BIANCHI, KASAVAN & POPE, LLP 450 LINCOLN AVENUE, SUITE 200 SALINAS, CA 93901 831-757-5311

MARCH 28, 2022

LEGAL SERVICES FOR SENIORS 915 HILBY AVENUE, SUITE #2 SEASIDE, CA 93955

LEGAL SERVICES FOR SENIORS:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2020 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2020 FORM 990

2020 CALIFORNIA FORM 199

2020 CALIFORNIA FORM RRF-1

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

THANK YOU,

JESSE LOPEZ, CPA BIANCHI, KASAVAN & POPE, LLP

LEGAL SERVICES FOR SENIORS 915 HILBY AVENUE, SUITE #2 SEASIDE, CA 93955 Prepared by:

BIANCHI,KASAVAN & POPE, LLP 450 LINCOLN AVENUE, SUITE 200 SALINAS, CA 93901

2020 FORM 990

ELECTRONIC FILING:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 16, 2022.

2020 CALIFORNIA FORM 199

NO PAYMENT IS REQUIRED.

THE CALIFORNIA FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

Eiling Instructions

Filing Instructions			
Prepared for:	Prepared by:		
LEGAL SERVICES FOR SENIORS 915 HILBY AVENUE, SUITE #2 SEASIDE, CA 93955	BIANCHI,KASAVAN & POPE, LLP 450 LINCOLN AVENUE, SUITE 200 SALINAS, CA 93901		
2020 CALIFORNIA FORM RRF-1			
YOU HAVE A BALANCE DUE OF	\$ 75.00		
ENCLOSE A CHECK OR MONEY ORDER FOR JUSTICE.	\$75.00, PAYABLE TO DEPARTMENT OF		
THE REPORT SHOULD BE SIGNED AND DAY	TED BY THE AUTHORIZED INDIVIDUAL(S).		
PLEASE MAIL ON OR BEFORE MAY 16, 2	022.		
MAIL TO - REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470			

Department of the Treasury				
Internal Revenue Service	Go to www.irs.gov/Form8879EC) for the latest information.		
Name of exempt organization	or person subject to tax		Taxpayer	identification number
LEGAL SERVICE	S FOR SENIORS		77-0	073127
Name and title of officer or pe			1 -	
ALLISON BARRI				
PRESIDENT				
Part I Type of	Return and Return Information (Whole Dolla	ars Only)		
check the box on line 1a, blank, then leave line 1b, 2	um for which you are using this Form 8879-EO and ent 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on tha 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blan ne applicable line below. Do not complete more than o	at line for the return being filed with k (do not enter -0-). But, if you enter	h this form	was
la Form 990 check here	b Total revenue, if any (Form 990, Part V	/III, column (A), line 12)	1b	900,200.
2a Form 990-EZ check h				
a Form 1120-POL cheo				
a Form 990-PF check h				
5a Form 8868 check her			•	
a Form 990-T check he				
7a Form 4720 check her	re 🕨 🛄 🛛 b Total tax (Form 4720, Part III, line 1	1)	7b	
	tion and Signature Authorization of Office	er or Person Subject to Ta	ax	
Inder penalties of perjury	r, I declare that $[{f X}]$ I am an officer of the above organ	ization or 🔄 I am a person sul	bject to tax	with respect to
name of organization)		, (EIN)	and	that I have examined a co
o receive from the IRS (a processing the return or m Agent to initiate an electro software for payment of the a payment, I must contac	rmediate service provider, transmitter, or electronic ret) an acknowledgement of receipt or reason for rejection efund, and (c) the date of any refund. If applicable, I a onic funds withdrawal (direct debit) entry to the financial in federal taxes owed on this return, and the financial t the U.S. Treasury Financial Agent at 1-888-353-4537	n of the transmission, (b) the rease uthorize the U.S. Treasury and its al institution account indicated in t institution to debit the entry to this no later than 2 business days prio	eturn to the on for any d designated the tax prep s account. T or to the pay	IRS and lelay in Financial paration Fo revoke rment
o receive from the IRS (a processing the return or ri- Agent to initiate an electro offware for payment of the payment, I must contac settlement) date. I also an confidential information no dentification number (PIN PIN: check one box only) an acknowledgement of receipt or reason for rejection efund, and (c) the date of any refund. If applicable, I a conic funds withdrawal (direct debit) entry to the financial ne federal taxes owed on this return, and the financial t the U.S. Treasury Financial Agent at 1-888-353-4537 uthorize the financial institutions involved in the proces eccessary to answer inquiries and resolve issues related I) as my signature for the electronic return and, if applic	urn originator (ERO) to send the reasen of the transmission, (b) the rease uthorize the U.S. Treasury and its is a linstitution account indicated in the institution to debit the entry to this no later than 2 business days priorsing of the electronic payment of a to the payment. I have selected a cable, the consent to electronic further the consent furt	eturn to the on for any d designated the tax preps account. 1 or to the pay taxes to rec a personal nds withdra	IRS and lelay in Financial paration To revoke yment ceive awal.
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IRS e-file Signature Authorization
for an Exempt OrganizationFor calendar year 2020, or fiscal year beginning JUL 1 , 2020, and ending JUN 30 , 20 21

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO

Form **8879-EO** (2020)

OMB No. 1545-0047

2020

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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

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

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

print LEGAL SERVICES FOR SENIORS 77 File by the due date for filing your return. See instructions. 915 HILBY AVENUE, SUITE #2 77 City, town or post office, state, and ZIP code. For a foreign address, see instructions. 915 LEGAL SERVICES FOR SENIORS 77 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Application Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual)	7-0073127
File by the due date for filing your return. See instructions. Number, street, and room or suite no. If a P.O. box, see instructions. 915 HILBY AVENUE, SUITE #2 City, town or post office, state, and ZIP code. For a foreign address, see instructions. SEASIDE, CA 93955 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Is For Form 990 or Form 990-EZ Form 990-BL 02 Form 1041-A	
filing your return. See instructions. 915 HILBY AVENUE, SUITE #2 City, town or post office, state, and ZIP code. For a foreign address, see instructions. SEASIDE, CA 93955 Enter the Return Code for the return that this application is for (file a separate application for each return) Application for each return) Application Return Application Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A	
Instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. SEASIDE, CA 93955 Enter the Return Code for the return that this application is for (file a separate application for each return)	
ApplicationReturnApplicationIs ForCodeIs ForForm 990 or Form 990-EZ01Form 990-T (corporation)Form 990-BL02Form 1041-A	
Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A	
Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A	Return
Form 990-BL 02 Form 1041-A	Code
	07
Form 4720 (individual) 03 Form 4720 (other than individual)	08
	09
Form 990-PF 04 Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069	11
Form 990-T (trust other than above) 06 Form 8870 ACCOUNTING DEPARTMENT	12
 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the webx If it is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the organization named above. The extension of time until MAY 16, 2022, to file the exempt org the organization named above. The extension is for the organization's return for: ▶ and ending or ▶ tax year beginning JUL 1, 2020, and ending JUN 30, 2021 	whole group, check this ne extension is for.
3aIf this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.3a\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	-
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by	•
using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$	0.
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form instructions.	rm 8879-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.



AF	or the 2	2020 calendar year, or tax year beginning $ { m JUL}1,2020$ and	ending J	UN 30, 2021		
B c	heck if pplicable:	C Name of organization		D Employer identifie	cation number	
	Address change	LEGAL SERVICES FOR SENIORS				
	Name	Doing business as	77-0073127			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r	
	Final 915 HILBY AVENUE, SUITE #2 831-899-0492					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	900,651.	
	Amended return	SEASIDE, CA 93935		H(a) Is this a group re		
	Applica- tion pending	F Name and address of principal officer: ALLISON BARRIENTOS		for subordinates		
		SAME AS C ABOVE		H(b) Are all subordinates in		
		npt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1)	or 🛄 527	lf "No," attach a	list. See instructions	
and the second se		► WWW.LEGALSERVICESFORSENIORS.ORG		H(c) Group exemption		
Concession of the local division of the loca	the second statement of the	ganization: X Corporation Trust Association Other	L Year	of formation: 1985	State of legal domicile: CA	
Pa		Summary	TDEG T			
Se	1 Br	iefly describe the organization's mission or most significant activities: PROV HARGE TO MONTEREY COUNTY SENIORS 60 YEA	IDE2 T	ACE AND APO	ES AT NO	
Activities & Governance						
veri		neck this box left is operations or dispo			isets. 12	
6		umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b)			12	
ං ග		otal number of individuals employed in calendar year 2020 (Part V, line 2a)			22	
itie		otal number of volunteers (estimate if necessary)				
ctiv		otal unrelated business revenue from Part VIII, column (C), line 12			0.0	
Ă		et unrelated business taxable income from Form 990-T, Part I, line 11			0.	
				Prior Year	Current Year	
đu	8 Co	ontributions and grants (Part VIII, line 1h)		891,672.	811,739.	
Revenue		ogram service revenue (Part VIII, line 2g)		0.	0.	
eve		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		43,000.	36,581.	
œ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		42,516.	51,880.	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		977,188.	900,200.	
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14 Be	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
es		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		697,164.	644,433.	
Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ž	1	otal fundraising expenses (Part IX, column (D), line 25)				
ш		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		192,198.	179,256.	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	and a second sec	889,362.	823,689.	
, 0	19 Re	evenue less expenses. Subtract line 18 from line 12		87,826.	76,511.	
Assets or d Balances			Be	ginning of Current Year	End of Year	
Sset	20 To	otal assets (Part X, line 16)		2,170,769.	2,583,701.	
et A ind I		otal liabilities (Part X, line 26)		28,392.	155,240.	
Z		et assets or fund balances. Subtract line 21 from line 20		2,142,377.	2,428,461.	
1 12		Signature Block				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ALLISON BARRIENTOS, PRESIDENT Type or print name and title	Date		
Dalid	Print/Type preparer's name Preparer's signature Date			
Paid		/22 if p00312725		
Preparer		Firm's EIN ▶ 94–1541507		
Use Only	Firm's address 🖕 450 LINCOLN AVENUE, SUITE 200 🗸			
	SALINAS, CA 93901	Phone no.831-757-5311		
May the IRS discuss this return with the preparer shown above? See instructions IX Yes No				
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)			

Form	1 990 (2020) LEGAL SERVICES FOR SENIORS 77-0073127 Page	∋ 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	LEGAL SERVICES FOR SENIORS PROVIDES LEGAL SERVICES AT NO CHARGE TO	
	MONTEREY COUNTY SENIORS 60 YEARS OF AGE AND OLDER WITH AN EMPHASIS ON	
	SERVING THOSE WHO ARE SOCIALLY AND/OR ECONOMICALLY NEEDY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		
		10
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	١o
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 609,791. including grants of \$) (Revenue \$)
	PROVIDING LEGAL SERVICES AT NO CHARGE TO MONTEREY COUNTY SENIORS 60	_ '
	YEARS OF AGE AND OLDER WITH AN EMPHASIS ON SERVING THOSE WHO ARE	
	SOCIALLY AND/OR ECONOMICALLY NEEDY.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
	/ //////////////////////	- '
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
40		_ '
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 609,791.	
	- 000 -	

Form	990	(2020)

 Form 990 (2020)
 LEGAL
 SERVICES
 FOR
 SENIORS

 Part IV
 Checklist of Required Schedules
 FOR
 SENIORS

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	F		х
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		- 23
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	'		
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
Ŭ	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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	Х	
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	Х	
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		
a	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 "Ves " complete Schedule E. Parts Land IV.	14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		- 23
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
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	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
~7	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
b	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	000		x
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		- 23
30		20		x
24	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30 31		X
31		31		- 23
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N. Part II</i>	32		x
22	,	32		- 23
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		x
35 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990	
Part V	Sta

020) LEGAL SERVICES FOR SENIORS Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 22									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			37						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country									
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	ba Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
-	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c). Did the complication receive a normant in average of $$75$ mode partly as a contribution and partly for goods and convises provided to the payor?	7-		x						
	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? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70								
C	to file Form 8282?	7c		x						
Ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10								
	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?	76 7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders 11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	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.									
a	Enter the amount of reserves the organization is required to maintain by the states in which the									
~	organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c									
	Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
15	It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b								
	excess parachute payment(s) during the year?	15		x						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х						
-	If "Yes," complete Form 4720, Schedule O.									

