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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

_	Por une	2011 cale	ndar year, or tax year beginning	July 1 , 2011	, and end	ing Jui	ie 30	, 20 12				
В	Check if	applicable	C Name of organization Connectic	ut Legal Services, Inc.			D Employ	er identification number				
	Address	change	Doing Business As					06-0955461				
	Name cl	nange	E Telepho	ne number								
	Initial ref	turn		860-344-0447								
	Termina	ted	City or town, state or country, and 2									
	Amende	d return	Middletown, CT 06457				G Gross re	eceipts \$ 9,979,778				
	Applicat	ion pending	F Name and address of principal office	er Steven D. Eppler-Epstein		H(a) is this	this a group return for affiliates? 🔲 Yes 🗹					
	••		62 Washington Street, 4th Floor	, Middletown, CT 06457				ncluded? Yes No				
$\overline{\Gamma}$	Tax-exe	mpt status		list. (see instructions)								
J	Website		✓ 501(c)(3) 501(c) (rw.ConnLegalServices.org) ◀ (insert no) ☐ 4947(a)(1) o	r ∐ 527	H(c) Grou	p exemption	number ► N/A				
K	Form of		Corporation Trust Associa	tion ☐ Other ► L	Year of form			of legal domicile CT				
Р	art I	Summ										
	1		escribe the organization's miss	ion or most significant activitie	es: Conr	necticut Legal	Services.	Inc. (CLS) is a private				
	•	-	rofit law firm committed to provi	-								
Activities & Governance			represent, counsel, and educate									
E L			hem secure the protection, privi			T		,				
ě	2		is box ▶☐ if the organization					its not assots				
Ĝ	3		of voting members of the gove		aisposca	or more trial	3	26				
න්	4		of independent voting member	-	 VI lina 1h			26				
ţį	5		nber of individuals employed in			,,	5	91				
Ž	6		mber of volunteers (estimate if				6	79				
¥							——	/3				
	7a		related business revenue from				7a					
_	b	Net unre	lated business taxable income	from Form 990-1, line 34 .	· · ·	Prior Y	7b	Current Year				
		04	tions and supple (Doub VIII lives	46)		-						
en e	8		tions and grants (Part VIII, line	1	0,573,614	9,670,165						
Revenue	9		service revenue (Part VIII, line				249,755	303,658				
æ	10		ent income (Part VIII, column (A	•		10,696	5,620					
	11		venue (Part VIII, column (A), line				212	335				
	12		enue-add lines 8 through 11 (r	•	line 12)	1	0,834,277	9,979,778				
	13		nd similar amounts paid (Part I				0	0				
	14		paid to or for members (Part I)				0	0				
es	15	Salaries,	other compensation, employee	oenefits (Part IX, column (A), line	es 5–10)		8,923,919	8,168,601				
Expenses	16a		onal fundraising fees (Part IX, c		$\lnot \cdot \cdot$		0	C				
×	b	Total fun	draising expenses (Part IX, col	umn (D)) (ne 25)	359,715		_					
Ш	17		penses (Part IX, column (A), lin		었다.		2,437,788	2,442,986				
	18	Total exp	penses. Add lines 13-17 (must	egual Part, IX, column (A), sine	数.	1	1,361,707	10,611,587				
_	19	Revenue	less expenses. Subtract line 1	8 drom line 12 ~	<i>(</i>)		(527,430)	(631,809)				
ets or	3				医	Beginning of C	urrent Year	End of Year				
Sets	20	Total ass	sets (Part X, line 16)	OGDEN, UT			4,290,072	3,408,976				
Net Asse	21	Total liab	oilities (Part X, line 26)	DAREILIA	 .		3,540,722	5,710,701				
ž	22	Net asse	ts or fund balances. Subtract I	ine 21 from line 20			749,350	(2,301,725)				
P	art II	Signa	ture Block									
Ur	nder pena	alties of perju	iry, I declare that I have examined this	return, including accompanying schedi	ules and stat	tements, and to	the best of r	my knowledge and belief, it i				
tru	ie, correc	t, and comp	lete Declaration of preparer (other than	officer) is based on all information of v	which prepar	rer has any know	ledge					
		8	Kunda) C. Uso	ala			5-	15-13				
Si	gn	Sign	nature of officer			D	ate					
He	ere		Linda C. Spac	de_								
		Тур	e or print name and title									
<u> </u>		Print/Ty	/pe preparer's name	Preparer's signature	Ti	Date	Check	T , PTIN				
	aid						self-em	— 1				
	epare		name ►			Fie	m's EIN ▶	t				
U	se On	עי עי	address >				one no					
Ma	y the II		s this return with the preparer	shown above? (see instruction	is)			Yes No				
_	<u> </u>		iction Act Notice, see the separa			No 11282Y		Form 990 (2011				
. •	apcil		mer menee, ood and ochaic		Cal	110 112021		(201				

Form 990	
Part I	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly 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.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount o grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 8,801,206 including grants of \$ 0) (Revenue \$ 303,658)
	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
	juvenile law, elder rights, immigration, and disability law. During the 2011/2012 fiscal year, CLS advocates provided assistance to
	3,983 low-income households consisting of 8,750 individuals, including 3,274 children. Advocates also worked on 3,677 active
	cases that were brought over from the prior fiscal year. In addition, 176 outreach/community legal education events were held
	throughout our service area, reaching over 6,150 individuals. Over 4,900 legal educational pamphlets were distributed at these
	events.
	During the 2011/2012 fiscal year, Connecticut Legal Services received a total value of \$210,348 in donated services
	to support the work described above. In addition, during the 2011/2012 fiscal year, Connecticut Legal Services received donated
	office equipment with a market value of \$800.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	······································
	•••••••••••••••••••••••••••••••••••••••
	······································
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

