVI	DES ACCESS
Governance			ICE FOR LOW-INCOME INDIVIDUALS AND THE		
nai	2	Check this bo	x 🕨 🔲 if the organization discontinued its operations or disposed of mo	ore than 25% of its net ass	ets.
Nel	3	Number of vot	ing members of the governing body (Part VI, line 1a)	3	21
	4	Number of inc	ependent voting members of the governing body (Part VI, line 1b)	4	21
Activities &	5		of individuals employed in calendar year 2021 (Part V, line 2a)		75
/itie	6		of volunteers (estimate if necessary)		28
çti	7 a		d business revenue from Part VIII, column (C), line 12		0.
			business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)	13,303,288.	12,189,136.
nué	9	Program servi	ce revenue (Part VIII, line 2g)	91,497.	142,115.
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	1,677.	4,809.
œ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,262.	17,418.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,409,724.	12,353,478.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	1,570,850.	1,610,631.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	9,129,339.	8,207,723.
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	19,250.
Expenses	b		ng expenses (Part IX, column (D), line 25) 259,491.		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,392,579.	1,467,810.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,092,768.	11,305,414.
	19	Revenue less	expenses. Subtract line 18 from line 12	1,316,956.	1,048,064.
S OL				Beginning of Current Year	End of Year
sset	20	Total assets (F	· · · · · · · · · · · · · · · · · · ·	7,874,707.	9,418,549.
Net Assets or	21		(Part X, line 26)	4,592,959.	7,806,091.
			fund balances. Subtract line 21 from line 20	3,281,748.	1,612,458.
	art II	-			
			I declare that I have examined this return, including accompanying schedules and state		knowledge and belief, it is
true	, corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prepa	arer nas any knowledge.	

Sign	Signature of officer		Date
Here	KEITH BOYCE, FINANCE D	IRECTOR	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	PAUL BALLASY	PAUL BALLASY	02/28/23 self-employed P00852868
Preparer	Firm's name 🕒 COHNREZNICK LLP		Firm's EIN ▶ 22-1478099
Use Only	Firm's address 🖕 350 CHURCH STREE	T, 12TH FLOOR	
	HARTFORD, CT 061	.03	Phone no. 959 – 200 – 7000
May the II	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No
	LUA For Development Device the Act No.		

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

	rt 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: CONNECTICUT LEGAL SERVICES PROVIDES ACCESS TO JUSTICE AND PROTECTS
	CRITICAL CIVIL LEGAL RIGHTS OF LOW INCOME INDIVIDUALS AND FAMILIES
	THROUGH REPRESENTATION, SYSTEMIC ADVOCACY, ADVICE, COLLABORATION, AND
	EDUCATION.
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?
	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	
та	CLS PROVIDES CIVIL LEGAL REPRESENTATION AND COUNSELING TO HELP
	LOW-INCOME INDIVIDUALS AND FAMILIES OBTAIN LEGAL SOLUTIONS TO SERIOUS
	LIFE PROBLEMS. WE PROTECT AND SECURE CRITICAL CIVIL LEGAL RIGHTS FOR
	OUR CLIENTS AND ADVANCE ACCESS TO JUSTICE FOR CONNECTICUT RESIDENTS.
	OUR AREAS OF PRACTICE INCLUDE DOMESTIC VIOLENCE/FAMILY,
	HOMELESSNESS/HOUSING RIGHTS, GOVERNMENT ASSISTANCE PROGRAMS,
	EMPLOYMENT, SPECIAL EDUCATION AND JUVENILE LAW, ELDER RIGHTS, CONSUMER
	LAW, HEALTH RELATED ISSUES, IMMIGRATION AND DISABILITY LAW. DURING THE
	2021-2022 FISCAL YEAR, CLS OPENED 2,001 NEW CASES FOR LEGAL
	REPRESENTATION AND COUNSELING. WE ALSO CONTINUED WORK ON 1,491 CASES
	OPENED IN PREVIOUS YEARS. SERVICES IN THESE 3,492 CASES BENEFITED APPROXIMATELY 8,315 HOUSEHOLD MEMBERS INCLUDING 3,468 CHILDREN. IN
	ATTROATMATEDI 0,515 HOOSEHOLD MEMDERS INCLODING 5,400 CHILDREN: IN
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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Form	990	(2021)
	330	

Form 990 (2021) CONNECTICUT LEGAL SERVICES, INC.
Part IV Checklist of Required Schedules