Form **990** (2020)

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

X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Sec	tion A. Governing Body and Management				_	
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		12		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			1 0		
b	Enter the number of voting members included on line 1a, above, who are independent	1b		12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					37
	officer, director, trustee, or key employee?			2	_	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the					v
	of officers, directors, trustees, or key employees to a management company or other person?					X
4	Did the organization make any significant changes to its governing documents since the prior Form					
5	Did the organization become aware during the year of a significant diversion of the organization's as					X X
6	Did the organization have members or stockholders?			6	_	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					v
	more members of the governing body?			7a	_	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					x
~	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			7b		
8			•		X	
a	The governing body?				37	
b	Each committee with authority to act on behalf of the governing body?			8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real subscription of the section of a database of the section of the					x
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		А
Sec	IIII B. POICIES (This Section B requests information about policies not required by the internal P	ievenu	e Code.)		Ver	Na
10-	Did the organization have local chapters, branches, or affiliates?			10a	Yes	No X
				104	<u>'</u>	
D	If "Yes," did the organization have written policies and procedures governing the activities of such or and branches to ensure their operations are consistent with the organization's exempt purposes?			10		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ay ben				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			12.	/	
Ŭ	in Schedule O how this was done			120	x	
13	Did the organization have a written whistleblower policy?					
14	Did the organization have a written document retention and destruction policy?			···		
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	•		15a	x	
	Other officers or key employees of the organization			···	37	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
	exempt status with respect to such arrangements?				,	
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{CA}$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	0-T (Section 501(c)(3)s or	ly) ava	ilable
	for public inspection. Indicate how you made these available. Check all that apply.		·			
	Own website Another's website X Upon request Other (explain	n on Se	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c			, and fin	ancial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks a	nd records 🕨			
	ACCOUNTING DEPARTMENT - 831-899-0492					
	915 HILBY AVENUE SUITE #2. SEASIDE CA 93955					

032006 12-23-20

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(da	not c	Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an	d a d	irecto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	or dir	ę.			ated		organization	(W-2/1099-MISC)	from the
	related	istee	truste		e	pens		(W-2/1099-MISC)		organization
	organizations below	Jal tru	onal		ploye	ee m				and related
	line)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KELLIE MORGANTINI	40.00	드	드	5	ž	포동	오			
FORMER EXECUTIVE DIRECTOR				x				82,486.	0.	12,093.
(2) CREIGHTON MENDIVIL	40.00									,
EXECUTIVE DIRECTOR				x				25,795.	0.	3,260.
(3) CAROL HILBURN	15.00									
PRESIDENT		X		Х				0.	0.	0.
(4) ALLISON BARRIENTOS	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) MARTHA GUSTAVSON	2.00									_
TREASURER		Х		х				0.	0.	0.
(6) ROB SIMPSON	2.00									
SECRETARY		х		Х				0.	0.	0.
(7) GEORGE MCINNIS	2.00									
PAST-PRESIDENT		X		X				0.	0.	0.
(8) RUDY FISCHER	2.00									<u> </u>
DIRECTOR		x						0.	0.	0.
(9) LOUIS FRIZZELL	2.00									
DIRECTOR		х						0.	0.	0.
(10) DANIEL GRIFFEE	2.00									
DIRECTOR		Х						0.	0.	0.
(11) DAVID NEE	2.00									
DIRECTOR		X						0.	0.	0.
(12) SAM LAVORATO, SR.	2.00									
DIRECTOR		X						0.	0.	0.
(13) SHERI CLINE	2.00									
DIRECTOR		X						0.	0.	0.
(14) BILLIE FRENCH	2.00								0	0
DIRECTOR		X						0.	0.	0.
		-								
							-			
		1								
			-		-					

Form	1 990 (2020) LEGAL SE	RVICES I	FOI	RS	SEI	110	ORS	3		77-00	731	27	Page 8
Par	t VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	vees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	Average Position (do not check more than one box, unless person is both an						(D) Reportable compensation from	(E) Reportable compensation from related		Estin amoi	F) nated unt of her
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		fron organ and r	ensation n the nization related zations
			-								_		
			-										
											_		
											_		
	Subtotal Total from continuation sheets to Part V								108,281.		0.	15	,353. 0.
	Total (add lines 1b and 1c)								108,281.		0.	15	,353.
2	Total number of individuals (including but r compensation from the organization	not limited to th	nose	liste	ed al	SOVe	e) wh	io r	eceived more than \$100),000 of reportable			0
		-11									_	Y	es No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			•			-		gnest compensated emp	2		3	x
4	For any individual listed on line 1a, is the si and related organizations greater than \$15		le co	omp	ensa	atior	n anc	l ot	her compensation from			4	x
5	Did any person listed on line 1a receive or	accrue compei	nsat	ion f	rom	any	unr	elat	ted organization or indiv	idual for services			
Sec	rendered to the organization? If "Yes," con tion B. Independent Contractors	nplete Schedul	e J f	or si	uch	pers	son .					5	X
1	Complete this table for your five highest co the organization. Report compensation for										ensat	tion fro	m
	(A) Name and business			ONE					(B) Description of s		Co	(C) mpens	ation
								_					
2	Total number of independent contractors (\$100,000 of compensation from the organ	Ŭ	iot li	mite	d to		se lis)	stec	d above) who received n	nore than			

Form	n 99(0 (2	/			ES FOR SE	NIORS		77-0073	127 Page 9
Pa	rt V	/111								
			Check if Schedule O	conta	ains a response	e or note to any lir	ne in this Part VIII			
								(B) Related or exempt		(D) Revenue excluded
							Total revenue	function revenue		
										sections 512 - 514
nts nts	1	а	Federated campaigns		1a					
an			Membership dues							
Contributions, Gifts, Grants and Other Similar Amounts		с	Fundraising events							
ar /			Related organizations		······					
nii G			Government grants (contr			278,252.				
Sig			All other contributions, gifts,							
her		•	similar amounts not included			533,487.				
ġţ		~	Noncash contributions included in							
		-					811,739.			
0.			Total. Add lines 1a-1f			Business Code	011,735.			
•		_				Business Code				
Program Service Revenue	2									
ne		b								
en S len S		С								
grai Re		d								
loc		е								
<u>с</u>		f	All other program service	reve	nue					
		g	Total. Add lines 2a-2f			🕨				
	3		Investment income (includ	ding	dividends, inter	est, and				
			other similar amounts)			►	36,581.			36,581.
	4		Income from investment of	of tax	k-exempt bond	proceeds 🕨 🕨				
	5		Royalties			►				
					(i) Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
		c	Rental income or (loss)	6c						
						►				
	7		Gross amount from sales of	/	(i) Securities	(ii) Other				
	·	ŭ	assets other than inventory	7a			•			
		h	Less: cost or other basis	14						
ē		U	and sales expenses	76						
evenue		_		7b 7c						
le v			Gain or (loss)							
Other R			Net gain or (loss)							
ţ	ð	а	Gross income from fundraisin							
0			including \$							
			contributions reported on			45,330.				
			Part IV, line 18							
			Less: direct expenses			<u>451</u>	44 970			44 970
			Net income or (loss) from			····· •	44,879.			44,879.
	9	а	Gross income from gamin							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from			🕨				
	10	а	Gross sales of inventory, I	ess i	returns					
			and allowances			a				
		b	Less: cost of goods sold			b				
		с	Net income or (loss) from	sales	s of inventory .	►				
s						Business Code				
e so	11	а	ENDOWMENT FUN	D	GAIN	900099	7,001.			7,001.
Miscellaneous Revenue		b								
eve eve		с								
lisc B		d	All other revenue							
2			Total. Add lines 11a-11d				7,001.			
	12		Total revenue. See instructio				900,200.		0.	88,461.

77 - 0073127

Page 9

Sect	rt IX Statement of Functional Expense ion 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	omplete column (A).	
	Check if Schedule O contains a response				
	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 domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	116,099.	92,879.	18,576.	4,644
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	419,002.	312,929.	88,155.	17,918
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	68,341.	51,155.	14,269.	2,917
0	Payroll taxes	40,991.	31,042.	8,219.	1,730
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	22,776.	17,247.	4,567.	962
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)	2,445.	1,818. 15,872.		627
12	Advertising and promotion	23,183.	15,872.		7,311
3	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	54,655.	41,388.	10,959.	2,308
17	Travel	313.	277.	36.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	386.	214.	172.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,802.	3,938.	864.	
3	Insurance	12,562.	9,513.	2,519.	530
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TELÉPHONE	16,699.	325.	16,374.	
b	EQUIPMENT MAINTENANCE	10,255.	7,766.	2,056.	433
с	LIBRARY AND PUBLICATION	7,292.	7,292.		
d	OTHER EXPENSES	6,057.	4,117.	1,940.	
е	All other expenses	17,831.	12,019.	3,177.	2,635
25	Total functional expenses. Add lines 1 through 24e	823,689.	609,791.	171,883.	42,015

77-0073127 Page **11**

	LEGAL	SERVICES	FOR	SENIORS	
ance Sheet					
k if Schodulo	O contains a	rosponso or noto	to any l	no in this Part V	

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X \dots			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	378,486.	1	465,437
	2	Savings and temporary cash investments	29,859.		29,949
	3	Pledges and grants receivable, net		3	154,497
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
e l	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ϋ́	9	Prepaid expenses and deferred charges		9	31,185
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D).		
	b	Less: accumulated depreciation 10b 29,700	12,441.	10c	22,843
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	1,846,647
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	26,142.	15	33,143
	16	Total assets. Add lines 1 through 15 (must equal line 33)	. 2,170,769.	16	2,583,701
	17	Accounts payable and accrued expenses	5,195.	17	4,294
	18	Grants payable		18	
	19	Deferred revenue		19	12,500
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Ē		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these 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 (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	23,197.		138,446
	26	Total liabilities. Add lines 17 through 25	28,392.	26	155,240
ي ي		Organizations that follow FASB ASC 958, check here \blacktriangleright X			
e l		and complete lines 27, 28, 32, and 33.	1 000 001		0 000 000
alai	27	Net assets without donor restrictions		27	2,272,636 155,825
d D	28	Net assets with donor restrictions	145,386.	28	155,825
<u>n</u>		Organizations that do not follow FASB ASC 958, check here 🕨 📃			
2		and complete lines 29 through 33.			
ţs	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
ž	32	Total net assets or fund balances	2,142,377.		2,428,461.
	33	Total liabilities and net assets/fund balances	2,170,769.	33	2,583,701.