8,801,206

4e Total program service expenses ▶

Part IV

Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√	
2 3	Is the organization required to complete <i>Schedule B</i> , <i>Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C</i> , <i>Part I</i>	3	✓	√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	1	•
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	•	✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	1	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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, VIII, 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," complete Schedule D, Part VI	11a	√	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		√
С	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		1
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		✓
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		√
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓	
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	σ	14a		\
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		√
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 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
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		\
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2011)

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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
	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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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	✓	✓
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	1	
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	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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	✓	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	✓	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	-	1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

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 39	\Box	163	NO
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1 1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 1		
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2 a	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	1		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35	-	_
	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.			لـــا
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		✓
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u> 50</u>		
	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	-		\vdash
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		✓
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	15		
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8	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		
•	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		厂
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		L
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Initiation fees and capital contributions included on Part VIII, line 12	1 1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders]		
b	Gross income from other sources (Do not net amounts due or paid to other sources]		
	against amounts due or received from them.)	ļ		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
b		-		
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. 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.	.50		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans]		
С	Enter the amount of reserves on hand			\sqcup
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	. 000	(2011)
		rom	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	/ (ZU11)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	ee ins	tructi	ions.	
Section	on A. Governing Body and Management	• •	•••	<u> (V)</u>	
0000	on A. Governing Body and Management		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 26				
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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?					
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓	
6 7a	Did the organization have members or stockholders?	6 7a		1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b			
а	The governing body?	8a			
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		1	
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)		
			Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a	✓	<u> </u>	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	✓	<u> </u>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	ļ,	
120	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		لـــا	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	√		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	√		
13	Did the organization have a written whistleblower policy?	13	✓		
14 15	Did the organization have a written document retention and destruction policy?	14	✓		
а	The organization's CEO, Executive Director, or top management official	15a	1		
b	Other officers or key employees of the organization	15b			
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable on the during the year?	12			
b	with a taxable entity during the year?	16a		1	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			
Secti	on C. Disclosure		L		
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 (Section available for public inspection. Indicate how you made these available. Check all that apply.	າ 501(c)(3)s	only)	
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inte	rest p	oolicy,	
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 St., Middletown, CT 0645			3903	

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

Check if Schedule O contains a response to an	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 no	or any relate	d org	anız		n c	ompe	nsa	ted any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week	(B) (do not check box, unless per officer and a conficer and a con					n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Henri Alexandre, Esq. Director	1.00	,							0	
(2) Aaron Bayer, Esq.	1.00	_			├─		╁─	 	<u> </u>	
Director	1.00	1						o	0	o
(3) Gregg C. Benson, Esq.							t	-		
Director	1.00	1						l 0	۰ ا	0
(4) Gregory B. Butler, Esq							t			
Director	1.00	1						0	o	o
(5) John P. Casey										
Director	1.00	1						0	о	0
(6) Rosa J. Correa										
Director	1.00	✓						0	0	0
(7) Greg Daniels, Esq.										
Secretary	1.00	✓						0	0	0
(8) Ross Garber, Esq.										
Director	1.00	✓						0	o	0
(9) Gary Gold, Esq.										
Director	1.00	✓						0	0	0
(10) Thomas Goldberg, Esq.										
Director	1.00	1						0	0	0
(11) Amy Haberman, Esq.										
Director	1.00	1	L_			L	<u> </u>	0	0	0
(12) Joy Haelein										
Director	1.00	1	igspace				<u> </u>	0	0	0
(13) Ulysses Hammond, Esq.										
Director	1.00	✓	lacksquare	_			Ļ.,	0	0	0
(14) Mike Hanley										
Director	1.00	✓						0	0	0