 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>. b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>. c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>. d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>. d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>. d Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Part X I and XII is optional</i>. 13 Is the organization aschool described in section 170(b)(1)/A(ii)? <i>If "Yes," complete Schedule E</i>. b Did the organization maint an office, employees, or agents outside of the United States? b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargeate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of gargeate grants or other assistance to or for any foreign individuals? <i>If "Yes," complete Schedule E, Part II and IV</i>. 16 X 17 X 18 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargeate grants or o				Yes	No
2 Is the organization engage in direct particulation engage in kobying activities, or have a section S01(h) election in effect public office? If 'Yes, 'complete Schedule C, Part I 3 X 3 Did the organization engage in direct particulation engage in kobying activities, or have a section S01(h) election in effect during that support is 30 elleci in Part X, Part I 3 X 4 Section S01(c)(d) organization as complete Schedule C, Part II 4 X 5 Is the organization as collection if were there of anomusis in such funds or accounts? If 'Yes,' complete Schedule C, Part II 6 X 6 Did the organization matchin any chore advised funds or any similar funds or accounts? If 'Yes,' complete Schedule D, Part II 6 X 7 X Did the organization matchin and part A instanceal treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 7 X 8 Did the organization matchin and thread complete Schedule D, Part II 10 X 10 Did the organization matchin and thread complete Schedule D, Part II 10 X 11 If the organization matchin and thread complete Schedule D, Part II 11 X 12 Did the organization matchin and thread complete Schedule D, Part II 11 X	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Did the organization engage in direct or indirect political campaign activities on bahal of or in opposition to candidates for public official "# Yes," complete Schedule C, Part I 4 Social 501(Q) organizations. Did the organization engage in k0bying activities, or have a section 501(h) dioction in effect of the second seco		If "Yes," complete Schedule A	1		
 3) Did the organization regrege in direct or indirect policical campaign activities on behalf of or in opposition to candidates for public offorty 1*yes, "complete Schedule C, Part II. 4) Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b)(4) bit (c)(6), of 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. B 197 // Yes, "complete Schedule C, Part II. 5) Did the organization markina and ydone advect durinds or any similar fundes or accounts? If Yes, "complete Schedule C, Part II. 6) Did the organization receive or had a conservation assement, incidual gesements to previse open space. 7) Did the organization markina and ydone advect during these, or other similar assets? If Yes, "complete Schedule D, Part II. 8) Did the organization regression during the analytic or excitodial accounts? If Yes, "complete Schedule D, Part II. 8) Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, solve as a custodiani for an uncurt in Part X, line 21, for escrow or custodial account liability, solve as a custodiani for an uncurt for advection digrammation, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donorestricted endowments or in quasi endowments? If Yes, "complete Schedule D, Part IV. 11 Did the organization report an amount for interesties. Program related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17 // Yes, "complete Schedule D, Part VI. 12 Did the organization report an amount for interesties. Program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 17 // Yes, "complete Schedule D, Part XI. 14 Did the organization report anound for the s	2		2	Х	
4 Section 50 (1c)(3) organizations. Dot the organization engage in lobbying activities, or have a section 50 (1c)(4) election in effect during the tax year? (If "Yes," complete Schedule C, Part II 4 X 5 Is the organization a section 50 (1c)(1), 50 (1c)(0), or 50 (1c)(0) complete Schedule C, Part II 5 X 6 Did the organization mathem and those or any similar indice accounts for which downs have the right to provide advice on the distribution or investment of amounts in such funds or accounts? (If "Yes," complete Schedule D, Part II 6 X 7 X 8 X 9 Did the organization mathem and moder assement, including easements to preserve open space, the environment, historic land areas, or historic structures? (If "Yes," complete Schedule D, Part II 7 X 9 Did the organization and the Part X, Ine 21, for escow or custodial account lability, serve as a custodian for easement, inclusion and the real X is applicable. 9 X 9 Did the organization and and the real X is applicable. 9 X 10 X 10 X 11 the organization service any of the following questions in Yes, 'then complete Schedule D, Part X, Ine 10, WI, WI, W, WI, W, WI, W,	3				
4 Section 501(c)(3) organizations. Did the organization angle in lobbying activities, or have a section 501(b) election in effect during the twy early (****, **** complete Schedule C, Part II. 4 X 5 Is the organization actions 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membershop dues, assessments, or similar amounts as defined in the NProc. 5918(2) *****. 5 X 6 Did the organization mainten any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distinution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distinution or investment of amounts in such funds or accounts? If **os,** complete Schedule D, Part II. 6 X 7 ZX Did the organization mainten actives of art, historical treasures, or other similar asset? II **os,** complete Schedule D, Part II. 7 X 10 Did the organization receive any of the following questions is **os,** then complete Schedule D, Part V. 8 X 10 Did the organization report an amount for rinvestments - other securities in Part X, line 12, line 13, line 14, line 12, line 15, line 13, line 14, line 12, line 13, line 3, line organization report an amount		public office? If "Yes." complete Schedule C. Part I	3		X
5 Is the organization a sectors 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 99197. If Yes, "complete Schedule C, Part II. 5 X Did the organization markina may down advised funds or any similar funds or accounts? If Yes, "complete Schedule D, Part II. 6 X Did the organization nearest or historic structures? If Yes, "complete Schedule D, Part II. 7 X Did the organization receive or hold a conservation (funding easement is not thrunds or accounts?). If Yes, "complete Schedule D, Part II. 7 X Did the organization receive or hold a conservation (funding easement is not thrus) assesses as a custodian for amounts not listed in Part X, ine 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for secrow or custodial account liability, serve as a custodian services? If Yes, "complete Schedule D, Part IV 8 X Did the organization, directly through a relisted organization, hold assets in donor-restricted endowments or in quasi endowment? If Yes, "complete Schedule D, Part VI. 10 X Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 101, Yus, 'complete Schedule D, Part VI. 11a X Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assester probustin Part X, line 101, Yus, 'complete Sch	4				
5 Is the organization actions of 10(6/6, 0016(6/8), or 501(6/8) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98197 (* 1%): complete Schedule D, Part III. S X 6 Did the organization maintain any done advised funds or aux similar funds or accounts for which donos have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donos have the right to provide advice on the distribution or investment including easements to preserve open space, the environment, historic land areas, or fistoric structures? If *res, "complete Schedule D, Part II 7 X 8 Did the organization receive of an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit conselling, debt management, credit repart, or debt negotiation services? 9 X 10 Ubt the organization (incert) or through a related organization, hold assets in donor-restricted andowments 10 X 11 If the organization report an amount for investments - order socurities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167. If 'res,' complete Schedule D, Part V 11a X 12 Did the organization report an amount for investments - order socurities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167. If 'res,' complete Schedule D, Part X 11a X 13 Did the organization report an amoun		during the tax year? If "Yes." complete Schedule C. Part II	4	Х	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution assement, including easements to preserve person papee, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization model or hold a conservation assemble, including easements or preserve as a custodian for amounts not labelity, serves as custodian for amounts not labelity, serves as custodian for amounts not and, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 9 X 9 Did the organization report an amount for investments - lorgites Schedule D, Part SV, VII, VIII, VIII, X, or X, as applicable. 10 X 9 Did the organization report an amount for investments - lorgites Schedule D, Part X 11 X 10 Did the organization report an amount for investments - lorgites Schedule D, Part X 11 X 11 Did the organization report an amount for investments - lorgites Schedule D, Part X 111 X 11 Did the organization report an amount for investments - lorgites Schedule D, Part X 111 X <th>5</th> <td></td> <td></td> <td></td> <td></td>	5				
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have thight to provide advise on the distribution or investment of amount in such funds or accounts for which donors have the inght to provide advise on the distribution or investment of amount in such funds or accounts for the service on space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 X 9 Did the organization receive or hold a conservation assement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for any ot the following questions is "Yes," then complete Schedule D, Part V. 9 X 10 Did the organization report an amount for lawstiments - other securities in Part X, line 10? III "Yes," complete Schedule D, Part VI. 10 X b Did the organization report an amount for investments - other securities in Part X, line 10? IIII *Yes," complete Schedule D, Part VI. 114 X b Did the organization report an amount for investments - porgram related in Part X, line 10? IIIII *Yes," complete Schedule D, Part VI. 114 X c Did the organiz		similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 8 X 9 Did the organization neuron in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for Part IV. 10 X 10 X 11 If the organization services? y X 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11 X 13 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. 11 X 14 Did the organization report an amount for investments - other asset in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. 114 X 15 Did the organization separate. Ind	6				
7 Did the organization receive or hold a conservation easement, including assements to preserve open space. the environment, historic land areas, or historics structures? If Vies, "complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Vies, "complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for servow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yies, "complete Schedule D, Part V 10 X 11 Bit the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yies, "complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If Yies, "complete Schedule D, Part VI 11a X 13 Did the organization report an amount for other assets in Part X, line 12, If wait is 5% or more of its total asset reported in Part X, line 16? If Yies, "complete Schedule D, Part X 11e X 14 X Did the organization seport an amount for other assets in Part X, line 12, If Yies, "complete Schedule D, Part X <t< th=""><th></th><td>provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I</td><td>6</td><td></td><td>X</td></t<>		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 If the organization report an amount for line following questions is "Yes," then complete Schedule D, Part XI, III If the organization report an amount for line degramization is answer to any of the following questions is "Yes," then complete Schedule D, Part XI, IIII X 10 X 11 If the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16/ if "ys," complete Schedule D, Part XI 111 X 110 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16/ if "ys," complete Schedule D, Part XI 111 X 111 X 112 X 114 X 112 Did the organization included in consolidated, independent	7				
 Bit the organization maintain collections of works of art, historical treasures, or other similar assets? <i>H</i> "Yes," <i>complete</i> Schedule D, Part <i>W</i> Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or dobt negotiation services? View, "complete Schedule D, Part V Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? <i>H</i> "Yes," complete Schedule D, Part V Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>H</i> "Yes," complete Schedule D, Part V Did the organization report an amount for investments - brogram related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>H</i> "Yes," <i>complete Schedule D, Part V</i> Did the organization report an amount for investments - brogram related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>H</i> "Yes," <i>complete Schedule D, Part V</i> Did the organization report an amount for other assets in Part X, line 27. <i>H</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization report an amount for other assets in Part X, line 27. <i>H</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization being the Complete Schedule D, Part X Did the organization submit on thalibilities in Part X, line 27. <i>H</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization asserts reported in 120, <i>H</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization asserts reported schedule ID, Part X & Inte 12. <i>H</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization asserts reported schedule ID, Part X & Inte 12. <i>H</i> "Yes," <i>complete Schedule D, Part X</i> Did the o		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? 9 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VII, VII, VII, VII	8				
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 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3, more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 18 Did the organization report more than \$15,000 of gross income from graming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Di dhe organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	13				
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 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>omplete Schedule G, Part II</i> 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 2 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 	15				
 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>			15		X
 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i> 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 	16				
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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X	17				
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	18				
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II 21 X					
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			200		
	2 I		21	x	
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CONNECTICUT LEGAL SERVICES, INC. 06-0955461 Page 4 Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	258		
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			<u> </u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>x</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
rd				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 23 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	х	
13200		Eorm		<u> </u> (2021)
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Form 990		CONNECTICUT				
Part V	Statement	s Regarding Other IR	S Filings a	and Tax Compl	iance	(continued)

			1		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	75		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х	
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions			0.		v
				3a Oh		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other au financial account in a foreign country (such as a bank account, securities account, or other financial ac		-	4a		x
h	If "Yes," enter the name of the foreign country	JCOUII	.91	<u>4</u> a		- 23
D.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	count	ts (FBAR)			
5a			(i b) (i i):	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	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 contribution					
	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	/ices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s requ	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	ion fil	e a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
Э	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
C	Section 501(c)(7) organizations. Enter:					
а	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				
1	Section 501(c)(12) organizations. Enter:					
а		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				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				v
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerative payment(s) during the year?			45		x
	excess parachute payment(s) during the year?			15		
~	If "Yes," see the instructions and file Form 4720, Schedule N.			40		v
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	1e?	16		X
-	If "Yes," complete Form 4720, Schedule O.					
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	any				
				1/		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. 12-09-21 6			17		0

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CONNECTICUT LEGAL SERVICES, INC.

