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Return of Organization Exempt From Income Tax

OMB No 1545-0047 2010

				Under section	n 501(c), 527,	or 4947(a)(1)	of the Internal Revo	enue Code (e	except bla	ck lung	'-		
	_					benefit trust	or private foundation	on)	-	_	Open	to Public	
	Inter	artment of t nal Revenu	the Treasury Je Service	► The organizat	tion may have	to use a conv	of this return to sati	efv etate ren	ortina reau	irements	Ins	pection	
	_			ndar year, or tax yea		July		and ending		ne 30	, 20 11	<u> </u>	
			applicable	C Name of organization						•		ation number	
	$\overline{}$	Address		Doing Business As						1	06-09554		
	ñ	Name cha	•	Number and street (or	P.O. box if mail i	s not delivered to	street address)	Room/suite	<u> </u>	E Telepho	ne number	<u> </u>	
	H	Initial retu	_	62 Washington Stre			, ,	1.00	•	- 10.0	860-344-0	447	
	Н	Terminate		City or town, state or				<u> </u>			000-344-0	447	
	Η		-	Middletown, CT 064	•					G Gross r	nacinte &		
	Η	Amended		F Name and address		Carrott 797	Engles Enstein		[4			
	Ч	Application	on pending	same as C above	o. principal oni	Steven D.	. Eppier-Epsieiii					☐ Yes ☑ No ☐ Yes ☐ No	
	_	Tay 242	not status	✓ 501(c)(3)	501(c)	/ \◀ (noo	ert no.) 4947(a)(1) o	r 🗌 527		all aπiliates ir No," attach a			
	누			w.ConnLegalService		() ¬ (inse	#(110.) 4947(a)(1) 0	1 321	⊣	up exemptior			
	_			Corporation Tru		ation Other	T.		<u> </u>	' 	of legal don		
		art I	Summ		St ASSUCI	ador C Otrer P		Year of formati	on: 1977	IN State	UI I o gai uuli	IICIIO CI	
				escribe the organiza	ation'e mieei	on or most s	ignificant activities						
				cut Legal Services,					idina seco	ce to inetic			
	9			of improving the live							.e a5		
	ctivities & Governance												
	é			ne people can meet									
E 2	? 8	1		is box ▶ 🔲 if the are of voting members	-		•					24	
20%	୯୪	1		•	_		•					24	
250	ties	1		of independent vot	-	_		•				24 88	
ess.	ά			number of individuals employed in calendar year 2010 (Part V, line 2a)									
	Ac	1		unrelated business revenue from Part VIII, column (C), line 12									
APR						-	• •			. /a . 7b		0	
		<u> </u>	iver unre	ated business taxa	ible income	irom Form 9:	90-1, line 34 .	· · · · · · · · · · · · · · · · · · · 	Prior Y		Cum	ent Year	
SCANNED			O = = 4== l=	(D		463		<u> </u>			Curi		
Ž	9			tions and grants (Pa						8,880,544		10,573,614	
Z	Revenue	1	_	service revenue (P		•				246,267		249,755	
	æ	1		nt income (Part VIII			•			16,668		10,696	
$\widecheck{\mathscr{O}}$				renue (Part VIII, col						1,491		212	
				enue_add_lines-8-ti						9,144,970		10,834,277	
				nd similar amounts						0		0	
		1	M M	paid-to-or-for-memi	4 (2 1 1)					0		0	
	968			other compensation						8,441,918		8,923,919	
	Expenses			nal turidraising fee				_		0		0	
	X	b	l otal tun	draising expenses	(Part IX; colu	ımn (D), line	25) ▶ 3	366,094					
	_	17	Other exp	oenses (Part IX., col	lumn (A), line	es 11a-11d,	11f-24f)	: <u>.</u> .· ·		2,435,509		2,437,788	
				enses. Add lines 1						0,877,427		11,361,707	
		19	Revenue	less expenses. Su	btract line 1	8 from line 12	2			1,732,457)		(527,430)	
	8 or							Be	ginning of C		End	of Year	
	sset	20		ets (Part X, line 16)				· · · _		4,609,974		4,290,072	
	Net Assets or Fund Balances	21		ilities (Part X, line 2	•			· · · _		4,640,890		3,540,722	
				ts or fund balances	s. Subtract li	ne 21 from lii	ne 20			(30,916)		749,350	
	_	art II		ure Block									
				ry, I declare that I have on ete Declaration of prepa							ny knowledg	e and belief, it is	
			\ >	Runda, (U. (Sk	ada			Į.	<u></u>	3/06	112	
	Sig	n	Sign	ature of officer		,			D	ate			
	He	re		Linda C	, Spo	ide.	Comptro	110/					
	_		Тура	or print name and title			-						
	Pa		Print/Ty	pe preparer's name		Preparer's signa	ature	Date	•	Check	7 rf PTIN		
	_ d	ıu	1							self-emr			

Preparer Firm's EIN ▶ **Use Only** May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 11282Y

Form **990** (2010)