Part	Section A. Officers, Directors, Trust	lees, Rey L	liipio	/663		C)	iigne	<u> </u>	ompensated E	inployees (CO	lande			
	(A)	(B)			•	otion			(D)	6			(E)	
	Name and title	(B) Average					than o		(D) Reportable	(E) Reportable			(F) mated	
	Tano and this	hours per					ıs both or/trusi		compensation	compensation fr	om		unt of	
		week			_	$\overline{}$		<u> </u>	from	related			ther	
	(describe hours for	할	statu	Officer	ey e	nplo	Former	the organization	organizations (W-2/1099-MIS	c)		ensatio n the	ווג	
	related	er in	聲	¬	를	yea c	*	(W-2/1099-MISC)				nızatıor		
		organizations in Schedule	Individual trustee or director	≅		Key employee	풀						related ization	
		O)	i i	Institutional trustee		"	Highest compensated employee					5		
(4.E) To	nya Johnson		<u> </u>	- a	_	<u> </u>	<u> </u>			_	-			
3-2-2	easurer	1.00	/		1			1			o			0
	ank Judge, Esq.	1.55		H	Ť	H			<u> </u>	 	1			
3	rector	1.00	1						0		0			0
(17) Ca	rolyn Wilkes Kaas, Esq.		Ė	\vdash		一			<u> </u>		Ť			
32	rector	1.00	✓			İ			0		0			0
(18) Mi	chael Kaelin, Esq.													
Di	rector	1.00	1			<u>L</u>			0		0			0
(19) Jo	shua Koskoff, Esq.													
	rector	1.00	1	$oxed{oxed}$	<u> </u>	ㄴ			0		0			0
36	y McKinney, Esq.													
	rector	1.00	✓	igspace		<u> </u>			0		0			0
	chard Orr, Esq.													_
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3	evin Rasch, Esq. ce Chairman	1.00	1		.,	ł			0		0			0
	oward, Rifkin, Esq	1.00	_	├-	-	⊢	<u> </u>	-	 		-			
36	rector	1.00	1			ł					0			0
	abella Squicciarini, Esq.		_	\vdash		一	-				+			<u>_</u>
3	rector	1.00	1			l	Į	l						0
(25) Th	nomas Sullivan			\Box				I^-						
D	rector	1.00	1				_		0		o			0
1b	Sub-total								0		0			0
C	Total from continuation sheets to Part	VII, Section	n A					▶	831,984		0		29	0,890
<u>d</u> _	Total (add lines 1b and 1c)	<u></u>		_		<u>. </u>	<u> </u>	<u> </u>	831,984	<u> </u>	0		29	90,890
2	Total number of individuals (including bur reportable compensation from the organ		d to th	1056	e list	red :	above	e) w	no received m	ore than \$100	,000 c	of		
									_				Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est compens	ated			
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	indi	ıvıdı	ual					3		✓
4	For any individual listed on line 1a, is the												İ	
	organization and related organizations	greater th	an \$1	150,	,000)? /:	f "Ye	s,"	complete Sch	nedule J for	such	<u> </u>	 _	
_	Individual			٠				•				4	✓	—
5	Did any person listed on line 1a receive of for services rendered to the organization												 	 _
Casti		: 11 165, 0	Julipi	ere	SCI	ieuc	ile J i	Or s	such person	<u></u>	•	5		✓
Secure 1	on B. Independent Contractors Complete this table for your five highest	component	od in	don	ond	ont	contr		ore that receive	ad more then	\$100.6	100 of		
•	compensation from the organization. Repyear.													ax
	(A) Name and business add	Iress							(B) Description of s	services	C	(C)	ation	
						—		<u> </u>		-		эт роло		
							_	 			_			
								 						
								T						
2	Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab	ove) who				

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a	243,316				
Contributions, Glfts, Grants and Other Similar Amounts	b	Membership dues 1b					
Am S	С	Fundraising events 1c					
a E	d	Related organizations 1d					
JS,	е	Government grants (contributions) 1e	6,670,704				
ar S	f	All other contributions, gifts, grants,		1			
章美		and similar amounts not included above 1f	2,756,145				
و م م	9	Noncash contributions included in lines 1a-1f: \$	800				
<u>3 g</u>	h	Total. Add lines 1a-1f		9,670,165			
Program Service Revenue	_		Business Code			<u> </u>	
949	2a	Attorney Fees	541100	300,158	300,158		
æ	b	Consultant/Honorarium Fees	541100	3,500	3,500		
Ş	C .						
Se	d						
ᆵ	e	A.U					
70g	f	All other program service revenue.		202.252			
	<u>g</u> 3	Total. Add lines 2a-2f		303,658			
	3	and other similar amounts)		5 630			5.000
	4	Income from investment of tax-exempt be		5,620			5,620
	5	•	•				
	3	Royalties	(ii) Personal				· · · · · · · · · · · · · · · · ·
	6a	Gross rents	(1) (21021121				
	b	Less: rental expenses		·			
	C	Rental income or (loss)					
	ď	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					Ì
		and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	▶				
•							
venue	8a	Gross income from fundraising					
		events (not including \$					
Other Re		of contributions reported on line 1c).					
횰		See Part IV, line 18 a					
ទី		Less: direct expenses b					
		Net income or (loss) from fundraising	events . >				ļ
	ya	Gross income from gaming activities. See Part IV, line 19 a					
	_						
	į.	Less: direct expenses b Net income or (loss) from gaming acti					J
	102	Gross sales of inventory, less	villes P				1
	''	returns and allowances a			ļ		
	ь	Less: cost of goods sold b					
		Net income or (loss) from sales of inve					
	 -	Miscellaneous Revenue	Business Code				1
	11a				·	 	
	b						T
	С					·-	
	d	All other revenue	900099	335			335
	е	Total. Add lines 11a-11d	▶	335			
	12	Total revenue. See instructions	<u> ▶ </u>	9,979,778	303,658		5,955

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question in this Part IX									
	et include amounts reported on lines 6b, 7b, o, 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 United States See Part IV, line 21				·					
2	Grants and other assistance to individuals in the United States. See Part IV, line 22									
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	403,027		270,626	132,401					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	403,027		270,020	132,401					
7	Other salaries and wages	5,360,887	4,647,649	614,661	98,577					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	597,103	540,657	53,275	3,171					
9	Other employee benefits	1,331,696	1,128,978	169,462	33,256					
10	Payroll taxes	475,888	390,127	69,009	16,752					
11	Fees for services (non-employees):				· · · · · · · · · · · · · · · · · · ·					
а	Management									
b	Legal	6,371		6,371						
c	Accounting	21,414	17,555	3,105	754					
d	Lobbying	93,904	93,904							
0	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	13,251	750	12,501						
g	Other	261,970	259,020	2,950						
12	Advertising and promotion									
13	Office expenses	203,802	139,112	49,655	15,035					
14	Information technology	84,625	72,216	10,623	1,786					
15	Royalties									
16	Occupancy	618,546	445,860	133,408	39,278					
17	Travel	75,624	55,917	15,342	4,365					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .	47,600	44,586	2,485	529					
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization .	64,996	61,033	3,963						
23	Insurance	35,058	28,740	5,084	1,234					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
_		207.710	007.710							
a	Contractual Services Periodicals	637,749	637,749	4 400						
b		34,527 150,892	33,407	1,120						
٦ د	Legislative/Administrative Advocacy	150,892 56,199	139,064 42,383	8,253	3,575					
d e	Memberships/Occupational Tax All other expenses Miscellaneous	36,458	22,499	10,802 7,971	3,014					
25	Total functional expenses. Add lines 1 through 24e	10,611,587	8,801,206	1,450,666	5,988 359,715					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	10,011,367	0,001,200	1,430,000	,					

