BDO USA, LLP 1450 BRICKELL AVENUE, 18TH FL MIAMI, FL 33131

> LEGAL SERVICES OF GREATER MIAMI, INC. 4343 W. FLAGLER STREET MIAMI, FL 33134

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CLIENT'S COPY



September 30, 2021

Legal Services of Greater Miami, Inc. 4343 W. Flagler Street Miami, FL 33134

Legal Services of Greater Miami, Inc.:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

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 November 15, 2021.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

BDO USA, LLP

Form 8879-EO	IRS e-file Sign for an Exen	ature Authorization	ŀ	OMB No. 1545-0047
	For calendar year 2020, or fiscal year beginning		, 20	2020
Department of the Treasury		le IRS. Keep for your records.		2020
Internal Revenue Service	Go to www.irs.gov/Form	m8879EO for the latest information.		
Name of exempt organization			Taxpayer id	entification number
LEGAL SERVICE	S OF GREATER MIAMI, INC	•	59-12	27481
Name and title of officer or pe				
MONICA VIGUES				
EXECUTIVE DIR				
	Return and Return Information (W	,,		
check the box on line <b>1a</b> , 2 blank, then leave line <b>1b</b> , 2 return, then enter -0- on the	n for which you are using this Form 8879-EC 2a, 3a, 4a, 5a, 6a, or 7a below, and the amou 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applica e applicable line below. <b>Do not</b> complete mo	unt on that line for the return being filed w able, blank (do not enter -0-). But, if you er re than one line in Part I.	vith this form wa ntered -0- on the	as e
1a Form 990 check here		90, Part VIII, column (A), line 12)		
2a Form 990-EZ check h		m 990-EZ, line 9)		
3a Form 1120-POL chec		-POL, line 22)		
4a Form 990-PF check h		t income (Form 990-PF, Part VI, line 5)		
5a Form 8868 check here 6a Form 990-T check here		, line 3c)		
7a Form 4720 check here		rt III, line 4) rt III, line 1)		
	ion and Signature Authorization of	f Officer or Person Subject to T	ax	
	I declare that X I am an officer of the abo			vith respect to
		-	=	
processing the return or re Agent to initiate an electro software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne identification number (PIN) <b>PIN: check one box only</b>	an acknowledgement of receipt or reason fo fund, and <b>(c)</b> the date of any refund. If applic nic funds withdrawal (direct debit) entry to th e federal taxes owed on this return, and the f the U.S. Treasury Financial Agent at 1-888-3 thorize the financial institutions involved in th cessary to answer inquiries and resolve issue as my signature for the electronic return and	cable, I authorize the U.S. Treasury and its e financial institution account indicated in inancial institution to debit the entry to th 53-4537 no later than 2 business days pri e processing of the electronic payment o es related to the payment. I have selected	s designated Fin the tax prepar is account. To or to the payme f taxes to receiv a personal	nancial ation revoke ent ve al.
X I authorize BD	•		_ to enter my	
	ERO firm n	ame		Enter five numbers, but do not enter all zeros
a state agency(ie PIN on the return As an officer or p electronically file	on the tax year 2020 electronically filed retur es) regulating charities as part of the IRS Fed, o's disclosure consent screen. person subject to tax with respect to the orga d return. If I have indicated within this return ies as part of the IRS Fed/State program, I wi	/State program, I also authorize the afore anization, I will enter my PIN as my signate that a copy of the return is being filed wit	mentioned ERC ure on the tax y h a state agend	) to enter my vear 2020 cy(ies)
Signature of officer or person subject Part III Certifica	tion and Authentication		Date	•
-	ur six-digit electronic filing identification your five-digit self-selected PIN.	6543372005 Do not enter all zer		
-	neric entry is my PIN, which is my signature o turn in accordance with the requirements of siness Returns.	-		
ERO's signature 🕨		Date 🕨		
		nis Form - See Instructions the IRS Unless Requested To D	o So	
LHA For Paperwork Rec	uction Act Notice, see instructions.			Form 8879-EO (2020)
023051 11-03-20				

(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.

Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpaye	r identification nui	mber (TIN)
print	LEGAL SERVICES OF GREATER M	ITAMI.	INC.		59-12274	81
File by the due date for filing your return. See						
instructions	City, town or post office, state, and ZIP code. For a for MIAMI, FL 33134	oreign addı	ress, see instructions.			
Enter the	e Return Code for the return that this application is for (file	e a separat	te application for each return)			0 1
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	D-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	)·PF	04	Form 5227			10
Form 99	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	D-T (trust other than above)	06	Form 8870 EXECUTIVE DIRECTO			12
<ul> <li>If the</li> <li>If this</li> <li>box &gt;</li> <li>1 I re</li> <li>the</li> <li>2 If t</li> </ul>	equest an automatic 6-month extension of time until e organization named above. The extension is for the orga Image: The extension of time until         e organization named above. The extension is for the orga         Image: The extension of time until         Image: The extension of the extension of time until         Image: The extension of the extension of time until         Image: The extension of the extension of time until         Image: The extension of time until </th <th>Group Exe and atta NOVEN anization's , an heck reasc</th> <th>mption Number (GEN) I ch a list with the names and TINs of MBER 15, 2021 , to file return for: d ending on: Initial return</th> <th>f this is fo all memb</th> <th>r the whole group ers the extension npt organization re</th> <th>is for.</th>	Group Exe and atta NOVEN anization's , an heck reasc	mption Number (GEN) I ch a list with the names and TINs of MBER 15, 2021 , to file return for: d ending on: Initial return	f this is fo all memb	r the whole group ers the extension npt organization re	is for.
	his application is for Forms 990-BL, 990-PF, 990-T, 4720, y nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less	3a	\$	0.
b lft	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			_
es	timated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	yment with	h this form, if required, by			
US	ing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.
Caution: instruction	: If you are going to make an electronic funds withdrawal ons.	(direct deb	bit) with this Form 8868, see Form 84	153-EO an	d Form 8879-EO	for payment
LHA I	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form <b>8868</b>	(Rev. 1-2020)

			EXTENDED TO NOVEMBER 15,		aama Tax	OMB No. 1545-0047
Forr	<b>_</b> Q	90	Return of Organization Exempt Fr Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co			<b>3 7070</b>
1 011		50	Do not enter social security numbers on this form as	-		
		of the Treasury enue Service	<ul> <li>Go to www.irs.gov/Form990 for instructions and the</li> </ul>	-	-	Open to Public Inspection
-			ar year, or tax year beginning and en			
	heck if oplicab	<b>C</b> Name of	organization		D Employer identific	cation number
	Addre chang		L SERVICES OF GREATER MIAMI, INC.			21
	]chanថ ∣Initial		usiness as	,	59-122748	-
	_returr Final returr termi	4343	and street (or P.O. box if mail is not delivered to street address) Ro W. FLAGLER STREET	oom/suite	E Telephone number 305-438-2	2521
	ated Amer	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	10,113,797.
	_returr Appli	1 MIAM	I, FL 33134		H(a) Is this a group re	
	_tion pendi		nd address of principal officer: MONICA VIGUES-PITAN			? Yes X No
<u> </u>			W. FLAGLER STREET, MIAMI, FL 33134		H(b) Are all subordinates in	
<u> </u>	ax-ex	empt status:	X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or S://WWW.LEGALSERVICESMIAMI.ORG	527		list. See instructions
		f organization:			H(c) Group exemption	State of legal domicile: <b>FL</b>
	orm o I <b>rt I</b>	Summary		IL Year C		State of legal domicile; F L
	1		e the organization's mission or most significant activities: SEE SC	וותשוי		
e	•	blieny describ				
Governance	2	Check this box	★ ▶ ☐ if the organization discontinued its operations or disposed	l of more	than 25% of its net ass	ets
veri	3				3	<b>44</b>
ŝ	4		ependent voting members of the governing body (Part VI, line 1b)			44
کە د	5		of individuals employed in calendar year 2020 (Part V, line 2a)			86
itie	6		of volunteers (estimate if necessary)			200
Activities &	7 a		d business revenue from Part VIII, column (C), line 12			0.
A	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)		7,720,411.	9,746,047.
ňué	9	Program servio	ce revenue (Part VIII, line 2g)		357,038.	358,897.
Revenue	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)		21,904.	8,853.
æ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		260,354.	-14,284.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,359,707.	10,099,513.
	13	Grants and sin	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		o or for members (Part IX, column (A), line 4)		0.	0.
es	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		5,494,962.	5,641,315.
sue	16a	Professional fu	Indraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b		ng expenses (Part IX, column (D), line 25)   215 , 377		0 440 880	0.000 (00
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,449,772.	2,378,677.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,944,734.	8,019,992.
	19	Revenue less e	expenses. Subtract line 18 from line 12		414,973.	2,079,521.
Net Assets or -und Balances		<b>-</b>			jinning of Current Year	End of Year
Ssei Bala	20	Total assets (P			<u>13,664,184.</u> 7,744,114.	16,129,670.
let A	21		(Part X, line 26)		<u>7,744,114</u> 5,920,070.	<u>8,130,079.</u> 7,999,591.
فتقت المساحم	22 Irt II	Net assets or f	und balances. Subtract line 21 from line 20		5,520,070.	1,32,321.
		-	declare that I have examined this return, including accompanying schedules an	nd stateme	nte and to the best of my	knowledge and belief it is
			Declaration of preparer (other than officer) is based on all information of which			הווסשוטעשט מווע שפוופו, וג וא