Form **990** (2020)

	1990 (2020) LEGAL SERVICES FOR SENIORS	77-0	073127	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
					• •
1	Total revenue (must equal Part VIII, column (A), line 12)	1			00.
2	Total expenses (must equal Part IX, column (A), line 25)	2			89.
3	Revenue less expenses. Subtract line 2 from line 1	3		5,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,142		
5	Net unrealized gains (losses) on investments	5	222	2,0	73.
6	Donated services and use of facilities	6			
7	Investment expenses	7		_	
8	Prior period adjustments	8	-12	2,5	00.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,428	3,4	61.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	•	3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
-	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		1
				000	

Form **990** (2020)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name	of t	the organization							identification number			
_				FOR SENIORS					7-0073127			
Par	tI	Reason for Public (Charity Status.	All organizations must c	omplete tł	nis part.) S	ee instructior	IS.				
The o	rgan	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)						
1 L		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1	l)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) .											
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
_		city, and state:										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
c [e e calendar a calendar a calendar de la calendar a		0/1-1/41/41	6.5					
6 L	v	A federal, state, or local gov	-									
7 L	X	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from t	ne general	public described in			
o [section 170(b)(1)(A)(vi). (C										
8 L		A community trust describe										
9 L		An agricultural research org				-		-	-			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	t the colleg	e or			
Г		university:										
10 L		An organization that norma										
		activities related to its exen										
		income and unrelated busir		(less section 511 tax) fro	om busine	sses acqu	ired by the o	ganization	after June 30, 1975.			
г		See section 509(a)(2). (Cor	•									
11 L		An organization organized a	-	•	•							
12 L		An organization organized a	-	•	-			-				
		more publicly supported or							Check the box in			
	_	lines 12a through 12d that				-		-				
а		Type I. A supporting orga	-	-	•							
		the supported organization		• • • •	a majority (of the dire	ctors or truste	ees of the s	supporting			
	_	organization. You must c	-									
b		Type II. A supporting org	-				-		-			
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported			
	_	organization(s). You mus										
С		☐ Type III functionally inte						lly integrate	ed with,			
	_	its supported organization										
d		☐ Type III non-functionally						-				
		that is not functionally int			-		-	d an attent	iveness			
		requirement (see instruct		-								
е		Check this box if the orga					а Туре I, Туре	II, Type III				
		functionally integrated, or		nally integrated supporti	ng organi:	zation.						
		er the number of supported o	•									
g		vide the following information		<u> </u>	(iv) is the orga	nization listed						
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of support (see ir		(vi) Amount of other support (see instructions)			
		organization		above (see instructions))	Yes	No						
Total												

Schedule A (Form 990 or 990-EZ) 2020 LEGAL SERVICES FOR SENIORS

77-0073127 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.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	545,093.	962,013.	901,048.	891,672.	811,739.	4,111,565.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	545,093.	962,013.	901,048.	891,672.	811,739.	4,111,565.			
	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)						227,361.			
6	Public support. Subtract line 5 from line 4.						3,884,204.			
	tion B. Total Support						, , ,			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
	Amounts from line 4	545,093.	962,013.	901,048.	891,672.	811,739.	4,111,565.			
8	Gross income from interest,					-				
-	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	18,384.	32,165.	38,452.	43,246.	36,581.	168,828.			
9	Net income from unrelated business		-	•						
·	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)	85,528.	56,712.	46,490.	98,295.	45,330.	332,355.			
11	Total support. Add lines 7 through 10	,	,				4,612,748.			
	Gross receipts from related activities,	etc. (see instructi	ons)			12	, , .			
	First 5 years. If the Form 990 is for th	, i	,							
	organization, check this box and stor	-								
Sec	tion C. Computation of Publ		rcentage				······································			
-	Public support percentage for 2020 (column (f))		14	84.21 %			
	Public support percentage from 2019					15	66.62 %			
	33 1/3% support test - 2020. If the o					nore, check this bo	x and			
	stop here. The organization qualifies	-								
b	33 1/3% support test - 2019. If the o									
17a	and stop here. The organization qualifies as a publicly supported organization									
	and if the organization meets the fact									
	meets the facts-and-circumstances te			•						
b	10% -facts-and-circumstances tes	-		• • • •						
	more, and if the organization meets th	-								
	organization meets the facts-and-circ						>			
18	Private foundation. If the organization		•		•		s			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 LEGAL SERVICES FOR SENIORS Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
0	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
73	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0 (f) Total
	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	acquired offer June 20 107E						
	Add lines 10a and 10b Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) org	anization,
							<u></u>
	ction C. Computation of Publi						
15	Public support percentage for 2020 (li	ne 8, column (f), o	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage)			
17	Investment income percentage for 202	20 (line 10c, colui	mn (f), divided by	ine 13, column (f))		17	%
18	Investment income percentage from 2	Investment income percentage from 2019 Schedule A, Part III, line 17					
19a	a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and	l line 17 is not
	more than 33 1/3%, check this box an	id stop here. The	organization qual	ifies as a publicly :	supported organiz	ation	
ł	33 1/3% support tests - 2019. If the						/3%, and
	line 18 is not more than 33 1/3%, che	ck this box and s t	t op here. The orga	anization qualifies	as a publicly supp	orted organiz	ation
20	Private foundation. If the organization			•		•	

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	163	
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
-		
9a		
<i>c</i> :		
9b		
9c		
10a		
10b		

Schedule A (Form 990 or 990-EZ) 2020 LEGAL SERVICES FOR SENIORS

1

2

Yes No

		Yes	No
Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
ction B. Type I Supporting Organizations			
		Vas	N

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the bonofit of any supported organization other than the supported	

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C.	Type I	I Supporting	Organizations	

Part IV Supporting Organizations (continued)

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

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

Section E. Type III Functionally Integrated Supporting Organizations

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

2a

2b

За

3b

Schedule A (Form 990 or 990-EZ) 2020 LEGAL SERVICES FOR SENIORS Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	djusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sho	rt-term capital gain	1		
2 Recove	ries of prior-year distributions	2		
3 Other g	ross income (see instructions)	3		
4 Add line	es 1 through 3.	4		
5 Depreci	ation and depletion	5		
6 Portion	of operating expenses paid or incurred for production or			
collectio	on of gross income or for management, conservation, or			
mainter	ance of property held for production of income (see instructions)	6		
7 Other ex	xpenses (see instructions)	7		
8 Adjuste	d Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	linimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggrega	ate fair market value of all non-exempt-use assets (see			
instruct	ions for short tax year or assets held for part of year):			
a Average	e monthly value of securities	1a		
b Average	e monthly cash balances	1b		
c Fair mai	rket value of other non-exempt-use assets	1c		
d Total (a	dd lines 1a, 1b, and 1c)	1d		
e Discou	nt claimed for blockage or other factors			
(explain	in detail in Part VI):			
2 Acquisit	tion indebtedness applicable to non-exempt-use assets	2		
3 Subtrac	t line 2 from line 1d.	3		
4 Cash de	eemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see inst	ructions).	4		
5 Net valu	le of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply	line 5 by 0.035.	6		
	ries of prior-year distributions	7		
	m Asset Amount (add line 7 to line 6)	8		
Section C - D	Distributable Amount			Current Year
1 Adjuste	d net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.	85 of line 1.	2		
3 Minimur	m asset amount for prior year (from Section B, line 8, column A)	3		
	reater of line 2 or line 3.	4		
	tax imposed in prior year	5		
	Itable Amount. Subtract line 5 from line 4, unless subject to			
	ncy temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 LEGAL SERVICES FOR SENIORS

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	าร	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributable Amount for 2020		
1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020 (reason-						
	able cause required - <i>explain in</i> Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2020						
a	From 2015						
b	From 2016						
c	From 2017						
d	From 2018						
e	From 2019						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2020 distributable amount						
i	Carryover from 2015 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2020 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2020, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2020. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2021. Add lines 3j						
	and 4c.						
	Breakdown of line 7:						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						
	Excess from 2019						
e	Excess from 2020						

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 LEGAL SERVICES FOR SENIORS	77-0073127 _{Page} 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 7 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, I line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a (See instructions.)	ines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

|--|

Name of the	organization

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

LEGAL SERVICES FOR SENIORS

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $\dots \longrightarrow$

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

77-0073127

LEGAL SERVICES FOR SENIORS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COUNTY OF MONTEREY DSES 100 SOUTH MAIN STREET, SUITE #200 SALINAS, CA 93901	\$ <u>191,484.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HARDEN FOUNDATION P.O. BOX 779 SALINAS, CA 93902	\$ <u>25,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	STATE BAR OF CALIFORNIA - EQUAL ACCESS 180 HOWARD STREET SAN FRANCISCO, CA 94105-1639	\$83,030.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 BARNET SEGAL CHARITABLE TRUST PO BOX S-1 CARMEL, CA 93921	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Name, address, and zir + 4 COMMUNITY FOUNDATION FOR MONTEREY COUNTY 2354 GARDEN ROAD MONTEREY, CA 93940	\$49,146.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	DALE MEYER FUND OF THE CFMC 2354 GARDEN ROAD MONTEREY, CA 93923	\$ <u>20,000.</u>	Person X Payroll (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

77-0073127

LEGAL SERVICES FOR SENIORS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	ll spa	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
7	STATE BAR OF CALIFORNIA - IOLTA 180 HOWARD STREET SAN FRANCISCO, CA 94105	\$_	170,823.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
8	COUNTY OF MONTEREY CDBG 168 WEST ALISAL STREET, 3RD FLOOR SALINAS, CA 93901	\$_	16,567.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
9	STATE BAR OF CALIFORNIA - HOMELESSNESS PREVENTION 180 HOWARD STREET SAN FRANCISCO, CA 94105	\$_	32,812.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_		Person Payroll Noncash (Complete Part II for

noncash contributions.)