Part X **Balance Sheet** (A) (B) End of year Beginning of year Cash—non-interest-bearing 1 699,254 1,559,115 2 706,340 2 908,465 3 1,406,365 1,170,469 3 4 12,708 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 Assets 2,230 7 725 8 8 9 Prepaid expenses and deferred charges . . . 176,267 9 194,530 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,331,079 b Less: accumulated depreciation 10b 928,327 405,687 10c 402,752 11 Investments—publicly traded securities 6,560 20,073 11 12 Investments—other securities. See Part IV, line 11 . . . 12 13 Investments—program-related. See Part IV, line 11 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 4,290,072 16 3,408,976 Accounts payable and accrued expenses 17 3,513,513 17 5,631,280 18 18 19 14,924 17,687 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 12,285 21 61,554 22 Payables to current and former officers, directors, trustees, key Liabilities employees, highest compensated employees, and disqualified persons. 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 . . 3,540,722 26 5,710,701 Organizations that follow SFAS 117, check here ▶ ✓ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. (446,271) (3,473,758) 27 28 1,195,621 28 1,172,033 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 749,350 33 (2,301,725) 4,290,072 34 3,408,976 Total liabilities and net assets/fund balances . . . Form 990 (2011)

Form 99	90 (2011)			Pa	ige 12
Part	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	<u>.</u>	<u> </u>		-
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9.97	9.778
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,587
3	Revenue less expenses. Subtract line 2 from line 1	3			,809)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		74	9,350
5	Other changes in net assets or fund balances (explain in Schedule O)	5		(2,419	,266)
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				<u> </u>
	column (B))	6		(2,301	,725)
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u></u>	<u></u>		
				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," ex Schedule O.	plaın ın			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight/			
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plaın ın			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye issued on a separate basis, consolidated basis, or both:	ar were			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				

3a

3b

Form **990** (2011)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** Connecticut Legal Services, Inc. 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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. **b** Type II c Type III-Functionally integrated 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, Type III, or Type III supporting organization, check this box $\ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots$ 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 119(1) (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). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization in col (i) listed in your (described on lines 1-9) the organization in organization in col support col (i) of your (i) organized in the governing document? above or IRC section support? US? (see instructions)) Yes Yes Yes No No No (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2011 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2007 Calendar year (or fiscal year beginning in) ▶ (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Gifts. grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 10,556,319 8.880.544 7.586,725 10,573,614 9,670,165 47,267,367 revenues levied organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 10,556,319 7,586,725 8,880,544 10,573,614 9,670,165 47,267,367 5 The portion of total contributions by than each person (other governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 47,267,367 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ **(b)** 2008 (f) Total (a) 2007 (c) 2009(d) 2010 (e) 2011 Amounts from line 4 10,566,319 7,586,725 8,880,544 10,573,614 9,670,165 47,267,367 7 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar sources 110,987 66,214 16,668 10,696 5,620 210,185 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 1,870 3,889 1,491 335 7,797 11 Total support. Add lines 7 through 10 47,485,349 Gross receipts from related activities, etc. (see instructions) 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 99.54 % Public support percentage from 2010 Schedule A, Part II, line 14 15 15 331/2% support test -2011. If the organization did not check the box on line 13, and line 14 is 331/2% or more, check this **7** 331/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more. check this box and **stop here**. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2011. 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 b 10%-facts-and-circumstances test-2010. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and 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.)

Secti	on A. Public Support	under the te	Sta listed ben	ow, picase co	omplete rait		
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees			,,,		37	177.53
	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			ļ			
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		1	·			
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5			_			
7a	Amounts included on lines 1, 2, and 3		}				
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000		1				
	or 1% of the amount on line 13 for the year						
С 8	Add lines 7a and 7b				1		
0	Public support (Subtract line 7c from line 6.)						
Secti	on B. Total Support		<u></u>		!		L
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	(4) 2001	(b) 2000	(6) 2003	(4) 2010	(6) 2011	(i) Total
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less	<u>. </u>					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether				İ		
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)						
13							
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	e organization	n's first secon	d third fourth	or fifth tay w	L	n 501(c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2011 (line 8			3, column (f))		15	%
16	Public support percentage from 2010 Sch					16	%
Secti	on D. Computation of Investment Inc	come Perce	ntage				
17	Investment income percentage for 2011 (I	ıne 10c, colur	nn (f) divided b			17	%
18	Investment income percentage from 2010					18	%
19a	331/3% support tests - 2011. If the organi	zation did not	check the box	c on line 14, a	nd line 15 is m		
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2010. If the organiz						
	line 18 is not more than 331,6%, check this t						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🔲

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

- 00	· · · · · · · · · · · · · · · · · · ·	mar nave 1401 med 1 om 5700 (electio		. ,,	•
If the d	organization answered "Yes	" to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-E	Z, Part V, line 35c (Proxy Ta	ax), then
	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	of organization			Employer ide	ntification number
	ecticut Legal Services, Inc.				06-0955461
Part		e organization is exempt und			organization.
1		the organization's direct and indire			
2					}
3	Volunteer hours				
Part	I-B Complete if the	e organization is exempt und	er section 501(d	c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	ation under section	n 4955 🕨 🖇	}
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 ▶ \$	S
3		ed a section 4955 tax, did it file Fo			Yes No
4a					Yes No
<u>b</u>	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1		ly expended by the filing organiz			
2		filing organization's funds contrib			
		vities			
3		expenditures. Add lines 1 and 2	. Enter here and	on Form 1120-POL,	
				*	
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No
5	Enter the names, address	ses and employer identification nur	mber (EIN) of all se	ection 527 political organi	zations to which the filing
	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing organ	zation's funds. Also enter
	the amount of political co	ontributions received that were pro	mptly and directly	delivered to a separate p	olitical organization, such
	as a separate segregated	fund or a political action committe	e (PAC). If addition	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			,,	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)					
(3)					
(4)			Į		
(5)]		
(6)		ļ			
		İ	ı	I .	i .