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Sign Here	Signature of officer         MONICA VIGUES-PITAN, EX         Type or print name and title	XECUTIVE DIRECTOR	Date
Paid	Print/Type preparer's name DAVID HOLLANDER	Preparer's signature Date	Check PTIN if self-employed P00646430
Preparer	Firm's name <b>BDO USA</b> , <b>LLP</b>		Firm's EIN ▶ 13-5381590
Use Only	Firm's address 1450 BRICKELL AV	ENUE, 18TH FL	
	MIAMI, FL 33131		Phone no. 305 - 373 - 5500
May the II	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No
032001 12-2	23-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form <b>990</b> (2020)

Form	990 (2020) LEGAL SERVICES OF GREATER MIAMI, INC. 59-1227481 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE FREE CIVIL LEGAL SERVICES TO LOW INCOME RESIDENTS OF MIAMI - DADE AND MONROE COUNTIES SO AS TO ERADICATE BARRIERS TO ECONOMIC AND
	SOCIAL STABILITY CREATED BY POVERTY AND INJUSTICE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 7,294,719. including grants of \$) (Revenue \$ 358,897.) SEE SCHEDULE O
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
<u></u>	(Expenses \$ including grants of \$ ) (Revenue \$ ) Total program service expenses ► 7,294,719.
4e	Total program service expenses ► 7,294,719. Form 990 (2020)
032002	12-23-20
002002	3

11300930 795691 255658.001

Form	000	(2020)
FOUL	990	(2020)

			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	Х	
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			
	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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		77	
	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		v	
	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,		х	
<b>L</b>	Part VI	<u>11a</u>	~	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	116		x
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	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		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<b>v</b>
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	
)32003	12-23-20	⊦orm	330	(2020)

032003 12-23-20

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			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
b	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		
d	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			
	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			
	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see 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			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
01		34	х	
35a	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		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	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			
01	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?	- 0/		
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		00		I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1~	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	NU
b c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable [1b ] U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(ampling) winnings to prize winners?	1c	Х	
032004				(2020)
032004	5			(2020)

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Form	990 (2020) LEGAL SERVICES OF GREATER MIAMI, INC. 59–1227 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	481	P	<sub>age</sub> 5
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	
	filed for the calendar year ending with or within the year covered by this return 2a 86			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			17
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

032005 12-23-20

Form 990	(2020)
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## LEGAL SERVICES OF GREATER MIAMI, INC.