X

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	
Section A. Governing Body and Management	

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		21			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		Х
6	Did the organization have members or stockholders?				6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
~	persons other than the governing body?		-		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea				10		
a	The governing body?	2	0		8a	х	
	Each committee with authority to act on behalf of the governing body?				<u>8</u> b	X	
					on	- 23	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				•		x
Soc	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<u></u>		9		Λ
Jec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			×	
				1		Yes	No
	Did the organization have local chapters, branches, or affiliates?				10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•				37	
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots				10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befoi	e filing the fo	rm?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," a	escribe				
	on Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{CT}$						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 50	01(c)(3)s	onlv)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.		,	()()	.,		
	Own website Another's website X Upon request Other (explain	on Sa	hedule ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			icy, and	finan	cial	
	statements available to the public during the tax year.			, and			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke an	d records	•			
20	KEITH BOYCE - 860-344-0447	no an					
	62 WASHINGTON STREET, 4TH FL, MIDDLETOWN, CT 06457	7					
	<u></u>						(202

Form 990 (202	CONNECTICUT LEGAL SERVICES, INC.	06-0955461 Page 7							
Part VII Co	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Er	nployees, and Independent Contractors								
Ch	eck if Schedule O contains a response or note to any line in this Part VII								
Section A. O	fficers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year en	ding with or within the organization's tax year.							
 List all of 	the organization's current officers, directors, trustees (whether individuals or organization	s), regardless of amount of compensation.							
Enter -0- in colu	imns (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, 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 the 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)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week		cer an	aau	recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1033-NEO)	and related
	below	dual t	utiona	_	nploy	st col	ar	1000 1120/		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5
(1) DEBORAH R. WITKIN, ESQ	40.00									
EXECUTIVE DIRECTOR				Х				151,366.	0.	51,191.
(2) NADINE NEVINS, ESQ.	40.00									
MANAGING ATTORNEY		1				X		116,384.	Ο.	51,082.
(3) KEITH BOYCE, CMA	40.00									
FINANCE DIRECTOR				Х				109,542.	0.	46,122.
(4) JEAN ARANHA, ESQ.	40.00									
MANAGING ATTORNEY						X		116,884.	0.	38,254.
(5) ANNE LOUISE BLANCHARD, ESQ	40.00									
DEPUTY DIRECTOR				Х				132,490.	0.	13,616.
(6) ASTRID LEBRON, ESQ.	40.00									
DIRECTOR OF DEVELOPMENT						X		121,114.	0.	23,478.
(7) JOANNE LEWIS, ESQ.	40.00									
MANAGING ATTORNEY						X		116,884.	0.	25,032.
(8) BETTY JEAN GAILOR, ESQ.	40.00									
ATTORNEY						X		115,731.	0.	12,666.
(9) LIVIA BARNDOLLAR, ESQ	1.00									
DIRECTOR		Х						0.	0.	0.
(10) TADHG DOOLEY, ESQ	1.00									-
SECRETARY		х		Х				0.	0.	0.
(11) MIKE HANLEY	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(12) HELEN HARRIS, ESQ	1.00								0	0
TREASURER	1 00	Х		Х				0.	0.	0.
(13) SHEILA HAYRE, ESQ	1.00							0	0	0
DIRECTOR	1 00	Х						0.	0.	0.
(14) LAURA JORDAN, ESQ	1.00							0	0	0
DIRECTOR	1 00	Х				-		0.	0.	0.
(15) CAROLYN WILKES KAAS, ESQ	1.00	v		77				0	0	0
CHAIR	1 00	Х		Х				0.	0.	0.
(16) PETER KNIGHT, ESQ	1.00	x						0.	0.	n
DIRECTOR (17) LESLIE LEVIN, ESQ	1 00	^	$\left \right $					0.	U •	0.
(17) LESLIE LEVIN, ESQ DIRECTOR	1.00	x						0.	0.	0.
		Δ						0.	υ.	Form 990 (2021)
132007 12-09-21										Form 330 (2021)

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Form 990 (2021) CONNECTIO	CUT LEGA	L	SE	RV	ΊC	ES	,	INC.	06-0955	461	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do			ition	ו than o	one	Reportable	Reportable	Estin	nated
	hours per	box	, unles	ss per	rson i	is botł	n an	compensation	compensation	amo	unt of
	week		cer an	aaa	Irecto	or/trus	tee)	from	from related		her
	(list any	recto						the	organizations		nsation
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC/		n the
	organizations	ustee	trust		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	u v	ization elated
	below	lual tr	tional		voldu	st con	_	1033-1120)			zations
	line)	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			l	Zationio
(18) PATRICIA MCINTOSH, LCSW, MPH	1.00										
DIRECTOR		Х						0.	Ο.		Ο.
(19) IVY MCKINNEY, ESQ	1.00										
DIRECTOR		х						0.	0.		Ο.
(20) BASAM E. NABULSI ESQ	1.00										
DIRECTOR		х						0.	0.		0.
(21) RICHARD ORR, ESQ	1.00								•••		
DIRECTOR		х						0.	0.		0.
(22) JEFFREY PLOTKIN, ESQ	1.00										
VICE CHAIR		х		х				0.	0.		0.
(23) KEVIN RASCH, ESQ	1.00										
DIRECTOR		х						0.	0.		0.
(24) JESSICA RICHMAN SMITH, ESQ	1.00					\vdash					
DIRECTOR		х						0.	0.		0.
(25) THOMAS SULLIVAN	1.00										
DIRECTOR	1.00	x						0.	0.		0.
(26) MICHAEL SULLIVAN, ESQ	1.00				-	\vdash			0.		<u> </u>
DIRECTOR	1.00	x						0.	0.		0.
dh. Oubtatal								980,395.	0.	261	,441.
1b Subtotal								0.	0.		0.
c Total from continuation sheets to Part VI								980,395.	0.	261	,441.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n 								· · ·		201	, = = 1 •
2 Total number of individuals (including but n compensation from the organization		036	11516	u al	JUVE	<i>,</i> , , , , , , , , , , , , , , , , , ,					26
										Y	es No
3 Did the organization list any former officer.	director trust	ا مم		mnl	ove		hio	hest compensated emp			
c ,	-		-	•	•		Ŭ			3	x
line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the su											
and related organizations greater than \$150										4 2	x
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," con					-			-		5	x
Section B. Independent Contractors	ipiete Schedule	<u>e J T</u>	or su	icn į	oers	son .				5	21
1 Complete this table for your five highest co	mpensated inc	lene	nder	nt co	ontra	acto	rs th	nat received more than \$	100 000 of compense	tion from	
the organization. Report compensation for	•	•							· ·		
(A)				<u>.</u>				(B)		(C)	
Name and business	address	NC	ONE	2				Description of s	ervices (Compens	ation
2 Total number of independent contractors (i	ncluding but no	ot lin	nitec	l to	thos	se lis	ted	above) who received mo	ore than		
\$100,000 of compensation from the organi	zation 🕨				C)					
SEE PART VII, SECTION	A CONT	IN	UA	ΤĪ	ON	S	ΗĒ	ETS		Form 99	0 (2021)

132008 12-09-21

Form 990 CONNECTICUT LEGAL SERVI									5461	
Part VII Section A. Officers, Directors		nplo	yee			lighe	est (, , ,	
(A) Name and title	(B) Average hours per	(C) Position (check all that apply)					ly)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) ADAM M. SWANSON, ESQ DIRECTOR	1.00	x						0.	0.	0.
(28) ANN G. TAYLOR, ESQ DIRECTOR	1.00	x						0.	0.	0.
(29) BRAD SAXTON, ESQ DIRECTOR	1.00	x						0.	0.	0.
								0.		0.
		-								
		-								
		1	1	1	1	1	<u> </u>			
otal to Part VII, Section A, line 1c										

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			2021) CONNECTICU	T L	EGAL SERV	JICES, INC	•	06-0955	461 Page 9
Pa	rt V	/111	Statement of Revenue						
			Check if Schedule O contains a resp	onse	or note to any lin		(=)		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s S	1	а	Federated campaigns 1a		73,200.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b						
ñ. G			Fundraising events 1c						
ar A			Related organizations 10						
s, G		е	Government grants (contributions)		3,237,878.				
tion Si		f	All other contributions, gifts, grants, and						
ibu			similar amounts not included above 1f		8,878,058.				
ontr		-	Noncash contributions included in lines 1a-1f		13,614.	10 100 100			
ŭ ĝ		h	Total. Add lines 1a-1f			12,189,136.			
	•	_			Business Code 541100	142 115	142 115		
rice	2	-	ATTORNEY FEES		541100	142,115.	142,115.		
Ser,		b							
		c d							
Program Service Revenue		e							
Pro			All other program service revenue						
			Total. Add lines 2a-2f			142,115.			
	3		Investment income (including dividends						
			other similar amounts)		►	4,809.			4,809.
	4		Income from investment of tax-exempt b	oond p	roceeds 🕨 🕨				
	5		Royalties						
			(i) Re	eal	(ii) Personal				
	6		Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
	7		Net rental income or (loss) Gross amount from sales of (i) Security		(ii) Other				
	'	a	assets other than inventory 7a						
		b	Less: cost or other basis						
e			and sales expenses						
venue		с	Gain or (loss) 7c						
			Net gain or (loss)	<u></u>	►				
Other Re	8	а	Gross income from fundraising events (not						
₽			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18						
			Less: direct expenses		L				
	^		Net income or (loss) from fundraising ev Gross income from gaming activities. Se		▶				
	Э	d	Part IV, line 19						
		þ	Less: direct expenses						
			Net income or (loss) from gaming activit						
	10		Gross sales of inventory, less returns		F				
			and allowances	. 10a					
		b	Less: cost of goods sold						
			Net income or (loss) from sales of invent						
s					Business Code				
eou	11	а	MISCELLANEOUS REVENUE		900099	17,418.	17,418.		
Miscellaneous Revenue		b							
Scel		С							
Βi			All other revenue			17,418.			
	12		Total. Add lines 11a-11d			12,353,478.	159,533.	0.	4,809.
13200					F	, , , •	. ,		Form 990 (2021

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2021.05050 CONNECTICUT LEGAL SERVICE 01884041

CONNECTICUT LEGAL SERVICES, 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).