Schedule	\sim	/Earm	999	~-	aan		201	4
Schedule :	v	(rom	990	or	990-	EZI	201	1

Pa	art II-A Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and filed	d Form 5768 (ele	ction under
A		ngs to an affiliated group (and list in Part IV eas, and share of excess lobbying expenditur		up member's
В	Check ► ☐ if the filing organization check	ked box A and "limited control" provisions a	pply.	
	Limits on Lobbyi		(a) Filing organization's totals	(b) Affiliated group totals
_	1a Total lobbying expenditures to influence pr		20,629	0
	, , , , , , , , , , , , , , , , , , , ,	legislative body (direct lobbying)	184.559	0
	, , ,	and 1b)	205,188	0
	, , , ,		10,406,399	0
		ines 1c and 1d)	10,611,587	0
		e amount from the following table in both	680,579	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		
		\$1,000,000.		
	g Grassroots nontaxable amount (enter 25%	of line 1f)	170,145	0
	h Subtract line 1g from line 1a. If zero or less	s, enter -0	0	0
	i Subtract line 1f from line 1c. If zero or less		0	0
	j If there is an amount other than zero or reporting section 4911 tax for this year?	n either line 1h or line 1i, did the organization		Yes No
		r Averaging Period Under Section 501(h) e a section 501(h) election do not have to com	olete all of the five	

T- Todi Averaging Ferrod Orider Occuon 501(II)						
(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 Ave	raging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount	771,872	693,871	718,085	680,579	2,864,407
b	Lobbying ceiling amount (150% of line 2a, column (e))		·			4,296,610
С	Total lobbying expenditures	293,216	208,957	212,644	205,188	920,005
d	Grassroots nontaxable amount	192,968	173,468	179,521	170,145	716,102
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,074,153
f	Grassroots lobbying expenditures	25,033	5,716	8,294	20,629	59,672

Schedule C (Form 990 or 990-EZ) 2011

		(election under section 501(h)).	1:	a)	1	(b)	
or e	ach "Ye e lobbyi	es" response to lines 1a through 1i below, provide in Part IV a detailed description ng activity.	Yes	No		moun	t
1	legisla	the year, did the filing organization attempt to influence foreign, national, state or local tion, including any attempt to influence public opinion on a legislative matter or idum, through the use of:		!			
а		eers?	-	 	1		
ь		taff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
С		advertisements?					
d	Mailing	gs to members, legislators, or the public?			<u> </u>		
е	-	ations, or published or broadcast statements?			<u> </u>		
f		to other organizations for lobbying purposes?					
g		contact with legislators, their staffs, government officials, or a legislative body?					
h		, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i		activities?					
j	Total.	Add lines 1c through 1i					
2a		e activities in line 1 cause the organization to be not described in section 501(c)(3)?					
ь		," enter the amount of any tax incurred under section 4912					
С		," enter the amount of any tax incurred by organization managers under section 4912	'	1			
đ		ling organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), (or se	ction		
		001(0)(0)				Yes	No
1	Were s	substantially all (90% or more) dues received nondeductible by members?			1		
2		e organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the	e organization agree to carry over lobbying and political expenditures from the prior year? . Complete if the organization is exempt under section 501(c)(4), section 501(c)			3		
1 2		501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes." assessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amounts)		1	III-A,		5, IS
_	politic	al expenses for which the section 527(f) tax was paid).	. 01	,			
а		t year		2a			
b	Carryo	ver from last year		2b			
C	Total			2c			
3		gate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	excess	ses were sent and the amount on line 2c exceeds the amount on line 3, what portion of a does the organization agree to carryover to the reasonable estimate of nondeductible lobb	ying				
		olitical expenditure next year?		4			
5		e amount of lobbying and political expenditures (see instructions)		5			
Par		Supplemental Information					
Comp	lete this	part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	Part II	-A; a	nd Par	II-B,	line
1. Also	o, comp	lete this part for any additional information.					

Schedule C (Forr	n 990 or 990-EZ) 2011	Page 4
Part IV	Supplemental Information (continued)	
	•••••••••••••••••••••••••••••••••••••••	
		