X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

				44		Yes	N
та	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		<del>- 4 4</del>			
	If there are material differences in voting rights among members of the governing body, or if the governing						
Ŀ.	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			44			
	Enter the number of voting members included on line 1a, above, who are independent		( athar	-44			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				0		X
2	officer, director, trustee, or key employee?			····· -	2		
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors, trustees, or key employees to a management company or other person?				3		2
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		Σ
4 5	Did the organization make any significant changes to its governing documents since the phoreones. Did the organization become aware during the year of a significant diversion of the organization's as				4 5		Z Z
5 6	Did the organization become aware during the year of a significant diversion of the organization s as Did the organization have members or stockholders?				6		Z Z
0 7a	Did the organization have members of stockholders, or other persons who had the power to elect or ap			·····  -	0		
	more members of the governing body?			]	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholde	ers, or				
	persons other than the governing body?			L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?			F	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			<u></u>	9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Co	ode.)				
				Г		Yes	N
	Did the organization have local chapters, branches, or affiliates?			······	10a		2
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before f	iling the for	m?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			ŀ	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	,				37	
_	in Schedule O how this was done			····· ⊢	12c	X	
3	Did the organization have a written whistleblower policy?				13	X	
4	Did the organization have a written document retention and destruction policy?			·····  -	14	Х	
5	Did the process for determining compensation of the following persons include a review and approva	al by indep	pendent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					37	
	The organization's CEO, Executive Director, or top management official			····· ⊢	15a	X	
b	Other officers or key employees of the organization			F	15b	X	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger				10		
	taxable entity during the year?			·····  -	16a		X
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		icipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				404		
00	exempt status with respect to such arrangements?			<u></u>	16b		
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ <b>F</b> L		Ocation 50			e veile	
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	na 990-1	(Section 50	1(C)(3)S (	oniy)	avalla	bie
	for public inspection. Indicate how you made these available. Check all that apply.	- ·					
^	Own website Another's website X Upon request Other <i>(explain</i>		,			ial	
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	DITILICT OF II	merest poli	by, and f	inanc	al	
	statements available to the public during the tax year.	ارتبا مرام	• • • • • •				
<b>.</b>	State the name, address, and telephone number of the person who possesses the organization's boo						
0							
0	MONICA VIGUES-PITAN, EXECUTIVE DIRECTOR - (305) 43 4343 WEST FLAGLER STREET SUITE 100, MIAMI, FL 33	134	<u> </u>				

Form 990 (2020) LEGAL SERVICES OF GREATER MIAMI, INC. 5	9-1227481	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation	ated	
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 with	hin the organization's	s tax year.
• List all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of Enter -0- in columns (D), (E), and (F) if no compensation was paid.	amount of compensation	ation.
• List all of the organization's current key employees, if any. See instructions for definition of "key employee."		
• List the organization's five aureant highest componented amplevees (other than an officer, director, trustee, or key of	mployee) who receive	d roport