Name of organization

77-0073127

LEGAL SERVICES FOR SENIORS

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	ncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
—		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		 \$						

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 3

Name of or	rganization			Employer identification number
LEGAL	SERVICES FOR SENIORS			77-0073127
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) th completing Part III, enter the total of exclusively religious, cha Use duplicate copies of Part III if additional sp	rough (e) and the following line e ritable, etc., contributions of \$1,000 o	ntry For organizations	that total more than \$1,000 for the yea
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of g	ift	
-	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from	(b) Purpose of gift		(d) Desc	cription of how gift is held
Part I				
-		(e) Transfer of gi	 ift	
-	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transformalis many address and	(e) Transfer of gi		
-	Transferee's name, address, and	<u></u>		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of gi	ift	
-	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee

SCHEDULE D

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

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



Employer identification number

77-0073127

Department of the Treasury Internal Revenue Service Name of the organization

LEGAL SERVICES FOR SENIORS

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes 🛄 No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	nferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recreation	ation or education) 📃 Preservation of a h	nistorically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	ganization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and enforcing conser-	vation easements during the year
7	Amount of expanses insurred in manitering inspecting has	dling of violations, and enforcing concernation	a accompany during the year
7	Amount of expenses incurred in monitoring, inspecting, han \$	aling of violations, and enforcing conservation	reasements during the year
8	Does each conservation easement reported on line 2(d) abo	vo satisfy the requirements of section 170(b)(
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
Ŭ	balance sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pu		
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 9	58, to report in its revenue statement and bal	ance sheet works of
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$
			x .
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB /	· · · ·	
а	Revenue included on Form 990, Part VIII, line 1	-	► \$
	Assets included in Form 990, Part X		
-	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2020

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar AssetScontinued) a Using the organization acquisition, accession, and other records, check any of the following that make significant use of its collection tams (check all that apply): a Poble cohibition a Poble cohibition d Loan or exchange program b Scholary research c Done c Provide a description of the organization solito or receive domations of art, historical treasures, or other similar assets to be solito the organization solito or receive domations of art, historical treasures, or other similar assets to be solito raise tunks rather than to be maintained as part of the organization collection? Yes No Part III Escrow and Custocial Transgements. Complete if the organization solection? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount to Amount to Amount c Beginning balance (a) Current year (b) If 'Yes,' explain the arrangement in Part XIII check here if the organization answered 'Yes' on Form 990, Part X, Ine 21, for secree or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII check here if the organization answered 'Yes' on Part XII No If 'Ies a Stabular downer to thind. Complete if the organization answered 'Yes' on Part XII No If 'Yes,' explain the arrangement in Part XIII. Check here if t	Sche		ERVICES FO				77-00			age 2
collection terms (check all that apply): d Loan or exchange program a Dybit exhibition d Loan or exchange program b Scholarly research e Other	Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	her Sin	nilar Asse	ets(contii	nued)	
a Public exhibition d □ can or exchange program b Scholary research 0 □ Other	3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	e significa	ant use of its	S		
b Scholary research e Other		collection items (check all that apply):								
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	а	Public exhibition	d							
Provide a description of the organization's collectors and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collectors and or the organization's collectors' Part W Escrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, Ime 9, or reported an around to norm 990, Part X, Ime 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is the organization include an amount on Form 990, Part X, Ime 21, for secrew or custodial account lability? Ves No If 'Yes, ' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Part V Endowment Funds. Complete if the organization include an amount on Form 990, Part X, Ime 21, for secrew or custodial account lability? Prove the restination answered 'Yes' on Form 990, Part X, Ime 24, 142, 25, 955, 25, 133, 23, 509, 21, 139, 23, 509, 21, 139, 24, 142, 25, 955, 25, 133, 23, 509, 21, 139, 24, 142, 25, 955, 25, 133, 23, 509, 21, 139, 24, 142, 25, 955, 25, 133, 23, 509, 24, 139, 25, 133, 23, 509, 25, 133,	b	Scholarly research	е	Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization angewent IV. Yes No I Is the organization angewent in Part XIII and complete the following table: It'res, 'explain the arrangement in Part XIII and complete the following table: It'res, 'explain the arrangement in Part XIII. Amount Id	С	Preservation for future generations								
To be not to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability? Image: Complete if the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability? Image: Complete if the organization answered 'Yes' on Form 980, Part IV, line 10. Part VV Endowment Funds. Complete if the organization answered 'Yes' on Form 980, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 980, Part IV, line 10. Part VV Endowment Funds. Complete if the organization answered 'Yes' on Form 980, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 980, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 980, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 980, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 980, Part IV, line 10. Image: Complete if the organization	4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's e	kempt pu	irpose in Pa	rt XIII.		
Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Second S	5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other simi	lar assets	s _			_
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability? No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Image: Complete table for the complete table of the complete table of the complete table of the complete table of the complete table. Image: Complete table of table o		to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?		L	Yes		No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Control of Contro of Control of Control of	Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes"	on Form 9	990, Part IV	, line 9, o	r	
on Form 990, Part X7 Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2a Distributions during the year 1d 2a Dist the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part X Endowment Funds. Complete If the organization answered "Yes" on Form 990, Part X, line 10. Part X Endowment Funds. Complete If the organization answered "Yes" on Form 990, Part X, line 10. In 10. Part X Endowment Y 26, 142, 25, 995, 25, 133, 23, 509, 21, 139. 2, 370. contributions		reported an amount on Form 990, Par	t X, line 21.							
b If "Yes," explain the arrangement in Part XII and complete the following table:	1a							_		-
c Beginning balance Image: Construction of the organization is been provided on Part XIII. d Additions during the year Image: Construction of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No d Tending balance Image: Construction of the organization in the part XIII. Check here if the explanation has been provided on Part XIII. Image: Construction of Constered (Construction of Construction of Constr							L	Yes		No
c Beginning balance ic id id id	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
d Additions during the year 1d e Distributions during the year 1d 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ives Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ives 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Fure years back (e) Four years back 2 Contributions 26, 142, 25, 895, 25, 133, 23, 509, 21, 139, 23, 509, 21, 139, 23, 509, 21, 139, 23, 509, 21, 139, 23, 509, 21, 139, 23, 509, 21, 139, 23, 509, 21, 23, 509, 21, 23, 509, 21, 23, 509, 21, 23, 509, 21, 23, 509, 21, 23, 509, 21, 23, 509, 21, 23, 509, 21, 23, 509, 21, 23, 509, 21, 23, 509, 21, 23, 509, 21, 23, 509, 25, 133, 23, 509, 21, 23, 509, 25, 133, 23, 509, 21, 23, 509, 25, 133, 23, 509, 22, 50, 25, 133, 23, 509, 22, 50, 25, 133, 23, 509, 22, 50, 25, 133, 23, 509, 22, 50, 25, 133, 23, 509, 22, 50, 25, 133, 23, 509, 22, 50, 25, 133, 23, 509, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20								Amoun	t	
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Four years back (c) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (c) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (c) Four years back 1a Beginning of year balance (c) Two years back (c) Four years back (c) Four years back 1a Genants or scholarships (c) Atter years (c) Four years back (c) Four years back (c) Four years back							>			
f Ending balance 11 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes; explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No b If "Yes; explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions 26, 142. 25, 935. 23, 133. 23, 509. 21, 139. c Not tinvestment earnings, gains, and losses 7, 001. 246. 762. 1, 624. 2, 370. c Other expenditures for facilities							d l			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е						•			
b If *Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior years (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior years (c) Two years back (e) Three years back (e) Four years back c Net investment earnings, gains, and losses 7, 001. 246. 762. 1, 624. 2, 370. c Other expenditures for facilities	f						f	_		
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (c) Three years back (e) Four years back 26, 142. 25, 895. 25, 133. 23, 509. 21, 139. c Net investment earnings, gains, and losses 7, 001. 246. 762. 1, 624. 2, 370. d Grants or scholarships							L	_ Yes		J No
Image: control of the expenditures of facilities and programs (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Image: control of the expenditures of the expenditures of the expenditures of facilities and programs 26,142. 25,895. 25,133. 23,509. 21,139. Image: control of the expenditures of facilities and programs 7,001. 246. 762. 1,624. 2,370. Image: control of the expenditures of facilities and programs 1 26,142. 25,895. 25,133. 23,509. 21,139. Image: control of the expenditures of facilities and programs 1 26,142. 25,895. 25,133. 23,509. Image: control of the expenditures of facilities and programs 1 26,142. 25,895. 25,133. 23,509. Image: control of the expenditures of facilities and programs 1 9 9 100,0000 % 100,0000 % 100,0000 % 100,0000 % 100,0000 % 100,0000 % 100,0000 % 100,0000 % 100,000 % 100,000 % 100,000 % 100,000 % 100,000 100,000 <td< th=""><td>_</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>]</td></td<>	_]
1a Beginning of year balance 26,142. 25,895. 25,133. 23,509. 21,139. b Contributions	Fai	L V Elidowillent Funds. Complete h	-			-		() Fau		haali
b Contributions	4.	De site in a france la la se	., ,	())	()	- · ·		<u> </u>	,	
c Net investment earnings, gains, and losses 7,001. 246. 762. 1,624. 2,370. d Grants or scholarships		r i i i i i i i i i i i i i i i i i i i	20,142.	25,095.	25,133	•	23,509	•	21,	139.
d Grants or scholarships			7 001	246	760		1 (24		2	270
e Other expenditures for facilities and programs			7,001.	240.	/62	•	1,624	•	۷,	370.
and programs		ſ				-				
f Administrative expenses 33,143. 26,142. 25,895. 25,133. 23,509. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % % % c Term endowment ▶ % % d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	е									
g End of year balance 33,143. 26,142. 25,895. 25,133. 23,509. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % % c Term endowment ▶ % mediation of the percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organization answered "Yes" on line 3a(iii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value Laand						-				
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% mte percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation depreciation a Land		Г	22.442		05.005					
a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	g			•	-	•	25,133	•	23,	509.
b Permanent endowment ▶ 100.000 % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:			rent year end balanc		a)) held as:					
c Term endowment > % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (ii) aq(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Equipment		.		_%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organizations (iii) (Iiii) Related organizations (iiii) Related organization set organization's endowment funds. (a) Cost or other form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (i) Equipment (i) Equipment (i) Equipment (i) Equipment (i) Equipment (i) Equipment (i) Equipment										
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(ii) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) b Buildings 21,536. 21,536. 0. c Leasehold improvements 21,536. 21,536. 0. e Other 31,013. 8,170. 22,843.	С		-							
by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) c Leasehold improvements d Equipment c Leasehold improvements d Equipment c Other (c) Accumulated (c) A										
(i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated b Buildings 4 4 4 1a Land 4 4 4 4 1a Land 4 4 4 4 4	3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered fo	r the orga	anization	1		
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land b b Buildings 21,536. 21,536. c Leasehold improvements 21,536. 0. e Other 31,013. 8,170. 22,843.		•								No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land									<u>x</u>	37
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (d) Book value c Leasehold improvements 21,536. d Equipment 21,536. e Other 31,013.		(ii) Related organizations						3a(ii)		X
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land								3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	<u> </u>			wment funds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par									
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment 21,536. 21,536. e Other 31,013. 8,170.		· · ·		<u>, , , , , , , , , , , , , , , , , , , </u>	í	,				
b Buildings		Description of property						(d) Boo	k value	3
c Leasehold improvements d Equipment 21,536. 21,536. 0. e Other 31,013. 8,170. 22,843.	1a	Land								
c Leasehold improvements d Equipment 21,536. 21,536. 0. e Other 31,013. 8,170. 22,843.										
e Other 31,013. 8,170. 22,843.						-				-
e Other	d	Equipment			-					
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3	1,013.	8,	170.			
	Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)		🕨	2	2,8	43.