Form 99	(2010) Page 2
Part	Check if Cahadula C cantains a response to any system in this Dort III
1	Griefly describe the organization's mission:
	Connecticut Legal Services, Inc. is a private, not-for-profit law firm committed to providing access to justice as
	a means of improving the lives of low-income people. Our vision is to make Connecticut a place where
	ow-income people can meet their basic needs and be assured equal access to opportunities and justice.
2	Old the organization undertake any significant program services during the year which were not listed on the
	orior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	"Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section io1(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	Code:) (Expenses \$ 9,785,204 including grants of \$ 0) (Revenue \$ 249,755) Connecticut Legal Services provides civil legal representation and counseling to help low-income individuals
	(adults and children) and families obtain just legal solutions to serious life problems. We assist our clients to use
	the law to help themselves climb out of poverty, improve their lives, and build better futures for their children.
	Our areas of specialty include domestic violence/family, homelessness/housing, public benefits and employment, education and
	uvenile, elder, and disability law. During the 2010/2011 fiscal year, CLS advocates provided assistance to 4,618
	low-income households consisting of 10,267 individuals, including 3,984 children. Advocates also worked on 3,502 active cases that were brought over from the prior fiscal year. In addition, 195 outreach/community legal education events were held throughout
	our service area, reaching over 7,900 individuals. Approximately 6,200 legal educational pamphlets were distributed at these events.
	During the 2010/2011 fiscal year, Connecticut Legal Services received a total value of \$258,818 in donated services to support the work described above.
4b	Code) (Expenses \$ including grants of \$) (Revenue \$)
	······································
4c	Code:) (Expenses \$ including grants of \$) (Revenue \$)
	······································
4d	Other program services. (Describe in Schedule O.)
-14	Expenses \$ including grants of \$) (Revenue \$
4e	otal program service expenses ▶ 9,785,204

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		<u> </u>	
	candidates for public office? If "Yes," complete Schedule C, Part I	3	ľ	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	۳	_	 `
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	1	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	H	├	
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			1
	Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	۲		
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	_ ا		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_ ا		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		✓
0	complete Schedule D, Part III	١.		١,
•		8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			ł
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		,	
	complete Schedule D, Part IV	9	/	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-			_
	endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	ļ	1	
	complete Schedule D, Part VI	11a	✓	L
Ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		,	
	Schedule D, Parts XI, XII, and XIII	12a	V	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		İ	İ
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			t
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			† ` −
	If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			┌╌
-	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	Checklist of Required Schedules (continued)			, <u> </u>
•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		√
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 25	24a	-	1
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	✓	1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<i>'</i>
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		√
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	1	
а	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			
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	√	
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,			
38	Part VI	37	✓	✓

Form **990** (2010)

Form 99	0 (2010)			Page 5
Part				
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 28		1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		ŀ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	- 1c	/	-
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 88			ļ
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	√ ^	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		j	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		i	
	organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	ļ	<u> </u>
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			ļ
	and services provided to the payor?	7a	ļ	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l _		١,
	required to file Form 8282?	7c	ļ	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	l		j -
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	 	V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		V
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	├	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h	1	
8			l	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		-
0	Sponsoring organizations maintaining donor advised funds.	•	-	
9	Did the organization make any taxable distributions under section 4966?	9a		-
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	
10	Section 501(c)(7) organizations. Enter:		1	
а	Initiation fees and capital contributions included on Part VIII, line 12			1
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.			1
þ	Enter the amount of reserves the organization is required to maintain by the states in which	l		1
	the organization is licensed to issue qualified health plans	1		
C	Enter the amount of reserves on hand	ļ	L	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		1

	0 (2010)			age o
Part	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.	es in		
	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	<u> </u>	<u> </u>
Secti	on A. Governing Body and Management	 ;	Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a 24		res	
1a b	Enter the number of voting members of the governing body at the end of the tax year			
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		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L.,	✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
40-	Dana the annualization have larged shoutons have also as ###stare0	40-	Yes	No
10a b	Does the organization have local chapters, branches, or affiliates?	10a	✓	
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b	1	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	/	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c	_	
13	Does the organization have a written whistleblower policy?	13	1	
14	Does the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		<u> </u>	
а	The organization's CEO, Executive Director, or top management official	15a	/	ľ
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		Ť	
16a		16a	-	- , -'
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			<u> </u>
_	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			٠
<u> </u>	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Connecticut Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.)s only	y) ava	ilable
	☐ Own website ☑ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	f inte	rest p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization. Linda Spada, Comptroller Connecticut Legal Services, Inc. 62 Washington Street,	of the	9	
	Middletown CT 06457 (860) 344-0447 v103			

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

Check if Schedule O contains a response to any question in this Part VII . . .

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization r	or any relate	d org	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Hendri Alexandre, Esq.	1.00							0	0	0
Director	1.00	1	ŀ					<u> </u>	ı	
(2) Aaron Bayer, Esq.	1.00							0	0	0
Director	1.00	1						l		
(3) Elwin Bresette	1.00							0	0	0
Director	1.00	1	Ì		l				0	U
(4) John P. Casey, Esq. Director	1.00	1						0	0	0
(5) Greg Daniels, Esq.		Ė					\vdash			
Secretary	1.00	✓	1	1				0	0	0
(6) Ross Garber, Esq. Director	1.00	1						0	0	0
(7) Gary Gold, Esq. Director	1.00	1						0	0	0
(8) Thomas Goldberg, Esq. Chairman	1.00	1		1				0	0	0
(9) Amy Haberman, Esq.	1.00	1						0	0	0
(10) Joy Haenlein Director	1.00	1						0	0	0
(11) Ulysses Hammond, Esq. Director	1.00	1						0	0	0
(12) Mike Hanley Director	1.00	1						0	0	0
(13) Tonya Johnson Director	1.00	1						0	0	0
(14) Frank Judge, Esq. Director	1.00	1						0	0	0
(15) Carolyn Wilkes Kaas, Esq. Director	1.00	1						0	0	0
(16) Michael Kaelin, Esq. Director	1.00	1						0	0	0