INC.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			npiete column (A).	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,610,631.	1,610,631.		
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	525,575.	148,522.	361,356.	15,697.
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	5,361,194.	4,552,140.	670,156.	138,898.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	322,863.	278,855.	35,914.	8,094.
9	Other employee benefits	1,529,806.	1,282,807.	206,962.	8,094. 40,037. 12,249.
10	Payroll taxes	468,285.	379,033.	77,003.	12,249.
11	Fees for services (nonemployees):	-	-	-	-
а	Management				
b	Legal	16,514.	9,166.	7,348.	
	Accounting	33,580.	28,095.	2,496.	2,989.
d		230,502.	230,502.		•
е		19,250.			19,250.
f	Investment management fees				
g					
5	column (A), amount, list line 11g expenses on Sch O.)	73,159.	57,802.	15,357.	
12	Advertising and promotion				
13	Office expenses	125,225.	91,888.	25,078.	8,259.
14	Information technology	107,235.	84,836.	20,870.	<u>8,259</u> . 1,529.
15	Royalties				
16	Occupancy	558,098.	474,628.	77,205.	6,265.
17	Travel	14,036.	10,458.	3,560.	18.
18	Payments of travel or entertainment expenses	,			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,072.	3,466.	6,373.	233.
20	Interest	_ , , , , , , , , , , , , , , , , , , ,	-,1001		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	72,487.	71,268.	1,056.	163.
23	Insurance	62,695.	53,542.	8,238.	915.
23 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 0.)				
а	OTHER	75,383.	47,401.	23,808.	4,174.
b	MEMBERSHIPS/OCCUPATIONA	43,614.	41,016.	2,338.	260.
5	PERIODICALS	31,596.	26,983.	4,152.	461.
d	DONATED GOODS	13,614.	13,614.	_,	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	11,305,414.	9,496,653.	1,549,270.	259,491.
26	Joint costs. Complete this line only if the organization			_,,_,_,	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fight and for the source of the s				
					Farm 990 (0001)

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Form 990 (2021)

2021.05050 CONNECTICUT LEGAL SERVICE 01884041

Form 990 (2021)

CONNECTICUT LEGAL SERVICES, INC. Part X Balance Sheet

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		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			84,548.	1	1,068,538.
	2	Savings and temporary cash investments			4,488,334.	2	4,873,843.
	3	Pledges and grants receivable, net			2,423,559.	3	2,592,718.
	4	Accounts receivable, net			21,815.	4	93,671.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described		6			
ts	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			80,300.	9	82,224.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,704,676.			
	b	Less: accumulated depreciation	721,586.	10c	656,480.		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14	E1 085		
	15	Other assets. See Part IV, line 11	54,565.	15	51,075.		
	16	Total assets. Add lines 1 through 15 (must equa			7,874,707.	16	9,418,549.
	17	Accounts payable and accrued expenses	4,527,129.	17	6,618,075.		
	18	Grants payable	61,705.	18	1,187,516.		
	19	Deferred revenue			01,705.	19	1,107,510.
	20	Tax-exempt bond liabilities			4,125.	20	500.
	21	Escrow or custodial account liability. Complete F			4,143.	21	500.
Liabilities	22	Loans and other payables to any current or form trustee, key employee, creator or founder, substa					
bilid		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela				22	
	23	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		23	
	25	Other liabilities (including federal income tax, pay		Г		27	
	20	parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Tetel liebilities Add lines 17 through 05			4,592,959.		7,806,091.
		Organizations that follow FASB ASC 958, che					, , ,
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			1,759,778.	27	-405,280.
Bal	28	Net assets with donor restrictions			1,521,970.	28	2,017,738.
pu		Organizations that do not follow FASB ASC 95	ck here 🕨 🗌				
, Ľ		and complete lines 29 through 33.					
s ol	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipmen	t fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc				31	
Net	32	Total net assets or fund balances			3,281,748.	32	1,612,458.
	33	Total liabilities and net assets/fund balances			7,874,707.	33	9,418,549.
							Form 990 (2021)

Form **990** (2021)

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2021.05050 CONNECTICUT LEGAL SERVICE 01884041 06190301 147227 0188404-0188404.0990

Form	990 (2021) CONNECTICUT LEGAL SERVICES, INC.	06-	<u>0955461</u>	Pa	_{.ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,35	3,4	78.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,30	5,4	14.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,04		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,28	1,7	48.
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	-2,71	7,3	55.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,61	2,4	57.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	:		
	Act and OMB Circular A-133?		<u>3a</u>	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
			_	000	/ ···

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

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
	2021
	Open to Public Inspection
Employer	identification number

Name of the organization	
	~~

		CONN	ECTICUT LEO	GAL SERVICES	, INC.			06-0955461		
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.			
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).			
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	or the benefit of a col	llege or university owned	or operat	ed by a go	overnmental unit des	scribed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	Ily receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the gen	eral public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Parl	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	i x) operate	ed in conju	inction with a land-g	grant college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the co	ollege or		
		university:								
10		An organization that norma	Ily receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees	s, and gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its supp	oort from gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organizat	tion after June 30, 1975.		
		See section 509(a)(2). (Con	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out	t the purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)	(3). Check the box on		
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 12g.			
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported org	anization(s), typically	y by giving		
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or trustees of the	he supporting		
		organization. You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organization(s), by	y having		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the	supported		
		organization(s). You mus	-							
С		Type III functionally inte		•••			-	grated with,		
	_	its supported organization		-						
d		Type III non-functionally	• •				••	• • • •		
		that is not functionally int			•		-	tentiveness		
	_	requirement (see instructi	,	• •						
е		Check this box if the orga					Type I, Type II, Type	e III		
		functionally integrated, or		nally integrated supporting	ng organiz	ation.				
f		er the number of supported o	•							
g		vide the following information i) Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monet	tary (vi) Amount of other		
	``	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instruction	, , ,		
				above (see instructions))	165					
Tota	al									

Schedule	A (Form 990)) 2021
Part II	Suppor	t Sc

CONNECTICUT LEGAL SERVICES, INC.

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	<u>11976849.</u>	14060893.	12039967.	13303288.	<u>12189136.</u>	63570133.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	11976849.	14060893.	12039967.	13303288.	12189136.	63570133.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						63570133.
Sec	tion B. Total Support	•	•	•	•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	11976849.	14060893.	12039967.	13303288.	12189136.	63570133.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	12,081.	31,158.	26,324.	1,689.	4,809.	76,061.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	13,526.	372.	157.	13,262.	17,418.	44,735.
11	Total support. Add lines 7 through 10						63690929.
	Gross receipts from related activities,	etc. (see instructio	ons)	•	•	12	940,572.
	First 5 years. If the Form 990 is for the					01(c)(3)	<u> </u>
	organization, check this box and sto			· · · · · · · · · · · · · · · · · · ·			
Sec	ction C. Computation of Publ						·
14	Public support percentage for 2021 (line 6, column (f), d	ivided by line 11,	column (f))		14	99.81 %
	Public support percentage from 2020		•			15	99.83 %
16a	33 1/3% support test - 2021. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies						N 37
b	33 1/3% support test - 2020. If the	organization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	t - 2021. If the org	anization did not o				
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization	-	
b	10% -facts-and-circumstances test	•		,	•		
	more, and if the organization meets the	• he facts-and-circun	nstances test, che	ck this box and s t	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ						
18	Private foundation. If the organization		•				s
				- ·			(Form 990) 2021

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CONNECTICUT LEGAL SERVICES, INC. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge \dots						
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6		(-)	(-/	(,	(-,	(7)
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.)			1			
14 First 5 years. If the Form 990 is for th	ne organization's fi	rst. second. third.	fourth. or fifth tax	vear as a section 5	01(c)(3) organiz	zation.
check this box and stop here	0		,	,	0,00	<i>'</i>
Section C. Computation of Publi						·
15 Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20)21 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2021. If the					3 1/3%, and lin	e 17 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2020. If the						%, and
line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organizati	on ►
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	tructions	
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		17				

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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10b | Schedule A (Form 990) 2021