 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)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		n an	compensation	compensation	amount of		
	week		cer an I	id a d	irecto			from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con yee	L			organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) MONICA M VIGUES-PITAN	40.00									
EXECUTIVE DIRECTOR				х				169,006.	Ο.	20,862.
(2) MARGARET Z MOORES	40.00									
DIRECTOR OF ADVOCACY						X		151,746.	0.	29,561.
(3) VIVIAN CHAVEZ	40.00									
DEPUTY DIRECTOR OF OPERATIONS						X		136,410.	0.	16,899.
(4) CAROLINA LOMBARDI	40.00									
ADVOCACY DIRECTOR						X		144,629.	0.	8,061.
(5) JEFFREY M. HEARNE	40.00									
DIRECTOR OF LITIGATION						X		125,256.	0.	20,769.
(6) EMILY ALEJO	1.00									
DIRECTOR		Х						0.	0.	0.
(7) MARISSA ALTMAN-GLATZER, ESQ.	1.00									
DIRECTOR		Х						0.	0.	0.
(8) CANDICE BALMORI, ESQ.	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JASON E. BLOCH, ESQ.	1.00									
DIRECTOR		Х						0.	0.	0.
(10) JUANITA ALVAREZ	1.00									_
DIRECTOR		Х						0.	0.	0.
(11) SONYA BROWN-WILSON	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(12) LOREAL A. ARSCOTT, ESQ.	1.00								•	•
DIRECTOR	1.00	Х						0.	0.	0.
(13) CARLOS J. ESQ. CANINO, ESQ.	1.00								•	•
DIRECTOR	1.00	Х						0.	0.	0.
(14) JULIE AZUAJE, ESQ.	1.00								•	•
1ST VICE PRESIDENT	1 0 0	Х		X				0.	0.	0.
(15) STEPHANIE L. CARMAN, ESQ.	1.00								•	•
DIRECTOR	1 0 0	Х						0.	0.	0.
(16) SCOTT BAENA, ESQ.	1.00								•	<b>^</b>
DIRECTOR	1 0 0	Х						0.	0.	0.
(17) KRISTEN CORPION, ESQ.	1.00	37							<u>^</u>	•
DIRECTOR 032007 12-23-20		Х						0.	0.	0 • Form <b>990</b> (2020)

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Form 990 (2020)

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	ERVICES (	OF	GR	EA	TE	R	MI	AMI, INC.	59-12	27	481	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, T	ustees, Key Em	ploy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	(do	not c	Posi			one	Reportable	Reportable		Es	timate	эd
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	1	an	nount	of
	week		cer an	ia a di	recio	n/trus	lee)	from	from related			other	
	(list any hours for	recto						the	organizations			pensa	
	related	e or di	ee			sated		organization	(W-2/1099-MIS0	(ز		om th	
	organizations	ustee	trust		ee	upens		(W-2/1099-MISC)				anizat d relat	
	below	lual tr	tional		yoldr	st con yee	-					anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orge	an nzati	0110
(18) JOSE CUNEO	1.00		_										
DIRECTOR		Х						0.		0.			0.
(19) RACHEL WAGNER FURST, ESQ.	1.00												
DIRECTOR		Х						0.		0.			0.
(20) NEXCY DE LA ROSA-MONROE, ESQ.	1.00												•
DIRECTOR	1.00	Х						0.		0.			0.
(21) JORDI GUSO, ESQ.	1.00									_			•
DIRECTOR	1 00	Х						0.		0.			0.
(22) MANUEL L. DOBRINSKY, ESQ.	1.00	v		v				0		~			0
BOARD PRESIDENT (23) CORINA HERNANDEZ	1.00	X		X				0.		0.			0.
DIRECTOR	1.00	x						0.		0.			0.
(24) TERESA ENRIQUEZ, ESQ.	1.00							0.		••			0.
DIRECTOR	1.00	x						0.		0.			0.
(25) D. PORPOISE EVANS, ESQ.	1.00												
BOARD TREASURER		x		х				0.		0.			0.
(26) KEVIN P. JACOBS, ESQ.	1.00												
DIRECTOR		х						0.		0.			0.
1b Subtotal								727,047.		0.	9	6,1	52.
c Total from continuation sheets to Part	VII, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								727,047.		0.	9	6,1	52.
2 Total number of individuals (including bu	t not limited to th	nose	liste	d ab	ove	) wh	o re	eceived more than \$100	,000 of reportable				_
compensation from the organization	•											<u>v</u>	5
										1		Yes	No
3 Did the organization list any <b>former</b> offic											•		v
<ul><li>line 1a? If "Yes," complete Schedule J for</li><li>For any individual listed on line 1a, is the</li></ul>	or such individual				•••••						3		Х
-			-						-		4	х	
<ul><li>and related organizations greater than \$</li><li>Did any person listed on line 1a receive of the second se</li></ul>											4		
rendered to the organization? If "Yes," or									dual for services		5		х
Section B. Independent Contractors		eji	<u>or st</u>		Jers	011 .				<u></u>	0		
1 Complete this table for your five highest	compensated ind	depe	nder	nt co	ontra	actor	rs th	nat received more than \$	\$100,000 of compe	ensat	tion fro	m	
the organization. Report compensation f	-	-											
(A)								(B)			(0	)	
Name and busine	ess address							Description of s	services	C	ompe	nsatio	n
AVMED HEALTH PLANS													
PO BOX 860363, ORLANDO,	FL 32886	5					_	HEALTH INSUR			54	8,2	96.
PS TECHNOLOGIES, INC.								DEVELOPMENT	OF LEGAL		4 -		~ ~
PO BOX 221154, CHICAGO,								SERVICER			15	1,0	00.
GENESIS SYSTEMS CONSULT	-			<b>т</b> .	<b>,</b> ,	1 2					1 2	0 0	0 5
255 ALHAMBRA CIRCLE, CO A & M BUSINESS CONSULTA		, מי	г.	<u> </u>	22	1.2	<u>4</u>	IT SERVICE			13	8,0	95.
13324 SW 73 TERRACE, MI		121	83					CONSULTING F	ਸਸ਼ੁਰ		12	5,0	00
10024 DN / 5 TERRACE, MI	<u></u> ,		55				-	COMPONITING L			12	5,0	50.
2 Total number of independent contractor	s (includina but n	ot lir	niter	d to f	thos	se lis	ted	above) who received m	ore than				
\$100,000 of compensation from the org					4								
SEE PART VII, SECTI		IN	UΑ	TI	ON	S	HE	ETS			Form	<b>990</b> (	2020)