Part	VII Section A. Officers, Directors, Trus	tees, Key	Emplo	oyee	es, a	and	High	est	Compensated	Employees (cont	ınued)		
	(A)	(B)			((C)			(D)	(E)		(F)	
	Name and title	Average	Posit	on (c	chect	k all	that ap	pły)	Reportable	Reportable	Es	timated	
		hours per	25	5	0	7	φт	ת	compensation	compensation from		ount of	
		week (describe	₽₹	Stit	Officer	Key employee	클를	Former	from the	related organizations		other pensation	
		hours for	8 5	흉	막	<u>ặ</u>	oye a	₫	organization	(W-2/1099-MISC)		om the	
		related	9 =	置		ğ	m Si		(W-2/1099-MISC)		orga	inization	
		organizations in Schedule	Individual trustee or director	Institutional trustee		8	pen					related	
		O)	ě	tee		Ì	Highest compensated employee				orga	nizations	
(17) lo	sh Koskoff, Esq.	<u> </u>	-	Н		_	-	╀					
	rector	1.00	1			ŀ			0	0			0
	chard Orr, Esq.		<u> </u>		 	 	 			_			_
Vic	e Chairman	1.00	1		1				0	0			0
(19) Ke	vin Rasch, Esq.	1.00							0	0			0
	easurer		✓		✓	<u> </u>	<u> </u>	<u> </u>	ļ				_
	ward Rifkin, Esq.	1.00							0	o			0
	rector		✓	Н	<u> </u>	<u> </u>		├					_
	bella Squicciarini, Esq.	1.00	١,						0	0	:		0
	rector omas Sullivan		✓	Н	\vdash	-	-	\vdash	-		,		
	rector	1.00	/					l	0	O			0
	lly J. Tolles, J.D., J.C.L.		Ť					t				•	
J	rector	1.00	1						0	0			0
(24) St	even D. Eppler-Epstein, Esq.	38.15							106,303	0		40,9	חלנ
	recutive Director	30.13		Ш	1	L_	ļ	<u> </u>	100,303	J			
35	borah R. Witkin, Esq.	38.15							100,264	0		44,2	221
	eputy Director			Н	✓	⊢		-	<u> </u>				
	nda C. Spada omptroller	38.15			1			ĺ	98,991	0		32,8	155
(27)	mpu one:		 		•	-	-	\vdash	 				
3=:/		1											
(28)				П									_
			l										
1b	Sub-total								305,558	0		118,0	146
C	Total from continuation sheets to Part	VII, Sectio	n A					ightharpoons	0	0			0
d	Total (add lines 1b and 1c)						·	▶	305,558	0		118,0	146
2	Total number of individuals (including but			ose	: list	ed	above	e) w	ho received m	ore than \$100,00	10 in		
	reportable compensation from the organi	zation ► 2										1,4 1,	_
3	Did the organization list any former of	ficer direc	tor o	e te	ueta	20	kov c	mr	Novee or high	est compansate	nd	Yes N	10
•	employee on line 1a? If "Yes," complete s										3	,	/
4	For any individual listed on line 1a, is the							n a	nd other comp	ensation from th		 '	
	organization and related organizations												
	individual							-,			4		/
5	Did any person listed on line 1a receive of	r accrue co	ompe	nsat	tion	froi	m any	/ un	related organiz	ation or individu		 	_
	for services rendered to the organization?										5		/
Section	n B. Independent Contractors												
1	Complete this table for your five highest of	compensat	ed ind	depe	end	ent	contr	act	ors that receive	ed more than \$10	00,000 c	f	
	compensation from the organization.							r					
	(A) Name and business add	ress							(B) Description of s	ervices	(C Comper		
								┢╌	• • • • • • • • • • • • • • • • • • • •		<u> </u>		
							-	┢					
	Total number of independent of	F						يــا					
2	Total number of independent contractor received more than \$100,000 in compens								iose listed abo	ove) who			
	1000,400 more man \$100,000 m compens			yarı	Lal	1011	- 0					000 :	

Part	VIII	Statement of Revenue	_				
1	_			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns 1a	253,997	·			
Contributions, gifts, grants and other similar amounts	b	Membership dues 1b					
8 E	С	Fundraising events 1c					
gift	d	Related organizations 1d					
8 E	е	Government grants (contributions) 1e	7,493,234				
tior r s	f	All other contributions, grits, grants,					
ig #		and similar amounts not included above 1f	2,826,383				
	g	Noncash contributions included in lines 1a-1f \$					
ပြို့	h	Total. Add lines 1a-1f	•	10,573,614			
9			Business Code				
8	2a	Attorney Fees	541100	238,755	238,755		
ě	b	Consultant/Honorarium Fees	541100	11,000	11,000	·	
Program Service Revenue	С						
S	d		_			· · · · · · · · · · · · · · · · · · ·	
E	е						
<u>6</u>	f	All other program service revenue.					
_	<u>g</u> 3	Total. Add lines 2a–2f	>	249,755			· · · · · · · · · · · · · · · · · · ·
	J		>	10.000			10.000
	4	Income from investment of tax-exempt be	1	10,696			10,696
	5	Royalties					
	_	(i) Real	(ii) Personal		-		
	6a	Gross Rents					
	b	Less: rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)	•		=	=	= =
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less cost or other basis		İ			
		and sales expenses .					
	C	Gain or (loss)					
	d	Net gain or (loss)	🕨			·	
enue	8a	Gross income from fundraising			:		
		events (not including \$					
Other Rev		of contributions reported on line 1c).					
Jē		See Part IV, line 18 a			1		
8		Less: direct expenses b					
		Net income or (loss) from fundraising	events . ►				
	9a	Gross income from gaming activities.			i		
	_	See Part IV, line 19 a					
		Less: direct expenses b	.ta:				
		Net income or (loss) from gaming actions sales of inventory, less	vities P				
ł	iva	returns and allowances a					
ŀ	h	Less: cost of goods sold b					
l		Net income or (loss) from sales of inve					
ł		Miscellaneous Revenue	Business Code				
Ì	11a					- -	
	b					. =	
	c						
	d	All other revenue	900099	212			212
	е	Total. Add lines 11a-11d	▶	212			
	12	Total revenue. See instructions	▶	10,834,277	249,755		10,908