Schedule D (Form 990) 2020

(1) Financial derivatives	-		
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENTS	1,846,647.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,846,647.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX Other Assets.			
Complete if the organization answered "Ye	s" on Form 990, Part IV, line ⁻	11d. See Form 990, Part X, line 15.	
	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total, (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Ye	s" on Form 990, Part IV, line ⁻	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ACCRUED VACATION			17,409.
(3) ACCRUED EMPLOYEE BENEFIT	S &		
(4) PAYROLL TAXES			844.
(5) PPP LOAN			120,193.
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 25.)		138,446.
2. Liability for uncertain tax positions. In Part XIII, provi	,		
organization's liability for uncertain tax positions unc		-	
organization s hability for uncertain tax positions unc	ICT AOD AOO 740. OHECK HE		

(c) Method of valuation: Cost or end-of-year market value

LEGAL SERVICES FOR SENIORS Schedule D (Form 990) 2020

Part VII	Investn	nents -	Other	Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost of the security of the security

Schedule D (Form 990) 2020

1	dule D (Form 990) 2020 LEGAL SERVICES FOR SENIOR				JU/JLZ/ Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater		Revenue per R	eturn	-
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:				
1	Total revenue, gains, and other support per audited financial statements			1	1,569,395.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		222,073.		
b	Donated services and use of facilities	2b	447,122.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	669,195.
3	Subtract line 2e from line 1			3	900,200.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	900,200.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements Wit	h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	2a.			
1	Total expenses and losses per audited financial statements			1	1,270,811.
2					
~	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a	447,122.		
a b			447,122.		
a	Donated services and use of facilities	2b	447,122.		
a	Donated services and use of facilities Prior year adjustments	2b 2c	447,122.		
a b c	Donated services and use of facilities Prior year adjustments Other losses	2b 2c 2d		2e	447,122.
a b c d	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2b 2c 2d		2e 3	447,122. 823,689.
a b c d e	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2b 2c 2d			
a b c d e	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2b 2c 2d			
a b c d e 3 4	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2b 2c 2d 2d			823,689.
a b c d e 3 4 a	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2b 2c 2d 4a 4b			823,689.
a b c e 3 4 a b c 5	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	2b 2c 2d 2d 4a 4b		3	823,689.
a b c e 3 4 a b c 5	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2b 2c 2d 2d 4a 4b		3 4c	823,689.

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

PART V, LINE 4:

THE ORGANIZATION HAS A DONOR RESTRICTED ENDOWMENT FUND FOR THE PURPOSE OF

PROVIDING FREE LEGAL ASSISTANCE TO MONTEREY COUNTY SENIOR CITIZENS AGE 60

AND OLDER.

PART X, LINE 2:

PART X, QUESTION #2: FIN 48

THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL

REVENUE SERVICE UNDER CODE SECTION 501(C)(3). CERTAIN TYPES OF INCOME ARE

CONSIDERED UNRELATED BUSINESS TAXABLE INCOME WHICH IS TAXED AT REGULAR

CORPORATE INCOME TAX RATES. THE ORGANIZATION HAD NO UNRELATED BUSINESS

TAXABLE INCOME DURING THE YEAR ENDED JUNE 30, 2021. THE ORGANIZATION

77 0072107

BASED ON THEIR TECHNICAL MERITS, SHOULD THERE BE AN EXAMINATION BY A

CURRENTLY, THE 2020, 2019, 2018, AND 2017 TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES. HOWEVER, THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE ORGANIZATION BEEN CONTACTED BY ONE OF THE TAXING AUTHORITIES.

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THEY TOOK NO UNCERTAIN TAX POSITIONS REQUIRING ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD.

SCHEDULE G	Suppleme	ntal Information Regarding	, Fun	drais	ing or Gaming	Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				or 19, or if the	2020
Department of the Treasury Internal Revenue Service		Attach to Form 990) or Fo	rm 99	0-EZ.		Open to Public Inspection
Name of the organization		o to www.irs.gov/Form990 for instr	uction	is and	the latest informat		r identification number
Name of the organization		ERVICES FOR SENIOR	s)73127
	complete this par	Complete if the organization answe t.	ered "Y	'es" oi	n Form 990, Part IV,	line 17. Form 9	90-EZ filers are not
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 							
(i) Name and addres or entity (fund		(ii) Activity	fundr have c or cor	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount p to (or retained fundraiser listed in col.	by) (v) Amount paid to (or retained by)
			Yes	No			
Total							
3 List all states in whi or licensing.	ch the organizatio	on is registered or licensed to solicit	contrik	outions	s or has been notified	d it is exempt fr	om registration

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 LEGAL SERVICES FOR SENIORS

77-0073127 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990)-EZ, lines 1 and 6b. List e	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				CALENDAR	NONE	(add col. (a) through
			END APPEAL	YEAR END APP		col. (c))
ne			(event type)	(event type)	(total number)	
Revenue			37 115	7,885.		45,330.
Re	1	Gross receipts	37,445.	7,005.		45,550.
	2	Lass: Contributions				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	37,445.	7,885.		45,330.
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses						
kpei	6	Rent/facility costs				
άE] _					
lirec	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		451.		451.
	10	Direct expense summary. Add lines 4 through			•	451.
		Net income summary. Subtract line 10 from I			•	44,879.
Pa	irt I					•
		\$15,000 on Form 990-EZ, line 6a.				
е			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enu				bingo/progressive bingo		col. (a) through col. (c))
Revenue						
_	1	Gross revenue				
ses	2	Cash prizes				
suac		New cools reviews				
Exp	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
Dir	1					
	5	Other direct expenses				
	-		Yes %	Yes %	Yes %	
	6	Volunteer labor				
				•		
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		►	
		ter the state(s) in which the organization condu	· · · _			
		the organization licensed to conduct gaming a				Yes No
b) If "	No," explain:				
10-	We	ere any of the organization's gaming licenses re	evoked suspended ort	erminated during the tax	vear?	Yes No
		Yes," explain:			you::	
		· , • · · · · · · · · · · · · · · · · · ·				

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 LEGAL SERVICES FOR SENIORS 77-0	073127	7 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	• An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	105	70
14			
	Name		
	Address		
1 5a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Yes	🗌 No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party >		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer		
17	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	📖 Yes	└── No
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year 🕨 \$		
Pa	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and (v); and (v); and (v); and (v); and (v);	art III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Part IV Supplemental Information (continued)						

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 77 - 0073127

LEGAL SERVICES FOR SENIORS

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

THE AUDIT OR FINANCE COMMITTEE REVIEWS AND APPROVES FORM 990 FOR ACCURACY

AND COMPLETENESS AND SUBMITS TO THE BOARD FOR REVIEW.

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

MEMBERS OF THE BOARD AND OFFICERS OF THE ORGANIZATION SHALL DISCLOSE IN WRITING ANY PERSON OR ANY BUSINESS ENTITY WITH WHICH THEY ARE AFFLIATED OR IN WHICH THEY HAVE ANY DIRECT OR INDIRECT INTEREST THAT PRESENTLY TRANSACTS BUSINESS OR IN ANY WAY ENGAGES IN ANY BUSINESS OR FINANCIAL DEALINGS WITH THE ORGANIZATION OR WHICH MIGHT REASONABLY BE EXPECTED TO DO SO IN THE FUTURE. WRITTEN DISCLOSURE SHALL BE MADE AT THE TIME THE DIRECTOR IS ELECTED OR APPOINTED, AND SHALL THEREAFTER BE UPDATED AND RESUBMITTED ANNUALLY.

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

INDEPENDENT PERSONNEL COMMITTEE REVIEWS, AMONG OTHER THINGS, COMPARABLE

DATA, AND MAKES RECOMMENDATIONS TO THE BOARD REGARDING STAFF/PERSONNEL

MATTERS.

THE ORGANIZATION HAS NO OTHER OFFICERS OR KEY EMPLOYEES OTHER THAN THOSE LISTED ON FORM 990, PART VII.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE

UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
lame of the organization LEGAL SERVICES FOR SENIORS	Employer identification number 77-0073127
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBII	LITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. THE	METHOD OF THE
OVERSIGHT HAS NOT CHANGED FROM THE PRIOR YEAR.	