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Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, ai	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per	(c	heck		ition that		ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatior from the organization and related organizations
27) FRITZNIE JARBATH, ESQ. DIRECTOR	1.00	x						0.	0.	0
28) JANET JOHNSON	1.00	Λ						0.	0.	0
DIRECTOR	1.00	x						0.	0.	0
29) BARNABY L. ESQ. MIN, ESQ.	1.00									
DIRECTOR		х						0.	0.	0
30) TAYLOR (LIAM) MUGAVIN DIRECTOR	1.00	x						0.	0.	C
31) KAREN J. LAPEKAS, ESQ.	1.00								_	
BOARD SECRETARY		Х		Х				0.	0.	0
32) JESIKA DIAZ MUNAR, ESQ. DIRECTOR	1.00	x						0.	0.	C
33) SIMONNE LAWRENCE, ESQ.	1.00									
DIRECTOR		х						0.	Ο.	C
34) HUNG I. NGUYEN, ESQ.	1.00									
DIRECTOR		Х						0.	0.	C
35) ARYA ATTARI LI, ESQ.	1.00									
DIRECTOR	1 0 0	Х						0.	0.	C
36) IZEGBE ONYANGO DIRECTOR	1.00	x						0.	0.	C
37) LINDA J. LOTT	1.00								••	
ND VICE PRESIDENT	1.00	х		x				0.	0.	C
38) CAROLYN PATES	1.00								•••	
DIRECTOR		х						0.	Ο.	(
39) ALEIDA MARTINEZ-MOLINA, ESQ.	1.00									
DIRECTOR		Х						0.	Ο.	C
40) DARRELL PAYNE, ESQ.	1.00									
DIRECTOR		Х						0.	0.	0
41) CHERINE SMITH VALBRUN, ESQ.	1.00									
DIRECTOR	1	х						0.	0.	(
42) MILAGROS PEREZ	1.00								•	
DIRECTOR	1 00	Х						0.	0.	(
43) JOSHUA SPECTOR, ESQ. DIRECTOR	1.00	x						0.	0.	(
44) MICHELLE PRESCOTT, ESQ.	1.00	<u> </u>							<b>.</b>	
JIRECTOR , 2		х						0.	0.	(
45) RONALD SURIN, ESQ.	1.00									
DIRECTOR		х						0.	Ο.	(
46) STEPHEN ROSENTHAL, ESQ.	1.00									
DIRECTOR		Х						0.	Ο.	(