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete co				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	436,536		292,151	144,385
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	5,608,364	5,078,336	439,704	90,324
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	1,166,746	1,060,435	87,919	18,392
9	Other employee benefits	1,220,229	1,091,635	104,118	24,476
10	Payroll taxes	492,044	421,453	54,248	16,343
11	Fees for services (non-employees):				
a	Management				
b	Legal	24 707	10.502	2 202	724
c d	Accounting	21,707 104,929	18,593 104,929	2,393	721
e	Professional fundraising services. See Part IV, line 17	104,929	104,323		
f	Investment management fees	5,400		5,400	 · · ·
g g	Other	243,653	240,703	2,950	
12	Advertising and promotion	2.0,000		2,000	· · · · · · · · · · · · · · · · · · ·
13	Office expenses	190,550	128,994	45,542	16,014
14	Information technology	115,104	101,325	11,365	2,414
15	Royalties				
16	Occupancy	594,590	444,672	112,418	37,500
17	Travel	74,851	58,750	13,785	2,316
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	39,258	36,526	2,253	479
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	63,063	57,520	5,543	4 4 **
23	Insurance	43,397	37,172	4,784	1,441
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
а	Contractual Services	674,095	674,095		
b	Periodicals	35,221	33,815	1,406	
С	Legislative/Administrative Advocacy	133,903	126,195	5,346	2,362
d	Temp Help-Employment Agencies/Work Study	9,966	9,966		
е	Memberships/Occupational Tax	55,853	42,368	12,098	1,387
f	All other expenses Miscellaneous	32,248	17,722	6,986	7,540
25	Total functional expenses. Add lines 1 through 24f	11,361,707	9,785,204	1,210,409	366,094
26	Joint costs. Check here ☐ If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
					Form 990 (2010)

Part X **Balance Sheet** (A) (B) End of year Beginning of year 1,559,115 1,728,034 2 Savings and temporary cash investments 953,335 2 706.340 3 1,274,543 1,406,365 3 4 37,116 27,508 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 2,250 7 2,230 8 8 Prepaid expenses and deferred charges . . 157,217 176,267 q 9 Land, buildings, and equipment; cost or 10a other basis. Complete Part VI of Schedule D 10a 1,277,392 Less: accumulated depreciation 10b 871,705 457,579 10c 405,687 h 11 Investments—publicly traded securities 11 6,560 12 Investments-other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11... 13 13 14 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 4,609,974 16 4,290,072 Accounts payable and accrued expenses 17 4,471,554 17 3,513,513 18 18 19 139,770 19 14,924 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 29,566 21 Liabilities 22 Pavables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 25 Other liabilities. Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 . . . 4,640,890 26 3,540,722 Organizations that follow SFAS 117, check here ▶ 📝 and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 (1,262,469) (446, 271)28 1,231,553 28 1,195,621 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances 33 (30.916) 749.350 33 Total liabilities and net assets/fund balances 34 4,609,974 4,290,072

Form **990** (2010)

_	4	
Page	-1	4

Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI	• •		•		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			10,83	4,277
2	Total expenses (must equal Part IX, column (A), line 25)	2			11,36	1,707
3	Revenue less expenses. Subtract line 2 from line 1	3			(527	,430)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			(30	,916)
5	Other changes in net assets or fund balances (explain in Schedule O)	5			1,30	7,696
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6			74	9,350
Part						
			•••		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.	ain ir	- -			
2a b	Were the organization's financial statements compiled or reviewed by an independent accountant? . Were the organization's financial statements audited by an independent accountant?			2a 2b		✓
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account		t	2c	→	
	If the organization changed either its oversight process or selection process during the tax year, explision changed either its oversight process or selection process during the tax year, explision of the control of	ain ir	٦		·	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year issued on a separate basis, consolidated basis, or both:	were	e			
3a	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set fo the Single Audit Act and OMB Circular A-133?	orth ir	1	3a	1	-
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		•	3b	✓	
				Forn	990	(2010)

SCHEDULE A (Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No. 1545-0047
2010
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Connecticut Legal Services, Inc.

Employer identification number 06-0955461

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (iv) is the organization (i) Name of supported (v) Did you notify (vi) is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in col (i) of your organization in col.
(i) organized in the support above or IRC section governing document? U.S? support? (see instructions)) Yes No Yes Yes (A) (B) (C) (D) (E)

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

1	lar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the	(a) 2006 11,241,356	(b) 2007 10,556,319	(c) 2008	(d) 2009	(e) 2010	(f) Total
-	membership fees received. (Do not include any "unusual grants.")	11,241,356	10 556 319			l 8	
2			10,000,010	7,586,725	8,880,544	10,573,614	48,838,558
	organization's benefit and either paid to or expended on its behalf	o	0	0	0	o	0
	The value of services or facilities furnished by a governmental unit to the organization without charge	o	o	0	0	0	0
4	Total. Add lines 1 through 3	11,241,356	10,556,319	7,586,725	8,880,544	10,573,614	48,838,558
	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)						0
6	Public support. Subtract line 5 from line 4.						48,838,558
	n B. Total Support					•	-
Calend	ar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	11,241,356	10,556,319	7,586,725	8,880,544	10,573,614	48,838,558
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	69,652	110,987	66,214	16,668	10,696	274,217
	Net income from unrelated business activities, whether or not the business is regularly carried on	o	o	0	0	o	0
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,440	1,870	3,889	1,491	212	9,902
	Total support. Add lines 7 through 10						49,122,677
	Gross receipts from related activities, etc.					12	0
	First five years. If the Form 990 is for th organization, check this box and stop her	re			•	ear as a section	, ,, ,
	n C. Computation of Public Suppor						
	Public support percentage for 2010 (line 6					14	99.42 %
	Public support percentage from 2009 Sch					15	99.34 %
	331 ₂₈ % support test – 2010. If the organization gual						
ь	box and stop here. The organization qualifies as a publicly supported organization						
	17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
	b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
	Private foundation. If the organization did instructions						see

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

(Complete only if you checked the box on line 9 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.)