TAXABLE YEARCalifornia Exempt Organization2020Annual Information Return

Canadia Val 2020 or finad year beginning (mm/dd/yyy) 07/01/2020 and ending (mm/dd/yyy) 06/30/2021 Corporation/Organization rank Callerbain corporation mumber Callerbain corporation mumber LEGAL SERVICES FOR SENIORS 1279918 Amount information. Sole informations and information. Sole informations and information. Sole information information. Sole	202	O Annual Information Retu	Irn					199	
Comparison Comparison number LEGAL SERVICES FOR SENIORS LICEAL SERVICES FOR SENIORS LICEAL SERVICES FOR SENIORS Additional information. Bis information in a comparison number LICEAL SERVICES FOR SENIORS 77-0073127 Part dates information. Bis information. 71-0073127 Part of the comparison of	Calendar Year	2020 or fiscal year beginning (mm/dd/yyyy) 07/0:	1/2020	, and ending (mm/dd/yyy	/y)	06	730/2021 .	
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Accellence in information: Side instructions. PEN 915 HILBY AVENUE, SUITE #2 Part of an. OTH Part of an. SEASTIDE CA STATE CA SATE and the expension of the expensis of the expensis of the expensis of the e									
Simulational control 77-0073127 Simulation of the product data with the product of the prod							918	;	
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SEASIDE CA 93955 Foreign province Value Countly Foreign province Value Countly Foreign province Value Countly A First return Ves X No A First return Ves X No D Final Information return? Ves X No D Final Information return? Ves X No C Check accountly within Merges/Resignated table (modd) yyy Ves X No C Final Information return? Ves X No Ves X No C Check accountly entities Semendeed Withdrawn) Merges/Resignated table (modd) yyy Ves X No C Final Information return? Ves X No Ves X No C Check accountly entities Ves X No Ves X No C Final Page Series Ves X No Ves No Ves No I If Yes, "what is the parent's name? Ves X No Ves No Ves No I If Yes, "what is the parent's name? Ves X No Ves No S B Concertaint an interface form 1023 / 102	Residence of the second s	JDI AVENUE, SUIIE #2			State	ZIP code			
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B Amended return C IRC Section 4947(a)(1) trust Press Ves X No C IRC Section 4947(a)(1) trust Ves X No Final information return? C IRC Section 4947(a)(1) trust Ves X No Final information return? C IRC Section 4947(a)(1) trust Ves X No Final information return? C IRC Section 4947(a)(1) trust Ves X No Final information return? C IRC Section 4947(a)(1) trust Ves X No Final information return? C IRC Section 4947(a)(1) trust Ves X No Final information return? C IRC Section 4947(a)(1) trust Ves X No Final information return? C IRC Section 23701(7) Ves X No Final information return? C IRC Section 23701(7) Ves X No Final information return? C IRC Section 23701(7) Ves X No Final information return? C IRC Section 23701(7) Ves X No Final information return? C IRC Section 23701(7) Ves X No Final information return? C IRC Section 23701(7) Ves X No Final information return? C IRC Section 23701(7) Ves X No N Is the organization information and trust Section 23701(7) Ves X No N Is the organization information and return the section 23701(7) Ves X No N Is the organization information and return the section 23701(7) Ves X No N Is the organization information and return the section 23701(7) Ves X No N Is the organization information and return the section 23701(7) Ves X No N Is the organization information and return the section 23701(7) Ves X No N Is the organization information and return the section 23701(7) Ves X No N Is the organization information 24002 (Pending? Data field with IRS Part I Complete Part I unless not required to file this form. See General Information B									
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 Descrived Burnendered (Windrawe) MergeoFReerganzad K is the organization exempt under R&TC Section 237019? Yes X No Check accounting method: (1) Cash (2) X Account (3) Correr F federal return filed? (1) Bear (2) Bear (2)	C IRC Secti	on 4947(a)(1) trust Yes 🛛 🗶							
Enter date: (menVadyyyy) Enter date: (menVadyyyy) E Check accounting method: (1) Cash (2) X Account (3) Order F Federal return (lef? (1) Seorer (2) X Account (3) Order (4) X Other 990 series G is this a group filing? See instructions	D Final info								
E Check accounting method: (1) Cash (2) Accoust (3) Other F Federal return file? (1) George (3) George (3) Ceorge (3) </td <td>•</td> <td>Dissolved Surrendered (Withdrawn) Merged/Reorganized</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>١o</td>	•	Dissolved Surrendered (Withdrawn) Merged/Reorganized							١o
F Federal return filed? (1) • is asor(2) • is asor(2) • is share (asor) M Did the organization file Form 100 or Form 109 to report taxable income? • Yes X No B Is this a group exemption Yes X No No No No H Is this organization in a group exemption Yes X No No No No Part I Complete Part i unless not required to file this form. See General Information B and C. Is from 202/1024 pending? Yes X No I Gross sales or receipts from other sources. From Side 2, Part I, line 8 • I 88, 912 oo 2 Gross contributions, gifts, grants, and similar amounts received STMT 1. • I 88, 912 oo 3 Gross contributions, gifts, grants, and similar amounts received STMT 1. • I 900, 651 oo 6 Cost or other basis, and sales expenses of assets sold • I 9 9 9 24, 140 oo 10 Total gross income. Subtract line 7 from line 4 9 9 9 26, 51 oo 00 6 Cost or other basis, and sales expenses of assets sold • II 9 9 0 6 0 0 6 0 0 10 7 0 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>									
(4) ∑ Other 990 series (4) ∑ Other 990 series (5) Sthis a group filing? See instructions (4) ∑ No (5) Sthis a group semption (7) Yes (7) Yes									10
G Is this a group filing? See instructions ● Yes X No No <t< td=""><td></td><td></td><td>report</td><td>taxable income?</td><td></td><td></td><td>J9 l0</td><td></td><td>No</td></t<>			report	taxable income?			J9 l0		No
H Is this organization in a group exemption Image: Signal and the set of the set			No N is the c	proanization under	r audit by tl	ie IRS or	has th		10
If "Yes," what is the parent's name? 0 is federal Form 1023/1024 pending?			No IRS au	dited in a prior yea	ar?			• Yes X N	٧o
Part I Complete Part i unless not required to file this form. See General Information B and C. I Gross sales or receipts from other sources. From Side 2, Part II, line 8 1 88, 912 oo 2 Gross dues and assessments from members and affiliates 2 00 3 Gross contributions, gifts, grants, and similar amounts received STMT 1 88, 912 oo 4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B 4 900, 651 oo 6 Cost of goods sold 6 00 6 00 7 Total costs. Add line 5 and line 6 7 7 00 8 Total costs. Add line 5 and line 6 7 7 00 9 Total costs. Add line 5 from Side 2, Part II, line 18 9 9 824, 140 oo 10 Total costs. Add line 5 from Side 2, Part II, line 18 9 9 824, 140 oo 10 Total costs. Add line 1 from tine 4 9 9 824, 140 oo 11 Total costs. Add line 5 from Side 2, Part II, line 18 9 10 76, 511 oo 11 Total ayons methost lin		• • • • • • • • • • • • • • • • • • • •				-		37.	٧o
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15 Penalties and Interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 Image: Sign Here Sign Here Signature of perjury. 1 dectare that have examined mis return, including accompanying schedules and statements, and to the best of my knowledge and bellet, it is true, correct, and complete. Declaration of prepare (other than taxpayer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Preparer's Date Telephone Signature of officer JESSE LOPEZ Date Paid Preparer's signature is statements, set of my knowledge. PO0312725 Paid Firm's name (or yours, if self-employed) BIANCHI, KASAVAN & POPE, LLP Po4-1541507 P1541507 Use Only and address SLINAS, CA 93901 SUITE 200 831-757-5311	Eiling Eoo								
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Sign Here Signature of officer Title PRESIDENT Date • Telephone 831-899-0492 Paid Preparer's signature JESSE LOPEZ Date • PTIN Paid Preparer's signature JESSE LOPEZ 03/28/22 • PTIN Paid Firm's name (or yours, if self- employed) and address BIANCHI, KASAVAN & POPE, LLP • Potesting 94-1541507 • Firm's FEIN 94-1541507 Vse Only BIANCHI, KASAVAN & POPE, LLP 450 LINCOLN AVENUE, SUITE 200 • Telephone 831-757-5311									
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Preparer's signature JESSE LOPEZ 03/28/22 Check if self-employed P00312725 Paid Preparer's Use Only Firm's name (or yours, if self- employed) and address BIANCHI, KASAVAN & POPE, LLP 94-1541507 450 LINCOLN AVENUE, SUITE 200 • Telephone 831-757-5311	noro	Signature of officer							
Paid Firm's name • Firm's FEIN Preparer's Or yours, if self-employed • BIANCHI, KASAVAN & POPE, LLP 94-1541507 Use Only • Telephone • Telephone SALINAS, CA 93901 • Sal-757-5311		Propagatio	7			if			
Preparer's Image: Set-image of the set image		signature JESSE LOPEZ		03/28/2	2 self-er	nployed			
Use Only employed and address 450 LINCOLN AVENUE, SUITE 200 SALINAS, CA 93901 831-757-5311									
and address SALINAS, CA 93901 831-757-5311	•								
	Use Unly		TIE 200						
			? See instruction	IS		• X	Vec	No	-

LEGAL SERVICES F	'OR i	SENIORS
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Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951 12-22-20

	1	Gross sales or receipts from all b	ousine	ss activities. See instruc	ctions		•	1		45,330	
	2	Interest					•	2		102	
	3							3		36,479	00
Receipts	4							4			00
from	5							5			00
Other	6		e of as	sets (See Instructions)			•	6			00
Sources							7		7,001	00	
	8							8		88,912	00
	9	Contributions, gifts, grants, and	similaı	r amounts paid			•	9			00
	10	Disbursements to or for member	rs				•	10			00
	11	Disbursements to or for member Compensation of officers, directo	ors, an	nd trustees		SEE STA	TEMENT 3 •	11		116,099	00
	12	Other salaries and wages					•	12		419,002	00
Expense		Interest						13			00
and		Taxes						14		40,991	00
Disburse		Rents						15		54,655	00
ments	16	Depreciation and depletion (See	instru	ctions)			•	16		4,802	00
	17	Depreciation and depletion (See Other expenses and disburseme	nts			SEE STA	TEMENT $4 \bullet$	17		188,591	
	18	Total expenses and disbursemer	nts. Ac	d line 9 through line 17	'. Enter	here and on Side 1, Pa	art I, line 9	18		824,140	00
Scheo	lule L	Balance Sheet		Beginning of	taxabl	e year	En	d of tax	able ye	ear	
Assets				(a)		(b)	(C)			(d)	
1 Casl	۱ 					408,345			•	495,3	86
		s receivable							•		
		ceivable							•		
									•		
		state government obligations							•		
6 Inve	stments	s in other bonds							•		
7 Inve	stments	s in stock							•		
8 Mor	tgage lo	ans							•		
9 Othe	r invest	ments STMT 5				1,588,094			•	1,846,6	47
10 a D	epreciat	ple assets STMT 11		37,345			52,5				
b Le	ess acci	umulated depreciation	(24,904		12,441	(29,70)6)		22,8	43
11 Land	ł								•		
12 Othe	r assets	STMT 6				161,889			•	218,8	
13 Tota	l asset	s				2,170,769				2,583,7	01
		net worth									
		ayable				5,195			•	4,2	94
		ns, gifts, or grants payable							•		
		notes payable							•		
17 Mor	tgages	payable				00 105			•	1 - 0 - 0	10
		ies STMT 7				23,197				150,9	46
		k or principal fund							•		
		ital surplus. Attach reconciliation							•		<u> </u>
		rnings or income fund				2,142,377 2,170,769			•	2,428,4	
		ties and net worth				2,1/0,/09				2,583,7	01
Scheo	iule N	A-1 Reconciliation of income Do not complete this sched				e 13, column (d), is les	s than \$50,000.				
1 Net	ncome	per books		• 298,							
		me tax		•		not included in th		9	•	669,1	95
		apital losses over capital gains		•		8 Deductions in thi					
		recorded on books this year		•			ome this year		•		
		corded on books this year not				9 Total. Add line 7				669,1	95
		this return STMT	8	• 447,		10 Net income per re					
		ne 1 through line 5		745,						76,5	11

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CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
COUNTY OF MONTEREY DSES	100 SOUTH MAIN STREET, SUITE #200 SALINAS, CA 93901	06/21/21	191,484.	
CITY OF MONTEREY	399 MADISON STREET MONTEREY, CA 93940	04/30/21	10,000.	
HARDEN FOUNDATION	P.O. BOX 779 SALINAS, CA 93902	04/27/21	25,000.	
STATE BAR OF CALIFORNIA - EQUAL ACCESS	180 HOWARD STREET SAN FRANCISCO, CA 94105-1639	02/28/21	83,030.	
CITY OF SEASIDE	440 HARCOURT AVENUE SEASIDE, CA 93955	05/14/21	10,318.	
BARNET SEGAL CHARITABLE TRUST	PO BOX S-1 CARMEL, CA 93921	04/02/21	25,000.	
COMMUNITY FOUNDATION FOR MONTEREY COUNTY	2354 GARDEN ROAD MONTEREY, CA 93940	03/08/21	49,146.	
DALE MEYER FUND OF THE CFMC	2354 GARDEN ROAD MONTEREY, CA 93923	06/30/21	20,000.	
HOSPICE GIVING FOUNDATION	80 GARDEN CT, STE 201 MONTEREY, CA 93940	08/28/20	7,500.	
STATE BAR OF CALIFORNIA - IOLTA	180 HOWARD STREET SAN FRANCISCO, CA 94105	02/26/21	170,823.	
FUND OF THE CFMC	2354 GARDEN ROAD MONTEREY, CA 93901	10/06/20		
(BEQUEST)			11,336.	
COUNTY OF MONTEREY CDBG	168 WEST ALISAL STREET, 3RD FLOOR SALINAS, CA 93901	03/19/21	16,567.	
YELLOW BRICK ROAD BENEFIT SHOP	26388 CARMEL RANCHO CARMEL, CA 93923	03/24/21	5,500.	
DUNSPAUGH-DALTON FOUNDATION	1501 VENERA AVENUE, SUITE 312 CORAL GABLES, FL 33146	11/30/20	10,000.	
STATE BAR OF CALIFORNIA - HOMELESSNESS PREVENTION	180 HOWARD STREET SAN FRANCISCO, CA 94105	05/04/21	32,812.	