Sche	edule A (Form 990) 2021	CONNECTICUT	LEGAL	SERVICES,	INC.	06-09	5546	1 Pa	age 5
Pa	rt IV Supporting Organ	izations (continued)							
								Yes	No
11	Has the organization accepted	a gift or contribution from	any of the f	ollowing persons?					
а	A person who directly or indire	ctly controls, either alone c	or together v	vith persons describ	ed on lines 11b and				
	11c below, the governing body	of a supported organization	on?				11a		
b	A family member of a person d	lescribed on line 11a above	?				11b		
с	A 35% controlled entity of a pe	erson described on line 11a	or 11b abo	ve? If "Yes" to line 1	1a, 11b, or 11c, provide				
	detail in Part VI.				, , ,,		11c		
Sec	tion B. Type I Supporting	g 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</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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</i>					
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported					
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in					
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,					
	supervised, or controlled the supporting organization.	2				
Sec	tion C. Type II Supporting Organizations					

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

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the o	rganization used to satisf	y the Integral Part Test during t	he year (see instructions).
---	---	----------------------------	-----------------------------------	-----------------------------

The organization satisfied the Activities Test. Complete line 2 below. а

b		The organization	is the parent of	each of its supported	organizations.	Complete line 3 below.
---	--	------------------	------------------	-----------------------	----------------	------------------------

c 🔄 The	rganization supported	a governmental entity.	Describe in F	Part VI how	you supported a	governmental entity	(see instruction	s).
---------	-----------------------	------------------------	---------------	-------------	-----------------	---------------------	------------------	-----

2 Activities Test. Answer lines 2a and 2b below.

Section D. All Type III Supporting Organizations

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes No

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations							
1										
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.									
Sect	ion 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								
Sect	ion 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):									
а	Average monthly value of securities	1a								
b	Average monthly cash balances	1b								
с	Fair market value of other non-exempt-use assets	1c								
d	Total (add lines 1a, 1b, and 1c)	1d								
е	Discount claimed for blockage or other factors									
	(explain in detail in Part VI):									
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								
Sect	ion 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								
_										

CONNECTICUT LEGAL SERVICES, INC.

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

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

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d Excess from 2020 e Excess from 2021

organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2021 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019

CONNECTICUT LEGAL SERVICES, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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Schedule A (Form 990) 2021

Current Year

1

Schedule A (Form 990) 2021

1 Amounts paid to supported organizations to accomplish exempt purposes

Amounts paid to perform activity that directly furthers exempt purposes of supported

Section D - Distributions

2

Schedule A (Form 990) 2021

CONNECTICUT LEGAL SERVICES, INC.

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

-		Schedule

SCHEDULE C	Pc	litical Campaign	and Lobbyin	g Activities	OMB No. 1545-0047
(Form 990)			-	-	2021
		anizations Exempt From Incom if the organization is described			D-EZ. Open to Public
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 for			Inspection
-	-	Form 990, Part IV, line 3, or Fo		ne 46 (Political Campaig	gn Activities), then
	-	plete Parts I-A and B. Do not cor	•		_
		1(c)(3)) organizations: Complete	Parts I-A and C below.	Do not complete Part I-	3.
• Section 527 organiz		,			an) there
		Form 990, Part IV, line 4, or Fo nave filed Form 5768 (election un			
	5	nave NOT filed Form 5768 (election un	()/	•	
	5	Form 990, Part IV, line 5 (Prox			•
Tax) (See separate inst		Form 550, Fart IV, nine 5 (Flox	y Tax) (See Separate I		\mathbf{D} - $\mathbf{E}\mathbf{Z}$, Fait \mathbf{v} , line $\mathbf{S}\mathbf{C}$ (Floxy
		ions: Complete Part III.			
Name of organization	,, (-,g			Er	nployer identification number
Ū	CONNECT	ICUT LEGAL SERVI	CES, INC.		06-0955461
Part I-A Compl	ete if the org	anization is exempt unde	er section 501(c) of	or is a section 527	
1 Provide a description	on of the organiz	ation's direct and indirect politica	al campaign activities i	n Part IV.	
2 Political campaign	activity expendit	ures			►\$
3 Volunteer hours for	political campai				
Part I-B Compl	ete if the org	anization is exempt unde	er section 501(c)(3).	
1 Enter the amount of	of any excise tax	incurred by the organization und	er section 4955		►\$
2 Enter the amount of	of any excise tax	incurred by organization manage	ers under section 4955	Þ	►\$
3 If the organization i	incurred a section	n 4955 tax, did it file Form 4720	for this year?		
4a Was a correction m	nade?				Yes No
b If "Yes," describe in	n Part IV.				
		anization is exempt unde		-	
		by the filing organization for sec			\$
	00	ization's funds contributed to oth	•		
					►\$
		. Add lines 1 and 2. Enter here a	,		
					►\$
					Yes No
		nployer identification number (EIN			
		tion listed, enter the amount paic omptly and directly delivered to a			
		additional space is needed, provi			hate segregated fund of a
(a) Name	. ,		1	(d) Amount paid from	
(a) Name	5	(b) Address	(c) EIN	filing organization's	
				funds. If none, enter -	0 promptly and directly
					delivered to a separate political organization.
					If none, enter -0
For Doportwork Deduct	ion Act Nation	and the Instructions for Form O	00 or 000 E7		Sebedule C (Form 999) 2021

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990) 2021

132041 11-03-21

Schedule C (Form 990) 2021	CONNECTICUT	LEGAL SERVI	ICES, INC.	06-0	955461 Page 2
Part II-A Complete if the org	anization is exer	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).		,			
	-	liated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
	re of excess lobbying e tion checked box A ar	nd "limited control" prov	visions apply		
¥ ¥		•		(a) Filing	(b) Affiliated group
	ts on Lobbying Expe ditures" means amou	nditures ints paid or incurred.)		organization's totals	totals
		,			
1a Total lobbying expenditures to influ				36,156.	
b Total lobbying expenditures to influ				<u>194,346.</u> 230,502.	
c Total lobbying expenditures (add lid Other exempt purpose expenditure				11,074,912.	
e Total exempt purpose expenditure				11,305,414.	
f Lobbying nontaxable amount. Enter				715,271.	
If the amount on line 1e, column (a) o		bying nontaxable amo		,	
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exce			
Over \$1,500,000 but not over \$17,		00 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)			178,818.	
h Subtract line 1g from line 1a. If zer	,			0.	
i Subtract line 1f from line 1c. If zero	,			0.	
j If there is an amount other than ze	ro on either line 1h or				
reporting section 4911 tax for this	year?				Yes No
		eraging Period Under			_
(Some organizations the second s		01(h) election do not h ate instructions for lin	•	of the five columns be	low.
	•	nditures During 4-Yea			
O share dama a sa					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
	705 020	702 020	754 620	715 071	2 047 967
2a Lobbying nontaxable amount b Lobbying ceiling amount	785,038.	792,920.	754,638.	/15,2/1.	3,047,867.
(150% of line 2a, column(e))					4,571,801.
c Total lobbying expenditures	244,068.	286,523.	287,542.	230,502.	1,048,635.
d Grassroots nontaxable amount	196,260.	198,230.	188,660.	178,818.	761,968.
	190,200.				
e Grassroots ceiling amount	190,200.				
	190,200.				1,142,952.
e Grassroots ceiling amount	31,161.	35,168.	28,036.	36,156.	

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	ı)	(k)
	lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities? Total. Add lines 1c through 1i				
ر 2 ع	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(t	ō), or sec		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR	(b) Part I		3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
с	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
_	expenditure next year?				
5 Par	Taxable amount of lobbying and political expenditures. See instructions		5		
			• 11 ×	1.0.(0)	
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

132043 11-03-21

SCHEDULE D)
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(Form	990)
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Supplemental Financial Statements