	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part	ll.)	
<u>Secti</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose		j			•	
3	Gross receipts from activities that are not an		 				
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
4	organization's benefit and either paid						
	to or expended on its behalf						
_	·	 	<u> </u>		-		
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						1
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						<u></u>
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from			i			
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,				1		
	payments received on securities loans, rents,						ļ
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses					l:	
	acquired after June 30, 1975						
c	Add lines 10a and 10b					 	
11	Net income from unrelated business						
••	activities not included in line 10b, whether		ł				
	or not the business is regularly carried on		1	Ī			
12	Other income. Do not include gain or		 	 		 	
	loss from the sale of capital assets						
	(Explain in Part IV.)				1		
13	Total support. (Add lines 9, 10c, 11,		+			 	
.5	and 12.)						ĺ
14	First five years. If the Form 990 is for the	e organizatio	n'e firet eecon	d third fourth	or fifth tax v	ear as a section	n 501(c)(3)
17	organization, check this box and stop he				-		
Secti	on C. Computation of Public Suppor				<u> </u>		<u> </u>
15	Public support percentage for 2010 (line 8			3 column (f)		15	%
16	Public support percentage from 2009 Sch		•			16	
	on D. Computation of Investment In			-:	<u> </u>	10	
17	Investment income percentage for 2010 (v line 13. colu	mn (fl)	17	%
18	Investment income percentage from 2009		• •	•	,		%
19a	331/3% support tests – 2010. If the organ						
.50	17 is not more than 331/2%, check this box						
h	331/2% support tests—2009. If the organiz		_				
b	line 18 is not more than 331/3%, check this 1						
20	Private foundation. If the organization di		=		· · · · · ·		

D	A
Page	4

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Part II - Lin	e #10 :
2006 - \$1,7	88 = Flex Forefeiture Income; \$652 = Miscellaneous Income
2007 - \$1,8	70 = Flex Forefeiture Income
2008 - \$2,7	42 = Insurance Recovery; \$164 = Flex Forefeiture Income; \$983 = Miscellaneous Income
2009 - \$1,0	91 = Flex Forefeiture Income; \$400 = Miscellaneous Income
2010 - \$212	2 = Flex Forefeiture Income
	······································
	,

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• 5	Section 501(c)(3) organizations	that have NOT filed Form 5768 (electio	n under section 501	(h)): Complete Part II-B. Do n	ot complete Part II-A.	
If the	organization answered "Yes	," to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-E	Z, Part V, line 35a (Proxy T	ax), then	
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III				
Name	of organization			Employer iden	tification number	
Con	necticut Legal Services, Inc.				06-0955461	
Par	t I-A Complete if the	e organization is exempt und	er section 501(c) or is a section 527 o	organization.	
1	Provide a description of	the organization's direct and indire	ct political campa	ign activities in Part IV.		
2 Political expenditures						
3	Volunteer hours					
Par	t I-B Complete if the	e organization is exempt und	er section 501(c	c)(3).		
1		excise tax incurred by the organiza)	
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 ▶ \$		
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this ve	ear?	Yes No	
4 a			•			
ь	If "Yes." describe in Part					
Par	t I-C Complete if the	e organization is exempt und	er section 501(c), except section 501	(c)(3).	
		expended by the filing organization				
2	Enter the amount of the	filing organization's funds contrib	uted to other org	anizations for section		
	527 exempt function activi	ities		\$		
3	Total exempt function ex	penditures. Add lines 1 and 2.	Enter here and	on Form 1120-POL,		
	line 17b			\$		
4	Did the filing organization	file Form 1120-POL for this year?			Yes No	
		es and employer identification num				
		nts. For each organization listed, e				
		ntributions received that were pron				
	as a separate segregated	fund or a political action committee	e (PAC). If addition	nal space is needed, provi	de information in Part IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political	
	(0,)	(2,7,22,555	(4, 2	filing organization's	contributions received and	
				funds If none, enter -0-	promptly and directly delivered to a separate	
					political organization If	
					none, enter -0-	
(1)						
					_	
(2)						
			<u> </u>			
(3)						
(-)			<u> </u>	<u></u>		
(4)]			
					_	
(5)						
						
(6)						
(~)			1	1	l	

D-	~	2

Pa	rt II-A Complete if the organization is exempt under section 501(c)(3) and filed section 501(h)).	Form 5768 (ele	ection under
A	Check ▶ ☐ if the filing organization belongs to an affiliated group.		
В	Check ▶ ☐ if the filing organization checked box A and "limited control" provisions a	oply.	
	Limits on Lobbying Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" means amounts paid or incurred.)	organization's totals	group totals
1	a Total lobbying expenditures to influence public opinion (grass roots lobbying)	8,294	0
	b Total lobbying expenditures to influence a legislative body (direct lobbying)	204,350	0
	c Total lobbying expenditures (add lines 1a and 1b)	212,644	0
	d Other exempt purpose expenditures	11,149,063	0
	e Total exempt purpose expenditures (add lines 1c and 1d) [11,361,707	0
	f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	718,085	0
	If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:		
	Not over \$500,000 20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000 \$1,000,000.		
	g Grassroots nontaxable amount (enter 25% of line 1f) [179,521	0
	h Subtract line 1g from line 1a. If zero or less, enter -0	0	0
	i Subtract line 1f from line 1c. If zero or less, enter -0 [0	0
	If there is an amount other than zero on either line 1h or line 1i, did the organization reporting section 4911 tax for this year?		Yes No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbyi	ng Expenditures [During 4-Year Av	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying nontaxable amount	648,099	771,872	693,871	718,085	2,831,927
b	Lobbying ceiling amount (150% of line 2a, column (e))					4,247,891
С	Total lobbying expenditures	100,171	293,216	208,957	212,644	814,988
d	Grassroots nontaxable amount	162,025	192,968	173,468	179,521	707,982
8	Grassroots ceiling amount (150% of line 2d, column (e))					1,061,973
f	Grassroots lobbying expenditures	1,877	25,033	5,716	8,294	40,920