	······································	
••		·
••••	······	
	······	·····
	······	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name o	of the or	ganization		Employ	er identification number
Conn	ecticut	Legal Services, Inc.			06-0955461
Par	rt I	Organizations Maintaining Dono organization answered "Yes" to Fo	r Advised Funds or Other Similar Fuorm 990, Part IV, line 6.	inds or	Accounts. Complete if the
			(a) Donor advised funds		(b) Funds and other accounts
1	Total	number at end of year			
2	Aggr	egate contributions to (during year) .			
3	Aggr	egate grants from (during year)			
4	Aggr	egate value at end of year		_	
5			donor advisors in writing that the assets to the organization's exclusive legal cont		
6	only	for charitable purposes and not for the	hors, and donor advisors in writing that gr benefit of the donor or donor advisor, or	for any	other purpose
Par	t II		lete if the organization answered "Yes		
1	Purp		by the organization (check all that apply).		· · · · · · · · · · · · · · · · · · ·
	□ P	reservation of land for public use (e.g., r	ecreation or education) Preservation	of an hist	torically important land area
		rotection of natural habitat	_		fied historic structure
	□Р	reservation of open space			
2	Com	olete lines 2a through 2d if the organization	tion held a qualified conservation contribut	tion in the	e form of a conservation
	ease	ment on the last day of the tax year.			
				ſ	Held at the End of the Tax Year
а	Total	number of conservation easements .			2a
þ	Total	acreage restricted by conservation easi	ements		2b
С			tified historic structure included in (a)		2c
d			ed in (c) acquired after 8/17/06, and no		
			er		2d
3		per of conservation easements modified ear ►	, transferred, released, extinguished, or te	erminated	
4	Numi	per of states where property subject to	conservation easement is located ▶		
5	Does	the organization have a written poli	cy regarding the periodic monitoring, in con easements it holds?		
6	Staff	and volunteer hours devoted to monitor	ring, inspecting, and enforcing conservation	n easem	— —
7	Amoi ▶\$	unt of expenses incurred in monitoring,	inspecting, and enforcing conservation eas	sements	during the year
8			on line 2(d) above satisfy the requirements		
9	In Pa	rt XIV, describe how the organization re	ports conservation easements in its reveni	ue and ex	spense statement, and
	balar	ce sheet, and include, if applicable, the	text of the footnote to the organization's f	inancial s	statements that describes the
		nization's accounting for conservation ea			
Part	till	Organizations Maintaining Colle	ctions of Art, Historical Treasures, o	or Other	Similar Assets.
			ered "Yes" to Form 990, Part IV, line 8		
1a	If the	organization elected, as permitted und	er SFAS 116 (ASC 958), not to report in i	its revenu	ue statement and balance sheet
	work	s of art, historical treasures, or other s	similar assets held for public exhibition, of the footnote to its financial statements the	education	n, or research in furtherance of
b	If the	organization elected, as permitted un	der SFAS 116 (ASC 958), to report in its	s revenue	e statement and balance sheet
	work		similar assets held for public exhibition, e		
		· · · · · · · · ·	line 1		▶ \$
2	If the	organization received or held works	of art, historical treasures, or other simil	ar assets	s for financial gain, provide the
_			nder SFAS 116 (ASC 958) relating to these		, ioi illianciai galli, provide tile
а			91		. > \$
		ts included in Form 990. Part X			. • \$

Schedu	le D (Form 990) 2011						Page 2
Part	III Organizations Maintaining	Collections of	Art Historical	Treasures of	Ott	er Similar Ass	
3	Using the organization's acquisition, collection items (check all that apply):						
а	☐ Public exhibition		d 🗌 Loai	n or exchange p	rogra	ams	
b	☐ Scholarly research				_		
С	☐ Preservation for future generations	3					
4	Provide a description of the organizat XIV.	tion's collections	and explain how	they further the	orga	anızatıon's exemp	ot purpose in Par
5	During the year, did the organization						
	assets to be sold to raise funds rather		· · · · · · · · · · · · · · · · · · ·				<u> </u>
Part	line 9, or reported an amoun	t on Form 990, I	Part X, line 21.				
1a	Is the organization an agent, trustee, included on Form 990, Part X?						
ь	If "Yes," explain the arrangement in Pa	art XIV and compl	ete the following	table:			
		•	J			Am	ount
С	Beginning balance	<i>.</i>			1c		
d	Additions during the year				1d		
e	Distributions during the year				1e		
f	Ending balance	<i>.</i>			1f		
2a	Did the organization include an amoun	nt on Form 990, P	art X, line 21? .				✓ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIV.					
Par	t V Endowment Funds. Comple	ete if the organiz	ation answered	"Yes" to For	n 99	0, Part IV, line	10.
		(a) Current year	(b) Pnor year	(c) Two years ba	ck	(d) Three years back	(e) Four years back
1a	Beginning of year balance					·	
b	Contributions						
С	Net investment earnings, gains, and						
	losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of t	he current year er	nd balance (line 1	g, column (a)) h	eld a	s:	
а	Board designated or quasi-endowmer	nt >	_%				
b	Permanent endowment	%					
C	Temporarily restricted endowment ▶	%					
	The percentages in lines 2a, 2b, and 2	c should equal 10?					
3a	Are there endowment funds not in the	e possession of the	ne organization th	nat are held and	l adn	ninistered for the	

C	Temporarily restricted endowment ▶ %			
	The percentages in lines 2a, 2b, and 2c should equal 100%.			
3a	Are there endowment funds not in the possession of the organization that are held and administered for the			
	organization by:	I	Yes	T
	(i) unrelated organizations	3a(i)		Ť
	(ii) related organizations	3a(ii)		I

b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds. rt VI Land, Buildings, and Equipment, See Form 990, Part X, line 10.

rai	Land, Buildings, and Equipmen	it. See Funn 990, P	art A, illie 10.		
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	11,676		11,676
b	Buildings	0	30,024	30,024	0
С	Leasehold improvements	0	766,295	436,707	329,588
d	Equipment	0	523,084	461,596	61,488
е	Other	0	0	0	0
Total.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part 2	X, column (B), line 10)(c).) ▶	402,752