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

OMB No. 1545-0047 2021

	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest informa	ation.	Open to Public Inspection
	e of the organization				oyer identification number
		CONNECTICUT LEGAL			06-0955461
Par		ations Maintaining Donor Advise		or Accounts	 Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	(b) Funds	s and other accounts
1	Total number at er	nd of year			
2	Aggregate value of	f contributions to (during year)			
3	Aggregate value of	f grants from (during year)			
4		t end of year	· · · · · · · · · · · · · · · · · · ·		
5	Did the organization	on inform all donors and donor advisors in v	writing that the assets held in donor advise	d funds	
		on's property, subject to the organization's			Yes 🔛 No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	ised only	
		oses and not for the benefit of the donor o		•	
	impermissible priv	ate benefit?			Yes No
Par		ation Easements. Complete if the org		art IV, line 7.	
1		servation easements held by the organization	(11 57		
		n of land for public use (for example, recrea		-	nportant land area
		f natural habitat	Preservation of	a certified histo	pric structure
		n of open space			
2		through 2d if the organization held a qualif	ied conservation contribution in the form o		
	day of the tax year				leld at the End of the Tax Year
a					
b	•				
		vation easements on a certified historic stru			
d		vation easements included in (c) acquired a			
•		nal Register			
3		vation easements modified, transferred, rele	eased, extinguished, or terminated by the o	organization du	Iring the tax
4	year				
4		where property subject to conservation eas			
5		tion have a written policy regarding the per orcement of the conservation easements it			Yes No
6		r hours devoted to monitoring, inspecting,			
0		a nours devoted to monitoring, inspecting,	narialing of violations, and emotering conse	ervation easem	ents during the year
7	Amount of expens	 es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservati	on essements	during the year
•	► \$	ics meaned in monitoring, inspecting, hand		on casements	during the year
8		vation easement reported on line 2(d) abov	e satisfy the requirements of section 170/h)(4)(B)(i)	
Ŭ)(4)(B)(ii)?			Yes No
9		be how the organization reports conservation			
•		d include, if applicable, the text of the footn	•		oes the
		ounting for conservation easements.			
Par		ations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar /	Assets.
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement an	d balance she	et works
	of art, historical tre	easures, or other similar assets held for pub	lic exhibition, education, or research in fur	therance of pu	blic
	service, provide in	Part XIII the text of the footnote to its finar	icial statements that describes these items	s.	
b		elected, as permitted under FASB ASC 95			orks of
	-	sures, or other similar assets held for public	-		
	provide the followi	ng amounts relating to these items:			
	-	ded on Form 990, Part VIII, line 1		▶ \$	
				N A	
2	If the organization	received or held works of art, historical trea			
		unts required to be reported under FASB A			
а	-	on Form 990, Part VIII, line 1	-	►\$	
				▶ \$	

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	
132051	10-28-21	

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06190301 147227 0188404-0188404.0990 2021.05050 CONNECTICUT LEGAL SERVICE 01884041

Sche	dule D (Form 990) 2021 CONNECT	ICUT LEGAL	SER	/ICES,	INC.		06-	095546	1 р	age 2
Par	t III Organizations Maintaining Co	ollections of Art	t, Histo	orical Tre	easures, or	Other S	Similar As	sets _{(conti}	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the	following that	make sign	ificant use o	f its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	m				
b	Scholarly research	е		Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how the	ey further th	ne organizatio	n's exempt	t purpose in	Part XIII.		
5	During the year, did the organization solicit or	receive donations o	of art, his	storical trea	sures, or othe	r similar as	sets			
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Parl		ete if the	organizatio	on answered "	Yes" on Fo	orm 990, Par	t IV, line 9, o		
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for c	contribution	s or other ass	ets not inc	luded			
	on Form 990, Part X?							Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a									
		·	0					Amour	nt	
с	Beginning balance						1c			
	Additions during the year						1d		5	00.
	Distributions during the year						1e			
f	Ending balance						lf		5	00.
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	escrow or cu	ustodial accou	unt liability?	?	X Yes		No
	If "Yes," explain the arrangement in Part XIII.								X	
Par	t V Endowment Funds. Complete if									<u> </u>
	-	(a) Current year	(b) P	rior year	(c) I wo year	s back (d)	Three years I	back (e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
g	End of year balance			. ,	<u> </u>					
2	Provide the estimated percentage of the curre			j, column (a)) held as:					
a	Board designated or quasi-endowment		_%							
	Permanent endowment	% %								
С	· · · · · · · · · · · · · · · · · · ·	-								
20	The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the posses		tion that	t are hold a	nd administar	od for the c	rachization			
Ja		ssion of the organiza	lion ina	l ale neiù ai	nu auministere		nyanization		Yes	No
	by: (i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as require	ed on So	chedule R?				<u>Su(ii)</u> 3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	l "Yes" on Form 990	, Part IV	, line 11a. S	See Form 990,	Part X, lin	e 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Acci	umulated	(d) Boo	ok valu	e
		basis (investm	nent)	basis	(other)	.,	eciation			
1a	Land			6	1,740.			6	1,7	40.
	Buildings			1,19	1,012.	61	7,949.	57	3,0	63.
	Leasehold improvements				1,118.		6,723.		4,3	
	Equipment			14	0,806.		3,524.		7,2	
	Other									
	. Add lines 1a through 1e. (Column (d) must ed		X. colum	nn (B). line 1	0c.)			65	6,4	80.
								dule D (Fori	n 990)	2021

132052 10-28-21

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06190301 147227 0188404-0188404.0990 2021.05050 CONNECTICUT LEGAL SERVICE 01884041

Schedule D (Form 990) 2021 CONNECTIC	UT LEGAL SERVIC		06-0955461 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Y			
(a) Description of security or category (including name of secur1) Financial derivatives			on: Cost or end-of-year market value
Closely held equity interests Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related			
Complete if the organization answered "Y			
(a) Description of investment	(b) Book value	(c) Method of valuati	on: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(8)</u> (9)			
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.		e 11d. See Form 990, Part >	(, line 15.
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		a 11d. See Form 990, Part X	(, line 15. (b) Book value
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Y	′es" on Form 990, Part IV, line	e 11d. See Form 990, Part X	
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Y (1)	′es" on Form 990, Part IV, line	e 11d. See Form 990, Part >	
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Y (1) (2)	′es" on Form 990, Part IV, line	e 11d. See Form 990, Part X	
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3)	′es" on Form 990, Part IV, line	9 11d. See Form 990, Part X	
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4)	′es" on Form 990, Part IV, line	a 11d. See Form 990, Part X	
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3)	′es" on Form 990, Part IV, line	e 11d. See Form 990, Part X	
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5)	′es" on Form 990, Part IV, line	e 11d. See Form 990, Part >	
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6)	′es" on Form 990, Part IV, line	e 11d. See Form 990, Part >	
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7)	′es" on Form 990, Part IV, line	a 11d. See Form 990, Part X	
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B)	 'es" on Form 990, Part IV, line (a) Description 		(b) Book value
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.	/es" on Form 990, Part IV, line (a) Description		(b) Book value
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Y	/es" on Form 990, Part IV, line (a) Description		(b) Book value
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.	/es" on Form 990, Part IV, line (a) Description		(b) Book value
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(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Y L (a) Description of liability (1) Federal income taxes (2)	/es" on Form 990, Part IV, line (a) Description		(b) Book value Part X, line 25.
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Y 1. (a) Description of liability (1) Federal income taxes (2) (3)	/es" on Form 990, Part IV, line (a) Description		(b) Book value Part X, line 25.
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(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B Part X Other Liabilities. Complete if the organization answered "Y I. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	/es" on Form 990, Part IV, line (a) Description		(b) Book value Part X, line 25.
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Y I. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	/es" on Form 990, Part IV, line (a) Description		(b) Book value Part X, line 25.
(8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Y (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B Part X Other Liabilities. Complete if the organization answered "Y 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	<pre>/es" on Form 990, Part IV, line (a) Description) line 15.) /es" on Form 990, Part IV, line</pre>	e 11e or 11f. See Form 990,	(b) Book value (b) Book value Part X, line 25. (b) Book value (b) Book value (c) (c) (c) (c) (c) (c) (c) (c) (c) (c

132053 10-28-21

_	edule D (Form 990) 2021 CONNECTICUT LEGAL SERVICES	/			0955461 Page 4				
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents Witl	h Revenue per Re	turn.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.							
1	Total revenue, gains, and other support per audited financial statements			1	12,512,226.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains (losses) on investments	. 2a							
b	Donated services and use of facilities	2b	158,748.						
с	Recoveries of prior year grants	. 2c							
d	Other (Describe in Part XIII.)	2d							
е	Add lines 2a through 2d			2e	158,748.				
3	Subtract line 2e from line 1			3	12,353,478.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a							
b	Other (Describe in Part XIII.)	. 4b							
-	Add lines 4a and 4b			4c	0.				
С			5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)						
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	12,353,478.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wi			<u>12,353,478.</u> n.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	ents Wi		Retur	n.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per F		12,353,478. n. 14,181,516.				
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wi	th Expenses per F	Retur	n.				
5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wi	th Expenses per F	Retur	n.				
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents Wi	th Expenses per F	Retur	n.				
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	a. 2a 2b	th Expenses per F	Retur	n.				
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents Wi	th Expenses per F	Retur	n. 14,181,516.				
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents Wi a. 2a 2b 2c 2d	th Expenses per F 158,748. 2,717,355.	1 2e	n. <u>14,181,516.</u> 2,876,103.				
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per F 158,748. 2,717,355.	1	n. 14,181,516.				
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per F 158,748. 2,717,355.	1 2e	n. <u>14,181,516.</u> 2,876,103.				
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	th Expenses per F 158,748. 2,717,355.	1 2e	n. <u>14,181,516.</u> 2,876,103.				
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	th Expenses per F 158,748. 2,717,355.	1 2e	n. <u>14,181,516.</u> 2,876,103.				
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	ents Wi a. 2a 2b 2c 2d 2d	th Expenses per F	1 2e 3 4c	n. <u>14,181,516.</u> <u>2,876,103.</u> <u>11,305,413.</u> 0.				
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents Wi a. 2a 2b 2c 2d 2d	th Expenses per F	1 2e 3	n. <u>14,181,516.</u> <u>2,876,103.</u> <u>11,305,413.</u>				

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

PART IV, LINE 2B:

CLS MAINTAINS CLIENT FUNDS IN AN IOLIA BANK ACOUNT IN ACCORDANCE WITH

ATTORNEYS' FIDUCIARY OBLIGATION TO SAFEGUARD CLIENT FUNDS.