Schedule C (Form 990 or 990-EZ) 2010

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	ilea i	Form	5768
		(8	1)	(p)
		Yes	No	Amount
1	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:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1ı)?			
С	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	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?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	_		
b	If "Yes," enter the amount of any tax incurred under section 4912			
c d	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?		_	
Part	II-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), (or se	ction
				Yes
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 carryover lobbying and political expenditures from the prior year?			3
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, li "Yes."			
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of		
а	Current year		2a	
b	Carryover from last year		2b_	
C	Total		2c	
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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	/ing		
	and political expenditure next year?	•	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	·	5	
	Supplemental Information ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a ete this part for any additional information.	and P	art II-	B, line 1ı. Also
		•		

Schedule C (For	m 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information (continued)	

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

Connecticut Legal Services, Inc. 06-0955461 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b b c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

b Assets included in Form 990, Part X . .

Schedule D	(Form 990)	2010
Scriedule D	FUIII 330	, 2010

•

Part									
3	Using the organization's acquisition, collection items (check all that apply):	accession, and o	ther recor	ds, chec	k any of the f	ollowi	ing that are a sign	gnificant use	e of its
а	Public exhibition				an or exchange	_			
b	Scholarly research		е	☐ Oth	ner				
C	Preservation for future generatio								1- D-4
4	Provide a description of the organization XIV.	tion's collections	and expla	un how t	hey further the	orga	ınızatıon's exem	pt purpose	in Part
5	During the year, did the organization	solicit or roccuro	donation	o of art	historical trea	curae	or other simila	•	
3	assets to be sold to raise funds rather							' □ Yes	□No
Part			•		T				
	line 9, or reported an amoun				,				
1a	Is the organization an agent, trustee								
	included on Form 990, Part X?							☐ Yes	✓ No
b	If "Yes," explain the arrangement in Pa	art XIV and comp	lete the fo	llowing t	able:		T		
						<u> </u>	Ar	nount	
C	Beginning balance					1c	 		
d	Additions during the year					1d			
8	Distributions during the year					1e			
f On	Ending balance							✓ Yes	
2a	If "Yes," explain the arrangement in P		art A, IIIIe					<u>U</u> 103	
	Endowment Funds. Compl	ete if the organi	zation ar	swered	"Yes" to For	m 99	0. Part IV. line	10.	
		(a) Current year		or year	(c) Two years b		(d) Three years back		rs back
1a	Beginning of year balance		<u> </u>				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Taleston religion of a	· -
b	Contributions					T ₁		1	
c	Net investment earnings, gains, and					-	All the second of the second o		? Practito
	losses		1						yi.g. "
d	Grants or scholarships						A second		*
е	Other expenditures for facilities and						The state of the s		***.
	programs						and you had	The server of th	
f	Administrative expenses		ļ .				BASE STUDENTS DATES TO SEE THE	ζ <u>.</u>	200
g	End of year balance		<u> </u>		<u> </u>			<u> </u>	
2	Provide the estimated percentage of			is:					
а	Board designated or quasi-endowme		%						
b	Permanent endowment ► %								
с За	Term endowment ▶ % Are there endowment funds not in th		he organi	zation th	at are held an	d adr	nunistered for th	A	
Ou	organization by:	C P0000001011 01 1	no organi	200011 011	iat are nois an	u uu.		Ye	s No
	(i) unrelated organizations							3a(i)	-
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related organ		required (on Sched	dule R?			3b	1
4	Describe in Part XIV the intended use								
Part	VI Land, Buildings, and Equip	ment. See For	m 990, P	art X, lir	ne 10.				
	Description of investment	(a) Cost or o		1	or other basis other)		occumulated preciation	(d) Book va	tue
1a	Land	. [0		11,676		,		11,676
b	Buildings		0		30,024		30,024		0
C	Leasehold improvements		0		736,276		403,074	;	333,202
d	Equipment		0		499,416		438,607		60,809
е	Other	·	0		0		0		0
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form	990, Part	X, colum	n (B), line 10(c).) .	>		405,687
							Caba	dule D (Form t	0001 2010

(a) Description of accutify or catalogony (b) Book value (c) Method of valuations (Cost or end-of-year market value (c) (f) Financial derivatives	Part VII Investments—Other Securities	See Form 990, Part >	(, line 12.
	(a) Description of security or category		(c) Method of valuation:
(3) Other (A) (B) (B) (B) (C) (C) (C) (D) (D) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	(1) Financial derivatives		
(i) (ii) (ii) (iii) (iiii) (iiii) (iiiiiiii			
(i) (ii) (iii) (iiii) (iiii) (iiiiiiii	(3) Other		
(C) (C) (C) (C) (C) (C) (C) (C) (C) (C)	(A)		
(G) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F			
(E) (F) (G) (G) (P) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F			
(G) (G) (G) (P) (Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) ► Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation (Cost or end-of-year market value (I) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10			
G			
(i) (ii) (iii) (iiii) iiii) (iiii) (iiii) (iiii) (iiii) (iii)			
(0)		<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Investments - Program Related. See Form 990, Part X, line 13.			
(a) Description of Inwestment type (b) Book value (c) Method of valuation Cost or end-of-year market value (d) (e) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		J. See Form 990, Part	X, line 13.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (11) (7) (8) (9) (11) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of lability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	,	, ,	
(2) (3) (6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col. (B) line 13,) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15,) ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of lability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (15) (16) (17) (17) (18) (18) (19) (19) (19) (10) (10) (11) (10) (11) (10) (11) (11	(1)		
(d) (d) (e) (f) (f) (g) (g) (10) Total, (Column (b) must equal Form 990, Part X, col. (β) line 13,) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g			
(6) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, tine 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, tine 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶ Part X Other Liabilities. See Form 990, Part X, tine 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			
(b) (B) (B) (B) (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Part X	(5)		
(B) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (f) (2) (3) (4) (5) (6) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of Itability (b) Amount (1) Federal Income taxes (2) (3) (4) (6) (6) (7) (8) (9) (10) (7) (10) (10) (10) (10) (10) (10) (10) (10	(6)		
(9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (b) Book value (c) (c) (d) (e) (e) (f) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	_(7)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.	(9)		41
Part X Other Assets. See Form 990, Part X, line 15.			
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		1 V 1 - 45	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (8) line 25.) ▶	· · · · · · · · · · · · · · · · · · ·		(h) Rook value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		a) Description	(b) Book value
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(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	· · · · · · · · · · · · · · · · · · ·	 	
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			
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(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	· · · · · · · · · · · · · · · · · · ·		
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25.			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		-	
Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	Total. (Column (b) must equal Form 990, Part X, co	ol. (B) line 15.)	
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			
(2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		(b) Amount	
(3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(1) Federal income taxes		
(4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			
(5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			
(6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			
(7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			
(8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(6)		
(9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			
(10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(8)		
(11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			_
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			
			\Box
		<u> </u>	
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).			to the organization's financial statements that reports the