Part VII	Investments - Other Securities	. See Form 990, Part X,	line 12.	
(£	a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year m	
	derivatives	· -		
-	held equity interests			
(3) Other (A)				
(B)				
(C)				
(D)				
(E)			-	
(F)				
(G)				
(H)		-		
<u>(I)</u>				
	(b) must equal Form 990, Part X, col. (B) line 12.)	1.0 5 000 5 11		
Part VIII	Investments—Program Related			
	(a) Description of investment type	(b) Book value	(c) Method of vali Cost or end-of-year m	
(1)				
(2)				
(3)				
<u>(4)</u> <u>(5)</u>			-	
(6)				
(7)				
(8)		-		
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets. See Form 990, Pa			
(4)	(a) Description		(b) Book value
<u>(1)</u> <u>(2)</u>				-
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	ımn (b) must equal Form 990, Part X, co	ol (R) line 15)	.	
Part X	Other Liabilities. See Form 990,		<u> </u>	
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes	<u>;</u>	†	
(2)				
(3)				
(4)				
(5)	<u> </u>	· · · · · ·		
(6)			4	
(7)			4	
(8)			-	
(10)			┪	
(11)			1	
	(b) must equal Form 990, Part X, col. (B) line 25.)		1	
	SC 740) Footnote. In Part XIV, provide	the text of the footnote to	the organization's financial statem	nents that reports the
organization	n's liability for uncertain tax positions u	nder FIN 48 (ASC 740).		

Schedu	e D (Form 990) 2011				Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to A	udite	d Financial Staten	ent	is
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	9,979,778
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	10,611,587
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	(631,809)
4	Net unrealized gains (losses) on investments			4	0
5	Donated services and use of facilities			5	0
6	Investment expenses			6	00
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	(631,809)
Part	XII Reconciliation of Revenue per Audited Financial Statement	ents	With Revenue pe	r Re	turn
1	Total revenue, gains, and other support per audited financial statements			1	1 10,219,375
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a		0	
b	Donated services and use of facilities	2b	239,59	7	
С	Recoveries of prior year grants	2c		0	
d	Other (Describe in Part XIV.)	2d		0	
е	Add lines 2a through 2d			2	e 239,597
3	Subtract line 2e from line 1			3	3 9,979,778
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	Ì			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		0	
b	Other (Describe in Part XIV.)	4b		0	
С	Add lines 4a and 4b				lc 0
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line				-,,
Part				er F	Return
1	Total expenses and losses per audited financial statements			1	1 10,851,184
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	239,59	7	
b	Prior year adjustments	2b		<u>o</u>	
C	Other losses	2c		0	
d	Other (Describe in Part XIV.)	2d		0	l
е	Add lines 2a through 2d			2	e 239,597
3	Subtract line 2e from line 1			3	3 10,611,587
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			ı	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		의	
b	Other (Describe in Part XIV.)	4b	<u></u>	<u>이</u>	
_c	Add lines 4a and 4b			\vdash	<u> c </u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	<u> </u>] 5	5 10,611,587
Part					
	lete this part to provide the descriptions required for Part II, lines 3, 5, and				
	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII,	, lines	2d and 4b. Also cor	nplet	te this part to provide
	ditional information.				
Part I	/, Line 2b:				
.					
Client	Escrow Deposits = \$51,884; Flexible Benefits Deposits = \$9,670				
					
					,

chedule D (Fo	rm 990) 2011	Page 5
art XIV	Supplemental Information (continued)	
	······································	
	······································	•

SCHEDULE J (Form 990)

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Connecticut Legal Services, Inc.

Department of the Treasury Internal Revenue Service

Employer identification number

06-0955461

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

Schedule J (Form 990) 2011

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

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

(F) Compensation reported as deferred in prior Form 990 Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. 153,346 (E) Total of columns (B)(i)–(D) 26,465 (D) Nontaxable benefits 20,628 (C) Retirement and other deferred compensation 0 (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation (ii) Bonus & incentive compensation 106,523 (I) Base compensation € € € ≘ EE ≘ ≘ EE ≘ ≘ E€ EE ≘ ≘ € € Deborah R. Witkin, Esq. (A) Name 1 Deputy Director 8 က 14 5 S 9 œ Φ 9 Ξ 72 5 9

Schedule J (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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 reports 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 Comptroller are set by the Board of Directors after a review of comparability with other legal services programs. For all other employees, salary scales are part of a collective bargaining agreement; that agreement is approved by the Board of Directors. Form 990, Part VI, Section C, Line 19: Governing documents and our conflict of interest policy are available 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.com).

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
	·
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	•••••••••••••••••••••••••••••••••••••••
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Connecticut Legal Services, Inc.

Part I

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Ξ	•
1 "Yes" to	4
-	
organization answered	1
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2	
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Complete If the	
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A	

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to

Related Organizations and Unrelated Partnerships

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Form

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OMB No 1545-0047

Inspection Employer identification number

06-0955461

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(6)					
(4)					
(5)					
(9)					
Part II 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.)	Complete if the organization at year.)	answered "Yes" to	Form 990, Part	IV, line 34 beca	use it had
(a) Name, address, and EIN of related organization Prir	(b) (c) (c) Primary activity or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
					Yes
Legal Assistance Resource Center of Connecticut 44 Capitol Ave, Suite 301, Hartford, CT 06106 EIN #06-1327063	Training, Booklets Connecticut	501(c)(4)	N.	N/A N/A	>
(2) Advocacy work	y work				
(6)					
(4)					
(5)					
(9)					
(۵)					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Cat	Cat No 50135Y		Schedule	Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