PART X, LINE 2:

06190301 147227 0188404-0188404.0990

CLS IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE. IN ADDITION, CLS QUALIFIES FOR THE CHARITABLE

CONTRIBUTION DEDUCTION AS PROVIDED IN SECTION 170 OF THE INTERNAL REVENUE

CODE. CLS HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A

PRIVATE FOUNDATION WITHIN THE MEANING OF CODE SECTION 509(A). GAAP

REQUIRES CLS'S MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY CLS AND

RECOGNIZE A TAX LIABILITY (OR ASSET) IF IT HAS TAKEN AN UNCERTAIN POSITION
132054 10-28-21
Schedule D (Form 990) 2021

2021.05050 CONNECTICUT LEGAL SERVICE 01884041

Schedule D (Form 990) 2021 CONI	NECTICUT LEGAL SERVICES, INC.	06-0955461 Page 5
Part XIII Supplemental Information	(continued)	
THAT MORE LIKELY THAN NO	T WOULD NOT BE SUSTAINED UPON	EXAMINATION BY
TAXING AUTHORITIES. CLS'	S MANAGEMENT HAS ANALYZED THE	TAX POSITIONS TAKEN
BY CLS, AND HAS CONCLUDE	D THAT AS OF JUNE 30, 2022 ANI	D 2021, THERE ARE NO
UNCERTAIN POSITIONS TAKE	N OR EXPECTED TO BE TAKEN THAT	F WOULD REQUIRE
RECOGNITION OF A LIABILI	TY (OR ASSET) OR DISCLOSURE IN	N THE FINANCIAL
STATEMENTS.		

CLS IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. INTEREST AND PENALTIES, IF ANY, WOULD BE RECORDED AS PART OF INCOME TAX EXPENSE. CLS'S MANAGEMENT BELIEVES CLS IS NOT SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2019.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

BENEFIT PLAN CHANGES OTHER THAN NET PERIODIC COSTS

2,717,355.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G							OMB No. 1545-0047		
(Form 990)	Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury nternal Revenue Service	► G	► Attach to Form 990 o to www.irs.gov/Form990 for instr				on.	Open to Public Inspection		
Name of the organization			dottom	o una			identification number		
		ICUT LEGAL SERVICE				06-095			
	complete this pa	 Complete if the organization answer 	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990	EZ filers are not		
a Aail solicitat b Internet and c Phone solici d In-person so	ions email solicitation tations licitations		tion of tion of fundra	non-g gover iising	overnment grants nment grants events	tees, or			
	highest paid ind	Part VII) or entity in connection with p viduals or entities (fundraisers) pursu organization.			-		Yes X No be		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount pai to (or retained b fundraiser listed in col. (i)	y) to (or retained by)		
DANOSKY & ASSOCIATI		PROF CONSULTING TO DEVELOP	Yes	No					
BOX 1225, NEW MILFO	DRD, CT	STRATEGIES TO DIVERSIFY &		X	0.	19,25	0. 0		
Total						19,25	0.		
	ch the organization	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from	registration		
or licensing.									
~1									
		ice, see the Instructions for Form 9	990 or	990-E	Z.	Sched	ule G (Form 990) 202		
SEE	PART IV	FOR CONTINUATIONS							
132081 10-21-21									

CONNECTICUT LEGAL SERVICES, INC.

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.FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		or fundraising event contributions and gro			vents with gross receip	13 greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
е			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect Ex	7	Food and beverages				
Ō	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through			►	
D	11	Net income summary. Subtract line 10 from li				
Pa	irt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
		\$13,000 011 0111 330-L2, ine ba.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
leve						
ш	1	Gross revenue				
	2	Cash prizes				
nses		• • • • • • • • • • • • • • • • • • • •				
xpe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	<u> </u>	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	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)			
					E Contraction de la c	
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
b	IT "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	erminated during the tax y	ear?	Yes No
b	lf "	Yes," explain:				
13208	82 10)-21-21			Sche	dule G (Form 990) 2021

Sch	edule G (Form 990) 2021	CONNECTICUT	LEGAL	SERVICES,	INC.	06-0	955461	Page 3
11	Does the organization conduct ga						Yes	No
	Is the organization a grantor, ben							
	to administer charitable gaming?						Yes	No
13	Indicate the percentage of gaming							
а	The organization's facility						13a	%
b	An outside facility						13b	%
14	Enter the name and address of th	e person who prepares th	ne organizat	ion's gaming/specia	I events books and reco	ords:		
	Name							
	Address							
15a	Does the organization have a con	tract with a third party fro	om whom th	e organization recei	ves gaming revenue?		Yes	No
b	If "Yes," enter the amount of gam	ing revenue received by t	he organiza	tion 🕨 \$	and the ar	nount		
	of gaming revenue retained by the	e third party ▶\$		_				
С	If "Yes," enter name and address	of the third party:						
	Name							
	Adduces N							
	Address 🕨							
16	Gaming manager information:							
10	carning manager mornation.							
	Name 🕨							
	Gaming manager compensation	▶ \$	_					
	Description of services provided	▶						
	Director/officer	Employee		dependent contract	or .			
				dependent contract	JI			
17	Mandatory distributions:							
	Is the organization required under	r state law to make charit	able distribu	itions from the gami	ng proceeds to			
	and the state many in the second			-			Yes	No No
b	Enter the amount of distributions							
	organization's own exempt activit				-			
Pa	rt IV Supplemental Infor					v); and Part	III, lines 9, 9	9b, 1 0b,
	15b, 15c, 16, and 17b, as	applicable. Also provide	any additio	nal information. See	instructions.			
<u> </u>							_	
SC	HEDULE G, PART I,	LINE 28, LIS	T. OF. 1	EN HIGHEST	PAID FUNDRA	ATSERS	:	
(I) NAME OF FUNDRALS	SER: DANOSKY	& ASSC	CIATES				
<u>(</u>]) ADDRESS OF FUND	RAISER: P.O.	BOX 12	25, NEW MI	LFORD, CT ()6776		
<i>.</i> _								
<u>(I</u>	I) ACTIVITY: PROF	CONSULTING T	O DEVE	LOP STRATE	GIES TO DIVE	SRSIFY	& ENH	ANCE
13208	33 10-21-21			2.7		Schedu	le G (Form	990) 2021

	i (Form 990)
Part IV	Sunnler

132084 11-18-21	Continued)	
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132084 11-18-21 3 8		Schedule G (Form 990)
55	132084 11-18-21 38	

SCHEDULE I (Form 990)	Go	irants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Uni	ted States		OMB No. 1545-0047
Department of the Treasury	Compi		Attach to For				Open to Public
Internal Revenue Service		Go to www.ii	rs.gov/Form990 fo		nation.		Inspection
Name of the organization	JT LEGAL S	SERVICES, I	NC.				Employer identification number $06-0955461$
Part I General Information on Grants an							
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro 	tance?				for the grants or assis		on 🔀 Yes 🗌 No
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GREATER HARTFORD LEGAL AID 999 ASYLUM AVE HARTFORD, CT 06105	06-0730611	501(C)(3)	591,454.	0.			SUB-CONTRACTOR FOR THE PROVISION OF LEGAL SERVICES
NEW HAVEN LEGAL ASSISTANCE ASSOCIATION - 205 ORANGE STREET - NEW HAVEN, CT 06510	06-0793269	501(C)(3)	539,718.	0.			SUB-CONTRACTOR FOR THE PROVISION OF LEGAL SERVICES
CONNECTICUT COALITION AGAINST DOMESTIC VIOLENCE - 655 WINDING BROOK DRIVE, SUITE 4050 - GLASTONBURY, CT 06033	BROOK DRIVE, SUITE 4050 - PROVISI					SUB-CONTRACTOR FOR THE PROVISION OF NON-LEGAL ADVOCACY	
CONNECTICUT ALLIANCE TO END SEXUAL VIOLENCE - 96 PITKIN STREET - EAST HARTFORD, CT 06108	06-1076946	501(C)(3)	119,492.	0.			SUB-CONTRACTOR FOR THE PROVISION OF NON-LEGAL ADVOCACY
STATEWIDE LEGAL SERVICES OF CONNECTICUT, INC 1290 SILAS DEANE HIGHWAY SUITE 3A - WETHERSFIELD, CT 06109	06-1445097	501(C)(3)	66,667.	0.			SUB-CONTRACTOR FOR THE PROVISION OF CLIENT INTAKE AND REFERRALS FOR LEGAL SERVICES
2 Enter total number of section 501(c)(3) ar	nd government org	anizations listed in th	e line 1 table				5 .