Page	4

Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financi	al Stateme	nte	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	10,834,277
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	11,361,707
3	Excess or (deficit) for the year. Subtract line 2 from line 1	_	3	(527,430)
4	Net unrealized gains (losses) on investments	_	4	(02),(00)
5	Donated services and use of facilities		5	0
6	Investment expenses		6	0
7	Prior period adjustments	· · · -	7	0
8	Other (Describe in Part XIV.)	· · · ⊢	8	0
9	Total adjustments (net). Add lines 4 through 8		9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	(527,430)
Part	XII Reconciliation of Revenue per Audited Financial Statements With Rev		Ret	um
1	Total revenue, gains, and other support per audited financial statements		1	11,093,095
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	0		
b	Donated services and use of facilities	258,818		
С	Recoveries of prior year grants	0		
d	Other (Describe in Part XIV.)	0		
е	Add lines 2a through 2d		2e	258,818
3	Subtract line 2e from line 1		3	10,834,277
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	0	1	
b	Other (Describe in Part XIV.)	0		
c	Add lines 4a and 4b		40	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	10,834,277
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Ex	penses pe	r R	<u>eturn</u>
1	Total expenses and losses per audited financial statements		1	11,620,525
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	258,818		
b	Prior year adjustments	0		[
С	Other losses	0		
d	Other (Describe in Part XIV.)	0	_	_
е	Add lines 2a through 2d		2e	-
3	Subtract line 2e from line 1		3	11,361,707
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	0		•
b	Other (Describe in Part XIV.)	0	ļ	_
C	Add lines 4a and 4b		40	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	11,361,707
_	XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines			
	/, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b	o. Also com	piete	this part to provide
-	dditional information.			
Part I	V, Line 2b:			
	A Second Seconds A And Stockle Boursey Brown A And A			
CHE	ent Escrow Deposits = \$4,451; Flexible Benefits Deposits = \$7,834			
•••••				

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

(10)

Employer identification number Name of the organization 06-0955461 Connecticut Legal Services, Inc.

Part I	Excess Benefit Transactions (s Complete if the organization and	section swered	501(c)(3) "Yes" or	and section 501(c)(4 Form 990, Part IV, li	l) organiz ne 25a o	ations only). r 25b, or For	m 990)-EZ,	Part \	/, line	40b.	
1	(a) Name of disqualified person				(b) Descrip	tion of transacti	on				(c) Con	ected?
· · · —					· · · · ·						Yes	No
(1)		<u> </u>										
(2)				 								
(3)												
(4) (5)		-				 						
(6)				 								
2 Er ur	nter the amount of tax imposed or ider section 4958					persons du	ring th	ne yea	ar > \$			
U L.	itel the amount of tax, if any, on inc	J 2, 450	, , , , , , , , , , , , , , , , , , , ,	baraaa ay kilo organii					•			
Part II	Loans to and/or From Interest Complete if the organization ans			n Form 990, Part IV, I	ine 26, or	Form 990-E	Z, Pa	rt V, li	ne 38	la.		
(a) N	arne of interested person and purpose		to or from inization?	(c) Onginal principal amount	(d) Ba	alance due	(e) In d	efault?	(f) App by bo	ard or	(g) W agree	
		То	From				Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												<u> </u>
(4)		<u> </u>		····			<u> </u>					
(5)		<u> </u>		·			 					<u> </u>
_(6)		ļ. <u>.</u>					↓		-			
(7)			1	<u> </u>			ļ			ļ		
(8)		<u> </u>	<u> </u>		<u> </u>		 					
(9)		ļ	1									<u> </u>
(10) T-4-1		<u>. </u>	<u>.</u>	\$	<u> </u>		L #2	L	ari.	L	S . 15-	<u> </u>
Total Part III	Grants or Assistance Benefitir	o Into	rocted B				£7.,	محفر		<u> 18</u> . ; 1	1	d
	Complete if the organization ans	wered	"Yes" o	Form 990, Part IV, I	ine 27.	1						
	(a) Name of interested person	(b) R	elationship	between interested persor organization	and the	(c)	Amount	and typ	pe of a	ssistan	ce	
(1)												
(2)		ļ										
(3)												
(4)		<u> </u>									_	
(5)		 										
(6)		 	<u> </u>								_	
(7)		 										
(8)		┼						 				
(9)		1				l						

	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organa rever	anng o zation nues?
				Yes	No
Marvin Farbman	Former officer	21,198	Independent contractor		✓
					<u> </u>
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t V Supplemental Information					l
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

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 990-EZ.