(k) Percentage ownership (h) Percentage ownership 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.) 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.) (9)
Share of Pend-of-year assets General or managing partner? Yes No (i)
Code V—UBI
amount in box 20 of
Schedule K-1 (f) Share of total income (Form 1065) (e)
Type of entity
(C corp, S corp,
or trust) (h)
Disproportionate
allocations? ŝ Yes (g) Share of end-ofyear assets (d)
Direct controlling
entity (f) Share of total income (c)
Legal domicile
(state or
foreign country) (e)
Predominant
Income (related,
unrelated,
excluded from
tax under
sections 512-514) (b) Primary activity (d) (a) I Direct controlling | (c) Legal domicile (state or foreign country) (a)
Name, address, and EIN of related organization Primary activity N N related organization Name, address, and Part III Part IV 9 Ξ ල € 9 E 8 E <u>N</u> ල 9 Ξ € 9

Schedule R (Form 990) 2011

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Schedule R (Form 990) 2011

Part V Transactio

				77	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	:	: : :		2	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	more related organizations liste	d in Parts II-IV?	1	1	1
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			- 1a		>
b Gift, grant, or capital contribution to related organization(s)			- -	>	
c Gift, grant, or capital contribution from related organization(s)			<u>မ</u>		>
d Loans or loan quarantees to or for related organization(s)			7		,
		• •			
					•
f Sale of assets to related organization(s)			+		7
a Directors of secent from related organization(s)				T	. >
			₽ -	T	
Evoluting of asserts with related organization(s)				T	
i Lease of facilities, equipment, or other assets to related organization(s)			=	1	>
			;	1	7
J Lease of facilities, equipment, of other assets from related organization(s)			= -		>
k Performance of services or membership or fundraising solicitations for related organization(s)			4		>
I Performance of services or membership or fundraising solicitations by related organization(s)			=	>	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			- 1m		>
n Sharing of paid employees with related organization(s)			=		>
o Reimbursement paid to related organization(s) for expenses			9	>	
p Reimbursement paid by related organization(s) for expenses			1p	/	
q Other transfer of cash or property to related organization(s)			14		>
			1r		>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	plete this line, including covered	d relationships and trans	saction thre	shold	Js.
(e)	(q)	(0)	(D)	_	
Name of other organization	Transaction type (a-r)	Amount involved	Method of determining amount involved	etermin volved	ning 1
Legal Assistance Resource Center of Connecticut (1)	7	313,680	313,680 contractual		
Legal Assistance Resource Center of Connecticut (2)	8	7,500	7,500 contractual		
Legal Assistance Resource Center of Connecticut (3)	0	1,452	1,452 contractual		
(4)					
(9)					
(9)					
		20408	dulo D (Earm	8	5

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.

of gross reveribe, that was not a related organization. See histochors regarding exclusion for certain investment partiets inpo-	garıızatıdır. See	IIISH UCHOIIS LE	sgarding exclusi		alli liivesiii elit p	armersings.				
(a) Name. address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of	(g) Share of	(h) Disproportionate	(a) Code V—UBI	() General or	(k) Percentage
	,		73	section 501(c)(3) organizations?	÷	end-of-year assets	allocations?	ω -	_	ownership
			section 512-514)	Yes No			Yes No	,	Yes	
(1)										
(2)										
(6)										
(4)						:				
(5)										
(9)										
(I)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
								Sche	dule R (For	Schedule R (Form 990) 2011

or incoming to the	O(1) 930/2011	Page 2
Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	<u> </u>
_		



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

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 nor any related organization compensated any current officer, director, or trustee

Check this box if neither the organization no	r any relate	d orga	aniz	atıc	n c	ompe	nsa	ated any curren	it officer, director	r, or trustee.
		(C)								
(A)	(B) Position (D)							(D)	(E)	(F)
Name and Title	Average							Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (describe	악호	lŋ,	♀	8	육포	7	from the	related organizations	other compensation
	hours for	dire	<u> </u>	Officer	er er	ples	Former	organization	(W-2/1099-MISC)	from the
	related organizations	C La	igo	'	Key employee	8 8		(W-2/1099-MISC)		organization and related
	in Schedule	Individual trustee or director	altr		yee	퓛				organizations
	O)	ē	Institutional trustee			Highest compensated employee				
						-	_			
(26) Sally J. Tolles, J.D., J.C.L.										_
Director	1.00	1	_	_		1	-	0	0	0
(2) (27) Steven D. Eppler-Epstein, Esq.				,						
Executive Director	38.15			✓		-		112,795	0	20,111
(28) Deborah R. Witkin, Esq.				١,		1		400.050		47.000
Deputy Director	38.15		ļ	✓	<u> </u>	ł	┢	106,253	0	47,093
(29) Linda C. Spada	-			,			İ	400.045		
Comptroller	38.15	-	-	*	-	<u> </u>	\vdash	102,915	0	36,846
(30) Anne Louise Blanchard, Esq	20.45					١,		400.075	_	24.020
Litigation Director	38.15	-	⊢	\vdash	⊢	/	┢	103,275	0	24,026
(6) (31) Nadine Nevins, Esq.	38.15					1		101,961	0	41,742
Managing Attorney (X) (32) John Spilka, Esq.	36.13	-	┢	-	\vdash	-	 	101,961	0	41,742
	38.15					1		101,901		40,494
Managing Attorney (33) Joanne Lewis, Esq.	30.13	├	-	-	╁	+	-	101,901	-	40,494
Managing Attorney	38.15					1		101,461	۰ ا	39,405
	I		┢		<u> </u>	-	-	101,401		39,403
(34) Shirley Bergert, Esq. Managing Attorney	38.15					1		101,423	۰ ا	41,172
(40)	30.13		\vdash			+	┢	101,423	-	41,176
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