032201 04-01-20

(A)       (B)       (C)       (D)       (E)       (F)         Name and title       Average hours per week (list any below line)       Average hours for related organizations below line)       and below builting	Part VII Section A. Officers, Directors	, Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (	Compensated Employe	es (continued)	
Name and title       Average hours per week (list any line)       Average per week (list any line)       Position (check all that apply)       Reportable compensation from the organization (W-2/1099-MISC)       Estimated amount of other compensation from the organization (W-2/1099-MISC)         47) DEBRA TYLER       1.00       x       0       0.       0.         01RECTOR       1.00       x       0       0.       0.         011RECTOR       1.00				-							(F)
(ist any hours for related organization below line)iiiiiorganization (W-2/1099-MISC)(W-2/1099-MISC)from the organization and related organization (W-2/1099-MISC)(47) DEBRA TYLER DIRECTOR1.00 XXIIIIII(48) SAIRY SALAZAR DIRECTOR1.00 XXIIIIIII(49) NAOMI WIGGINS DIRECTOR1.00 XXIII		Average hours							compensation	Reportable compensation	Estimated amount of
X       0.       0.         (48) SAIRY SALAZAR       1.00		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	organization		compensation from the organization and related organizations
(48) SAIRY SALAZAR       1.00       X       0.0.0.         DIRECTOR       1.00       X       0.0.0.         (49) NAOMI WIGGINS       1.00       X       0.0.0.         DIRECTOR       X       0.0.0.       0.         (50) GEORGE SHELBY       1.00       X       0.0.0.         DIRECTOR       X       0.0.0.       0.         (51) HERMINE WILSON       1.00       X       0.0.0.         DIRECTOR       X       0.0.0.       0.         (52) IDA WRIGHT       1.00       X       0.0.0.         DIRECTOR       X       0.0.0.       0.         (53) DONALD YATES, ESQ.       1.00       X       0.0.0.         DIRECTOR       X       0.0.0.       0.         (54) TERRYANN HOWELL, ESQ.       1.00       X       0.0.0.         DIRECTOR       X       0.0.0.       0.         (55) WIFREDO FERRER, ESQ.       1.00       X       0.0.0.		1.00	x						0.	0.	0
49) NAOMI WIGGINS       1.00       X       0.0       0.0         DIRECTOR       1.00       X       0.0       0.0         50) GEORGE SHELBY       1.00       X       0.0       0.0         DIRECTOR       X       0.0       0.0       0.0         51) HERMINE WILSON       1.00       X       0.0       0.0         DIRECTOR       X       0.0       0.0       0.0         52) IDA WRIGHT       1.00       X       0.0       0.0         DIRECTOR       X       0.0       0.0       0.0         53) DONALD YATES, ESQ.       1.00       X       0.0       0.0         551) TERRYANN HOWELL, ESQ.       1.00       X       0.0       0.0         DIRECTOR       X       0.0       0.0       0.0         555) WIFREDO FERRER, ESQ.       1.00       X       0.0       0.0		1.00							0.		O
(50) GEORGE SHELBY       1.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (51) HERMINE WILSON       1.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.         (52) IDA WRIGHT       1.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (53) DONALD YATES, ESQ.       1.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (54) TERRYANN HOWELL, ESQ.       1.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (55) WIFREDO FERRER, ESQ.       1.00       1.00       0.       0.	(49) NAOMI WIGGINS	1.00									C
(51) HERMINE WILSON       1.00       X       0.       0.         DIRECTOR       1.00       X       0.       0.         (52) IDA WRIGHT       1.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (53) DONALD YATES, ESQ.       1.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (54) TERRYANN HOWELL, ESQ.       1.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (55) WIFREDO FERRER, ESQ.       1.00       1.00       0.       0.	(50) GEORGE SHELBY	1.00									
(52) IDA WRIGHT       1.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (53) DONALD YATES, ESQ.       1.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.         (54) TERRYANN HOWELL, ESQ.       1.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (55) WIFREDO FERRER, ESQ.       1.00       1.00       1.00       1.00	(51) HERMINE WILSON	1.00									
(53) DONALD YATES, ESQ.       1.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (54) TERRYANN HOWELL, ESQ.       1.00       X       0.       0.         DIRECTOR       X       0.       0.       0.         (55) WIFREDO FERRER, ESQ.       1.00       V       0.       0.	(52) IDA WRIGHT	1.00									