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

Schedule I (Form 990) 2021

CHANNELS AND MONITORING VISITS TO CONFIRM THE WORK BEING DONE WITH GRANT

INFORMATION FROM SUB-RECIPIENT ORGANIZATIONS THROUGH REGULAR REPORTING

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

FUNDS IS IN COMPLIANCE WITH ITS STATED PURPOSE. IN ADDITION, PROJECT

CLS OBTAINS AND REVIEWS FINANCIAL, STATISTICAL, AND PROGRAMMATIC

LEADERS MEET PERIODICALLY TO DISCUSS GRANT REQUIREMENTS AND SERVICES

PROVIDED.

Part IV

PART I, LINE 2:

Part III

(c) Amount of

cash grant

(d) Amount of non-

cash assistance

(e) Method of valuation

(book, FMV, appraisal, other)

CONNECTICUT LEGAL SERVICES, INC. Schedule I (Form 990) 2021 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(b) Number of

recipients

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

06-0955461

(f) Description of noncash assistance

Page 2

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-			1
(Compensated Employees		20	21	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
	e of the organization		Employer	identificatio	on nui	nber
		CONNECTICUT LEGAL SERVICES, INC.	06-0	095546	1	
Pa	rt I Questions	Regarding Compensation				
					Yes	No
1a	Check the appropria	te box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A, I	ine 1a. Complete Part III to provide any relevant information regarding these items.	,			
	First-class or cl	narter travel Housing allowance or residence for perso	nal use			
	Travel for comp	panions Payments for business use of personal re-	sidence			
	Tax indemnifica	ation and gross up payments Health or social club dues or initiation fee	S			
	Discretionary s	pending account Personal services (such as maid, chauffeu	ır, chef)			
b	If any of the boxes of	n line 1a are checked, did the organization follow a written policy regarding payment or				
	-	ovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officer	s, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if an	y, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensa	tion of the CEO/Executive Director, but explain in Part III.				
	Compensation	committee Written employment contract				
	Independent co	ompensation consultant II Compensation survey or study				
	Form 990 of ot	her organizations I Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a rel	ated organization:				
а	Receive a severance	payment or change-of-control payment?		<u>4a</u>		X
b	Participate in or rece	eive payment from a supplemental nonqualified retirement plan?		4b		X
С		eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
_		(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	· · · · · ·	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the re			_		v
						X X
b		tion?		<u>5b</u>		
~		r 5b, describe in Part III.	-			
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
_	contingent on the ne			0-		y
		tion				X X
b		ition?		<u>6b</u>		
-		r 6b, describe in Part III.				
1		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		x
0		es 5 and 6? If "Yes," describe in Part III		7		
8		eported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the other other that was subject to the other other than the subject to the subje		8		x
٥						- 23
9		d the organization also follow the rebuttable presumption procedure described in		9		
		53.4958-6(c)? duction Act Notice, see the Instructions for Form 990.			000	2024
гць	For Paperwork Re	auction Act Notice, see the instructions for Form 990.	Sched	dule J (Forn	1 990)	2021

132111 11-02-21

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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DEBORAH R. WITKIN, ESQ	(i)	151,366.	0.	0.	18,849.	32,342.		0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		0.
(2) NADINE NEVINS, ESQ.	(i)	116,384.	0.	0.	11,892.	39,190.	167,466.	0.
MANAGING ATTORNEY	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KEITH BOYCE, CMA	(i)	109,542.	0.	0.	6,979.	39,143.	155,664.	0.
FINANCE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JEAN ARANHA, ESQ.	(i)	116,884.	0.	0.	7,446.	30,808.		0.
MANAGING ATTORNEY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 CONNECTICUT LEGAL SERVICES, INC.

Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ

90) Complet For

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



CONNECTICUT LEGAL SERVICES, INC.

Employer identification number 06-0955461

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

ADDITION TO INDIVIDUAL CASES, CLS CONDUCTED 30 COMMUNITY LEGAL

EDUCATION EVENTS IN 13 CONNECTICUT TOWNS, ATTENDED BY 560 PEOPLE.

FORM 990, PART VI, SECTION A, LINE 4:

CLS AMENDED ITS CERTIFICATE OF INCORPORATION DURING THE FISCAL YEAR TO

ELIMINATE MANDATORY INDEMNIFICATION OF THE EMPLOYEES AND AGENTS OF THE

ORGANIZATION. THE AMENDMENT WAS ADOPTED BY THE CLS BOARD OF DIRECTORS ON

9/29/2021, AND THE AMENDMENT WAS FILED WITH THE CT SECRETARY OF STATE ON 11/10/2021.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE, WHO THEN REPORTS TO THE FULL BOARD OF DIRECTORS. A COPY OF THE FINAL FORM 990 IS PROVIDED TO EACH MEMBER OF THE BOARD BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS AND DIRECTORS ARE REQUIRED TO SIGN AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15:

 THE SALARY OF THE EXECUTIVE DIRECTOR IS REVIEWED AND SET BY THE BOARD OF

 DIRECTORS (BOD) AFTER CONSIDERATION OF SALARIES FOR THIS POSITION AT OTHER

 COMPARABLE LEGAL SERVICES PROGRAMS AND NON-PROFIT AGENCIES, AS PART OF AN

 EXECUTIVE SESSION OF THE BOD. THE INFORMATION IS PROVIDED TO THE BOARD IN

 ADVANCE OF THE MEETING AND DISCUSSED IN EXECUTIVE SESSION AT THE MEETING.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

 Schedule O (Form 990) 2021

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06190301 147227 0188404-0188404.0990 2021.05050 CONNECTICUT LEGAL SERVICE 01884041

Schedule O (Form 990) 2021	Page 2
Name of the organization CONNECTICUT LEGAL SERVICES, INC.	Employer identification number 06-0955461
THE DELIBERATIONS AND DECISIONS ARE SUBSTANTIATED IN A CON	TEMPORANEOUS
FASHION THROUGH THE MECHANISMS OF BOARD MEETING MINUTES. SA	ALARIES FOR THE
OTHER LEADERSHIP POSITIONS ARE ESTABLISHED BY THE EXECUTIVE	E DIRECTOR USING
THE SAME CRITERIA AND ARE APPROVED BY THE BOARD AS PART OF	THE BUDGETING
PROCESS.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND OUR CONFLICT OF INTEREST POLICY AR	E AVAILABLE UPON
REQUEST. FINANCIAL STATEMENTS ARE PROVIDED TO FUNDERS ANNU	JALLY AND TO
POTENTIAL FUNDERS UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BENEFIT PLAN CHANGES OTHER THAN NET PERIODIC COSTS	-2,717,355.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS A COMMITTEE RESPONSIBLE FOR THE OVERS	IGHT OF THE
AUDIT AS WELL AS THE SELECTION OF THE INDEPENDENT ACCOUNTAN	NT.

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132212 11-11-21

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.			Taxpaye	axpayer identification number (TIN)		
print	CONNECTICUT LEGAL SERVICES, INC.				06-0955461		
File by the due date for filing your return. See	or Number, street, and room or suite no. If a P.O. box, see instructions.						
instructions.	City, town or post office, state, and ZIP code. For a fe MIDDLETOWN, CT 06457	oreign addi	ress, see instructions.				
Enter th	e Return Code for the return that this application is for (fil	e a separa	te application for each return)			0 1	
Application		Return	Application			Return	
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ		01	Form 1041-A			08	
Form 4720 (individual)		03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
Form 990-T (corporation)		07					
box ▶ 1 Ir th	I request an automatic 6-month extension of time until <u>MAY 15, 2023</u> , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ calendar year or ▶ X tax year beginning JUL 1, 2021 , and ending JUN 30, 2022 .						
3a lf	this application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter the	tentative tax, less				
	any nonrefundable credits. See instructions.			<u> </u>	\$	0.	
	f this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					0	
	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your payment		•				•	
using EFTPS (Electronic Federal Tax Payment System). See instructions.				3c	\$	0.	
Caution instructi	: If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	53-TE an	d Form 8879	9-TE for payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form	8868 (Rev. 1-2022)	

123841 01-12-22