Connecticut Legal Services, Inc.	06-0955461
Form 990, Part VI, Section B, Line 11a: The Form 990 is reviewed by the Audit Committee, who then re	ports to the full
Board of Directors; a copy of the final Form 990 is provided to each member of the Board.	
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 a&b: The salary of the Executive Director, Deputy Director, and C	Comptroller are set
by the Board of Directors after a review of comparability with other legal services programs. For all ot	her employees,
salary scales are part of a collective bargaining agreement; that agreement is approved by the Board of	of Directors.
Form 990, Part VI, Section C, Line 19: Governing documents and our conflict of interest policy are ava	ilable upon request.
Financial statements are provided to funders annually and to potential funders upon request. Audited	financial
statements are also available for review on the website of Dun & Bradstreet (www.smallbusiness.dnb.o	com).
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Connecticut Legal Services, Inc.

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Par
Unrelated
and
Organizations
elated

bs

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► See separate instructions. ► Attach to Form 990.

Open to Public

OMB No. 1545-0047

Employer identification number 06-0955461

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (e) End-of-year assets Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Total income (c)
Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN of disregarded entity Part I Part II Ξ 9 2 ල € 9

(g) Section 512(b)(13) controlled entity? Š Yes (f)
Direct controlling
entity ۷ N (e)
Public charity status
(if section 501(c)(3)) 501(c)(4) (d) Exempt Code section (c)
Legal domicile (state
or foreign country) Connecticut Training, Booklets (b) Primary activity Advocacy work (1) Legal Assistance Resource Center of Connecticut 44 Capitol Ave, Suite 301, Hartford, CT 06106 EIN #06-1327063 (a) Name, address, and EIN of related organization (7) € 3 9 8 9

Schedule R (Form 990) 2010

Cat No. 50135Y

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

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

(k) Percentage ownership								, ,	(h) Percentage ownership								90) 2010
ral or ral or ner?	No See							1 990, Part									Schedule R (Form 990) 2010
(i) Code V—UBi amount in box 20 of Schedule K-1 (Form 1065)								ss" to Form	(9) Share of end-of-year assets								Sched
	0							wered "Ye	Share of total income								
(h) Disproportionate allocations?	Ves No	ļ						on ans ear.)	Share of				;				
(g) Share of end-of-year D assets								Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(e) Type of entity (C corp, S corp, or trust)								
(f) Share of total income Sh								rust (Complete	(d) Direct controlling entity	:							
Share								a corp	micile or vuntry)								
(e) Predominant income (related, unrelated, excluded from tax under								orporation eated as	(c) Legal domicile (state or foreign country)								
Predo income unre exclud tax u								le as a Co	(b) Primary activity								
ntrolling ity								Taxab organ	Prim								
(d) Direct controlling entity								zations e related									
(c) Legal domicile (state or foreign country)								d Organi ne or mor	rganization								
(b) Primary activity					:			Identification of Related Organizations Taxabline 34 because it had one or more related organ	(a) Name, address, and EIN of related organization								
(a) Name, address, and EIN of related organization								_	Name, address								
Name, ad related	(1)	(2)	(3)	(4)	(2)	(9)	<u>(a</u>	Part IV		(1)	(2)	(6)	(4)	(5)	(9)	(3)	

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

Note. C		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	= 1		Yes	2
- a	Dunig tile tax year, did trie olganization engage in any oli trie tonowing transactions with one or more related organizations listed in Farts II—17 t Receipt of (i) interest fill annuities (iii) rovalties or fill) rent from a controlled entity	Jugariizalions listed ii	ratis II-IV?	-	1	1
_	Gift, grant, or capital contribution to other organization(s)			<u></u>	>	-
s Gift	Gift, grant, or capital contribution from other organization(s)			2		>
d Loa	Loans or loan guarantees to or for other organization(s)			₽.		>
e Loa	Loans or loan guarantees by other organization(s)			9		>
						-
+ Sal	Sale of assets to other organization(s)			+	-	` >
g Pur	Purchase of assets from other organization(s)			-1g		>
	Exchange of assets			₽		>
i Les	Lease of facilities, equipment, or other assets to other organization(s)			=		>
-	es of facilities equipment or other secate from other erganization(s)			, T		,
יים קרים	Lease of racinities, equipment, of other assets from other organizations (*)			- 	\dagger	>
- A	Performance of services or membership or fundraising solicitations by other organization(s)			=	\	-
Sha	Sharing of facilities, equipment, mailing lists, or other assets	• ·		٤	+	>
	Sharing of paid employees			Ę		\
						'
o Rei	Reimbursement paid to other organization for expenses			2	>	
D Rei	Reimbursement paid by other organization for expenses			<u></u>		>
1						-;
5 5 5	Other transfer of cash or property to other organization(s)			= ;	1	> `
- 8	Other trainister of cash of property from other organization(s)	including covered re	elationships and trans	saction thre	plouse	> g
ı						
	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	l) letermin nvolved	guju
Lega (1)	Legal Assistance Resource Center of Connecticut		307,760	307,760 contractual		
Lega (2)	Legal Assistance Resource Center of Connecticut		17,500	17,500 contractual		
Lega (3)	Legal Assistance Resource Center of Connecticut		2,379	2,379 contractual		
(4)						
(5)			!			
(9)						
			Schec	Schedule R (Form 990) 2010	(066 u	2010

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(a)	(0)	6		ε		Ξ	1 3
ישנות, מטנופטט, מוט בוע טי פונוניץ	לחומו א מסומו א	(state or foreign country)	section Section 501(c)(3) organizations?	end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	g lig
			Yes No		Yes No		Yes No	2
(1)								
(2)								1
(6)								1
(4)								
(5)								
(9)								
(2)								1
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)						j		
(15)								
(16)							-	
						Schedule R (Form 990) 2010	rm 990) ;	2010

Schedule R (Form 990) 2010 Page 5		
Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
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