LEGAL SERVICES FOR SENI	ORS		77-0073127
STATE OF CALIFORNIA OFFICE OF SMALL BUSINESS ADVOCATE		03/11/2	1 15,000.
LOUIS & ROBERTA HUNTINGTON	24580 PASEO PRIVADO SALINAS, CA 93908	06/25/2	1 5,000.
TOTAL INCLUDED ON LINE 3			688,516.
CA 199	OTHER INCOME		STATEMENT 2
DESCRIPTION			AMOUNT
ENDOWMENT FUND GAIN			7,001.
TOTAL TO FORM 199, PART I	I, LINE 7	=	7,001.
CA 199 COMPENSATION	OF OFFICERS, DIRECTORS AND TRUS	TEES	STATEMENT 3
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED	/WK	COMPENSATION
KELLIE MORGANTINI 915 HILBY AVENUE, SUITE # SEASIDE, CA 93955	FORMER EXECUTIVE D 40.00	IRECTOR	40,524.
CREIGHTON MENDIVIL 915 HILBY AVENUE, SUITE # SEASIDE, CA 93955	EXECUTIVE DIRECTOR 2 40.00		75,575.
CAROL HILBURN 915 HILBY AVENUE, SUITE # SEASIDE, CA 93955	PRESIDENT 2 15.00		0.
ALLISON BARRIENTOS 915 HILBY AVENUE, SUITE # SEASIDE, CA 93955	VICE PRESIDENT 2 2.00		0.
MARTHA GUSTAVSON 915 HILBY AVENUE, SUITE # SEASIDE, CA 93955	TREASURER 2 2.00		0.
ROB SIMPSON 915 HILBY AVENUE, SUITE # SEASIDE, CA 93955	2 SECRETARY 2 2.00		0.

LEGAL SERVICES FOR SENIORS	77-0073127
GEORGE MCINNIS PAST-PRESIDENT 915 HILBY AVENUE, SUITE #2 2.00 SEASIDE, CA 93955	0.
RUDY FISCHER DIRECTOR 915 HILBY AVENUE, SUITE #2 2.00 SEASIDE, CA 93955	0.
LOUIS FRIZZELL DIRECTOR 915 HILBY AVENUE, SUITE #2 2.00 SEASIDE, CA 93955	0.
DANIEL GRIFFEE DIRECTOR 915 HILBY AVENUE, SUITE #2 2.00 SEASIDE, CA 93955	0.
DAVID NEE DIRECTOR 915 HILBY AVENUE, SUITE #2 2.00 SEASIDE, CA 93955	0.
SAM LAVORATO, SR. DIRECTOR 915 HILBY AVENUE, SUITE #2 2.00 SEASIDE, CA 93955	0.
SHERI CLINE DIRECTOR 915 HILBY AVENUE, SUITE #2 2.00 SEASIDE, CA 93955	0.
BILLIE FRENCH DIRECTOR 915 HILBY AVENUE, SUITE #2 2.00 SEASIDE, CA 93955	0.
TOTAL TO FORM 199, PART II, LINE 11	116,099.

TOTAL TO FOR	M 199,	PART II	, LINE 11
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CA 199

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DESCRIPTION	AMOUNT
TELEPHONE	16,699.
EQUIPMENT MAINTENANCE	10,255.
LIBRARY AND PUBLICATION	7,292.
OTHER EXPENSES	6,057.
DIRECT EXPENSES OF FUNDRAISING EVENTS	451.
OTHER EMPLOYEE BENEFITS	68,341.
ACCOUNTING FEES	22,776.
OTHER PROFESSIONAL FEES	2,445.
ADVERTISING AND PROMOTION	23,183.
TRAVEL	313.
CONFERENCES AND CONVENTIONS	386.
INSURANCE	12,562.

OTHER EXPENSES

			11 0015.	/
ALL OTHER EXPENSES	-		17,8	31.
TOTAL TO FORM 199, PART II,	LINE 17		188,5	91.
CA 199	OTHER INVESTMENTS		STATEMENT	5
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
INVESTMENTS		1,588,094.	1,846,64	47.
TOTAL TO FORM 199, SCHEDULE	L, LINE 9	1,588,094.	1,846,64	47.
CA 199	OTHER ASSETS		STATEMENT	6
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
PLEDGES AND GRANTS RECEIVABL PREPAID EXPENSES AND DEFERRE ENDOWMENT FUND ASSETS		110,239. 25,508. 26,142.	154,49 31,18 33,14	85.
TOTAL TO FORM 199, SCHEDULE	L, LINE 12	161,889.	218,82	25.
 CA 199	OTHER LIABILITIES		STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
ACCRUED VACATION ACCRUED EMPLOYEE BENEFITS & PPP LOAN DEFERRED REVENUE	PAYROLL TAXES	22,850. 347. 0. 0.	17,4 8 120,1 12,5	44. 93.
TOTAL TO FORM 199, SCHEDULE	L, LINE 18	23,197.	150,94	46.
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LEGAL SERVICES FOR SENIORS

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77-0073127

LEGAL SE	RVICES	FOR	SENIORS	
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77-0073127

	RECORDED ON BOOKS DEDUCTED IN THIS F		STATEMENT	8
DESCRIPTION			AMOUNT	
DONATED SERVICES			447,1	22.
TOTAL TO FORM 199, SCHEDULE M-1,	LINE 5		447,1	22.
	CORDED ON BOOKS T NCLUDED IN THIS F		STATEMENT	9
DESCRIPTION			AMOUNT	
UNREALIZED GAINS DONATED SERVICES			222,0 447,1	
TOTAL TO FORM 199, SCHEDULE M-1,	LINE 7		669,1	95.
CA 199	FUND BALANCES		STATEMENT	10
DESCRIPTION		BEG. OF YEAR	END OF YE	AR
NET ASSETS WITHOUT DONOR RESTRIC NET ASSETS WITH DONOR RESTRICTIO		1,996,991. 145,386.	2,272,6 155,8	
TOTAL TO FORM 199, SCHEDULE L, I	JINE 21	2,142,377.	2,428,4	61.
CA SCHEDULE L D	EPRECIABLE ASSETS	5	STATEMENT	11
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	END OF YEA BOOK VALU	
LEGAL FILE (4 DRAWER) PEDESTAL DESK SECRETARY DESK DBL PEDESTAL DESK PRINTER STAND CONF TABLE/6 CHAIRS 3 MERLIN PHONES HP 4000T LASER PRINTER 4 OAK BOOKCASES 3 OAK DESKS (ANTIQUE)	150. 150. 412. 150. 100. 1,014. 1,735. 1,732. 815. 1,500.	150. 150. 412. 150. 100. 1,014. 1,735. 1,732. 815. 1,500.		0. 0. 0. 0. 0. 0. 0. 0. 0.

HP 4250TN LASERJET PRINTER	1,609.	1,609.	0.
EXECUTIVE DESK (CHERRY)	2,500.	2,500.	0.
SERVER	1,002.	1,002.	0.
COMPUTER	1,041.	1,041.	0.
SERVER	5,256.	5,256.	0.
NAS DRIVE / SERVER	2,370.	2,370.	0.
SYNOLOGY FOUR BAY SERVER	2,070.	1,932.	138.
APPLE LAPTOP	1,370.	1,065.	305.
DEV. DIRECTOR APPLE LAPTOP	2,345.	1,304.	1,041.
PHONE SYSTEM	4,373.	1,102.	3,271.
TENANT IMPROVEMENTS	5,651.	620.	5,031.
SOFTWARE & HARDWARE	15,204.	2,147.	13,057.
TOTAL TO FORM 199, SCH L, LINE 10	52,549.	29,706.	22,843.

Statuch to Form 100 or Form 100W. FORM 199 FEIN 77-0073127 Corporation name 1279918 LEGAL SERVICES FOR SENIORS 1279918 Part I Election To Expense Certain Property Under IRC Section 179 1 425000 2 Total cost of IRC Section 179 property placed in service 1 1 825000 2 Total cost of IRC Section 179 property placed in service 3 \$200,000 4 Reduction in limitation. 1 2 3 \$200,000 4 Reduction in limitation. 6 5 5 5 5 1 Listed property (elected IRC Section 179 property betwee reduction in limitation in thatable years subbattline 4 form line 1.1 zero or less, enter -0- 5 5 5 5 Total elected or IRC Section 179 property Add amounts in column (c), line 6 and line 7 8 9 9 9 9 9 9 9 9 9 10 10 10 10 11 12 12 13 12 13 12 12 13 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14 <td< th=""><th>TAXABLE YEARCOI2020and</th><th>rporati 1 Amor</th><th>on Depr</th><th>eciatio</th><th>n</th><th></th><th></th><th></th><th></th><th></th><th></th><th>CALIFORN</th><th></th></td<>	TAXABLE YEARCOI2020and	rporati 1 Amor	on Depr	eciatio	n							CALIFORN	
Corporation nume California corporation number 1279918 LEGAL SERVICES FOR SENIORS 1 \$255,000 1 \$250,000 2 \$250,000 \$25			<u>HEATON</u>			199]	FEIN	J		
Part L Exclan To Express Cartain Property blaced in Service 1 \$252,000 2 Total cost of IRC Section 179 property placed in service 1 \$252,000 2 Total cost of IRC Section 179 property placed in service 4 \$3 \$200,000 4 Relaction in imitation 4 \$3 \$200,000 4 Relaction in imitation 4 \$3 \$200,000 6 (a) Description of property and the interaction in limitation 7 \$1 7 Listid property (dented IRC Section 179 property have set in the transmittee in the section in the sectin the sectin the interaction in the sectin the interac	Corporation name								-				
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2 1 Cold Loss of IRC Section 179 experts / percertation in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 5 Dotal million for Loss / percent / percent / (b) (Cost (business use only) (c) Elected cost 7 Listed property (deter dRO Section 179 cost) 7 Listed property (-										
3 Threshold cast of IRG Section 179 property before reduction in limitation. 3 Section Indiation of Label yeas. Solution 14 (a) the section of the section o				a						····· L	-		\$25,000
4 Accuration in Imitation. Subtract line 3 from line 2. If zero or less, enter -0- 5 Dollar imitation for travable years. Subtract line 4 from line 1. If zero or less, enter -0- 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed properts (dected IRC Section 179 cost) 7 Listed properts (dected IRC Section 179 cost) 9 Tentiation de travable years. Subtract data damounts in column (c), line 6 and line 7 9 Tentiation de travable years. Subtract data damounts in column (c), line 6 and line 7 1 Description of property 10 11 Business income limitation. Enter the smaller of line 5 or line 8 10 Carrayveer of datalowed deduction hour prior travable years 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 2 RC Section 179 expense deduction. Add line 3 and line 10, busi to not enter more than line 11 12 2 RC Section 179 expense deduction. Add line 3 and line 10, busi to not enter more than line 1 12 2 RC Section 179 expense deduction add line 10, busi to not enter more than line 11 2 RC Section 179 expense deduction add line 10, busi to not enter more than line 1 2 2 RC Section 179 expense deduction in the 10, busi to not enter more than line 1 2 2 RC Section 179 expense deduction in the 10, busi to not enter more than line 1 2 2 RC Section 179 expense deduction in the 10, busi to not enter more than line 1 2 2 RC Section 179 expense deduction in the 10, busi to not enter more than line 1 2 2 RC Section 179 expense deduction in the 10, busi to not enter more than line 1 2 2 RC Section 179 expense deduction in the 10, busi to not enter more than line 1 2 2 RC Section 179 expense deduction in the 10, busi to not enter more than line 1 2 2 RC Section 179 expense deduction in the 12 and line 15, column (n) expense deduction adverse data during the anount to not line 15, column (n) or form 1000, Site 1, line 8. 2 2 2 2 2 2 2 3 RC PERTERMENT 1 2 2 3 Cost or (n) 3 3 4 A, 802											-		
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14 Image: Constraint of the second secon		Date acquir	red Co	st or	Depreciation	allowed or	Depreciation	Life	or		epre	ciation	Additional first year
SEE STATEMENT 12 52,549. 24,904. 15 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 15 4,802 Part III See instructions for line 14, column (h). 15 4,802 Part III See instructions for line 14, column (h). 15 4,802 Part III See instructions of line 14, column (h). 16 4,802 Part III See instructions of line 14, column (h). 16 4,802 Part III See instructions of line 14, column (h). 16 4,802 Part III See instructions of line 14, column (h). 16 4,802 Part III See instructions of line 14, column (h). 16 4,802 III See instructions of line 14, column (h). 16 4,802 III See instructions of line each of see instructions of line 15, columns (g) and (h) or 16 4,802 III Depreciation adjustment. 16 4,802 17 4,802 III See instructions of line each of line 16, enter the difference here and on Form 1000. 18 4,802 17 4,802 Part IV Montrization	14												
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Part III Summary 16 12 16 12 16 16 4,802 18 Cost in 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation claimed for federal purposes from federal Form 4562, line 22 16 4,802 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 17 4,802 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. 18 0 19 0 0 Form 100 or Form 100W, no adjustment is necessary. 18 0 Part IV Amortization (a) Description of property Date acquired (mm/dd/yyyy) Cost or other basis Amortization allowed or allowed or allowable in earlier years Period or for this year 19 19 10		(0)	()	al of column (h) may not exce	ed \$2,000.						4	
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18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) It											-		
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amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) 18 0 Part IV Amortization (a) (b) (c) (d) (e) (f) (g) Amortization 19 Image: I													
Part IV Amortization (a) (b) (c) (d) R&TC Section Period or percentage Amortization for this year 19 19 10 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>•</td><td>-</td><td></td><td> .</td><td>18</td><td></td><td>0</td></td<>							•	-		.	18		0
Date degended (mm/dd/yyyy) Observe other basis Anno datation allowed of allowable in earlier years Section (see instructions) Ford of percentage Ford of for this year 19	Part IV Amortization			,		,	,		5, .				
19 Image: Constraint of the second secon	(a) Description of prope		Date acquired	Cos	st or	Amortization	n allowed or	Section	מן ו	Period o		Amorti	zation
20 Total. Add the amounts in column (g) 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, 21	19							(000 1101 201	,,				
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STATEMENT(S) 12

	NO./ DATE IN IPTION SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
	LEGAL FILE (4 DRAWER) 08/12/88	150.	150.	200DB	7.00	0.	
	PEDESTAL DESK 08/12/88	150.	150.	200DB	7.00	0.	
3	SECRETARY DESK 09/07/88	412.	412.	200DB	7.00	0.	
4	DBL PEDESTAL DESK 09/07/88	150.	150.	200DB	7.00	0.	
5	PRINTER STAND						
6	03/03/89 CONF TABLE/6 CHAIRS	100.		200DB	7.00	0.	
7	06/06/90 3 MERLIN PHONES	1,014.	1,014.	200DB	7.00	0.	
	10/06/90	1,735.	1,735.	200DB	5.00	0.	
	HP 4000T LASER PRINTE 05/26/98	1,732.	1,732.	200DB	3.00	0.	
10	4 OAK BOOKCASES 04/27/00	815.	815.	200DB	5.00	0.	
11	3 OAK DESKS (ANTIQUE) 05/06/00		1,500.		5.00	0.	
19	HP 4250TN LASERJET PH	RINTER					
20	06/19/06 EXECUTIVE DESK (CHERE	1,609. RY)	1,609.	200DB	5.00	0.	
21	06/24/06 SERVER	2,500.	2,500.	200DB	5.00	0.	
	08/02/06	1,002.	1,002.	200DB	3.00	0.	
22	COMPUTER 01/25/07	1,041.	1,041.	200DB	3.00	0.	
23	SERVER 06/22/11	5,256.	5,256.	200DB	5.00	0.	
24	NAS DRIVE / SERVER	-	-				
25	06/01/15 SYNOLOGY FOUR BAY SEE	2,370. RVER	2,370.	SL	5.00	0.	
26	11/15/16 APPLE LAPTOP	2,070.	1,518.	SL	5.00	414.	
	11/07/18	1,370.	608.	SL	3.00	457.	
21	DEV. DIRECTOR APPLE I 03/03/19	2,345.	522.	SL	3.00	782.	
28	PHONE SYSTEM 09/25/19	4,373.	477.	SL	7.00	625.	
29	TENANT IMPROVEMENTS	-					
30	11/08/19 SOFTWARE & HARDWARE	5,651.	243.	ЪГ	15.00		
	02/15/20	15,204.		SL	7.00	2,147.	
TOTAL	TO FORM 3885	52,549.	24,904.			4,802.	

DEPRECIATION

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STATEMENT

77-0073127

12

TAXABLE 202		FORM 8453-EO
Exempt Orga	inization name	Identifying number
LEGAL	SERVICES FOR SENIORS	77-0073127
Part I	Electronic Return Information (whole dollars only)	000 651
	I gross receipts (Form 199, line 4)	
	I gross income (Form 199, line 8) I expenses and disbursements (Form 199, line 9)	
3 101a		
Part II	Settle Your Account Electronically for Taxable Year 2020	
4	Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/d	d/yyyy)
	Banking Information (Have you verified the exempt organization's banking information?)	
	ng number	
	unt number 7 Type of account:	ing Savings
-	Declaration of Officer the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic	c funds withdrawal for the amount listed
transmitter California e a balance c organizatio statements delayed, l	alties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my , or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt orgon will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt orgon authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.	f the exempt organization's 2020 . If the exempt organization is filing janization's fee liability, the exempt and accompanying schedules and
Sign	Signature of officer Date Title	
Here	Signature of onicer Date The	
Part V	Declaration of Electronic Return Originator (ERO) and Paid Preparer.	
I declare th am only an accurately provided th 1345, 2020 the exempt I declare th	at I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and c i intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I c reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transm the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other re D Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the r to organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the lat I have examined the above exempt organization's return and accompanying schedules and statements, and to the be ct, and complete. I make this declaration based on all information of which I have knowledge.	leclare, however, that form FTB 8453-EO itting this return to the FTB; I have equirements described in FTB Pub. return or four years from the date paid preparer, under penalties of perjury,
	ERO'S-	eck ERO's PTIN elf-
ERO	preparer X em	ployed [] [P00312725
in aot i	Firm's name (or yours BIANCHI, KASAVAN & POPE, LLP	Firm's FEIN 94-1541507
	and address 450 LINCOLN AVENUE, SUITE 200 SALINAS, CA	ZIP code 93901
	alties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statem they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.	
Paid Prepare	Paid preparer's signature	Paid preparer's PTIN
Must	Firm's name (or yours if self-employed)	Firm's FEIN
Sign	and address	ZIP code

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2020

STATE OF CALIFORNIA RRF-1	I				DEPARTME		IUSTICE
(Rev. 09/2017) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS:	Territoria Failure to sub- organization's	JAL REGISTRATION RENE O ATTORNEY GENERAL O Sections 12586 and 12587, California 11 Cal. Code Regs. sections 301-306, mit this report annually no later than four month- s accounting period may result in the loss of tax f 8800, plus interest, and/or fines or filing penalt	F CALIFO Government 309, 311, and s and fifteen day exemption and	RNIA Code d 312 's after the end of the the assessment of a	(For Registry Use Only)		
www.oag.ca.gov/charities		8703; Government Code section 12586.1. IRS ex					
LEGAL SERVICES		ORS		ange of address ended report			
List all DBAs and names the organization 915 HILBY AVENU		: #2	State Ch	arity Registration Nun	ober ст 59113		
Address (Number and Street)							
SEASIDE, CA 93 City or Town, State, and ZIP Code	955		Corporati	on or Organization No	<u>. 12/9918</u>		
831-899-0492 Telephone Number	E-mail Address		Federal E	mployer ID No. 77	-0073127		
		RENEWAL FEE SCHEDULE (11 Cal			311, and 312)		
Gross Annual Revenue	Fee	Make Check Payable to Depart Gross Annual Revenue	ment of Jus	stice Gross Annual Rev	/enue	Fe	<u> </u>
Less than \$25,000 Between \$25,000 and \$100,0	0	Between \$100,001 and \$250,000 Between \$250,001 and \$1 millio	o <u>\$50</u>	Between \$1,000,0	01 and \$10 million ,001 and \$50 million	\$1 \$2 \$3	_ 50 25
PART A - ACTIVITIES			20	. 06/20/2	0.01		
		period (beginning $07/01/20$	<u>end</u>		021) st:		
Gross Annual Revenue\$ Program Expen	900,2 ises \$	Noncash Contributions\$609,791	Total Exp	0 Total Asse enses \$	ts \$ <u>2,58</u> 823,689	3,7	01
Program Expen		Noncash Contributions 609,791 ANIZATION DURING THE PERIOD			ts \$ 2,58 823,689	3,7	01
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CA RRF-1	INFORMATION REGARI PAR	DING GOVERNMENTAL B, LINE 5	FUNDING	STATEMENT	13
COUNTY OF MONTER 100 SOUTH MAIN S SALINAS CA 93901 831-796-3530	TREET, SUITE #200				
CITY OF MONTEREY 399 MADISON STRE MONTEREY, CA 93 831-646-3995	ET				
STATE BAR OF CAL 180 HOWARD STREE SAN FRANCISCO CA 415-538-2252		ESS			
CITY OF SEASIDE 440 HARCOURT AVE SEASIDE, CA 939 831-899-6734					
STATE BAR OF CAL 180 HOWARD STREE SAN FRANCISCO CA 415-538-2252	Т				
COUNTY OF MONTER 168 WEST ALISAL SALINAS CA 93901 831-755-5390	STREET, 3RD FLOOR				
STATE BAR OF CAL 180 HOWARD STREE SAN FRANCISCO CA 415-538-2252		ESS PREVENTION			
STATE OF CALIFOR 1325 J STREET, S SACRAMENTO CA 95 877-345-4633		BUSINESS ADVOCAT	E		