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Interface         Interface <thinterface< th=""> <thinterface< th=""> <thi< td=""><th>Pa</th><td>rt V</td><td>111</td><td>Statement of Revenue</td><td></td><td></td><td></td><td></td><td></td><td></td></thi<></thinterface<></thinterface<>	Pa	rt V	111	Statement of Revenue						
Total revenue         Pretide acuty autom for acute servenue         Pretide acuty autom for acute se				Check if Schedule O contains a response	se or note to	o any lin				
and b         1 a <th1 a<="" th=""> <th1 a<="" t<="" th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>Related or exempt</th><th>Unrelated</th><th>Revenue excluded</th></th1></th1>								Related or exempt	Unrelated	Revenue excluded
Bornel Control         Do         Do           0         Period adding events         10         111.1.975.1.13           0         Conversations         111.1.975.1.13         4.8.8.23.1.11           0         Proceed contactors include intervents         111.1.975.1.13         111.1.975.1.13           0         Proceed contactors include intervents         111.1.975.1.13         111.1.975.1.13           0         Proceed contactors include intervents         111.1.975.1.13         111.1.975.1.13           10         Proceed contactors include intervents         111.975.1.13         111.975.1.13           11         Proceed contactors include intervents         111.975.1.13         111.975.1.13           11         Proceed contactor include intervents         P.746.047.1         P.           12         REMTAL INCOME         Environment from intervents         P.         P.           14         Additions (nichaling dividends, intervent, and other similar mounts)         9.653.         8.653.         8.653.           14         Horder from investment of tax exempt bond proceeds         P.         P.         P.           14         Horder from investment of tax exempt bond proceeds         P.         P.         P.         P.           15         Regalios <t< td=""><th>ς, ω</th><td>1</td><td>а</td><td>Federated campaigns 1a</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	ς, ω	1	а	Federated campaigns 1a						
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9       Total. Add lines 2a:21       358,897.         3       Investment income (including dividends, interest, and other similar amounts)	ice	2			- 53112	0	358,897	. 358,897.		
9       Total. Add lines 2a:21       358,897.         3       Investment income (including dividends, interest, and other similar amounts)	ierv ue									
9       Total. Add lines 2a:21       358,897.         3       Investment income (including dividends, interest, and other similar amounts)	ven S									
9       Total. Add lines 2a:21       358,897.         3       Investment income (including dividends, interest, and other similar amounts)	gra Re				-					
g Total. Add lines 2a/2f         358,897.           3         Investment income (including dividends, interest, and other similar amounts)         8,853.         8,853.           4         Income from investment of tax exempt bond proceeds         0         8,853.         8,853.           5         Royaties         0         0         0         8,853.         8,853.           6         0         0         Personal         0         8,853.         8,853.           6         3         0         0         Personal         0         8,853.         8,853.           7         6         0         Personal         0 <th>Pro</th> <td></td> <td></td> <td>All other program service revenue</td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Pro			All other program service revenue	-					
3       Investment income (including dividends, interest, and other similar amounts)       8,853.       8,853.         4       Income from investment of tax-exempt bond proceeds        8,853.       8,853.         5       Royalties       (i) Pead (ii) Personal            6       a Gross rents       6a       (ii) Peasonal            6       a Gross rents       6a       (iii) Personal             7       a Gross aneut from sales of inventory radius and sale sequences       (ii) Other </td <th></th> <td></td> <td></td> <td></td> <td></td> <td></td> <td>358,897</td> <td></td> <td></td> <td></td>							358,897			
a       income from investment of tax exempt bond proceeds       8,853.       8,853.         4       income from investment of tax exempt bond proceeds       1         5       Royatties       1         6       a Gross rents       6         b       Less: rental expenses       6         c       Rental income or (loss)       6         7       a Gross amount from sales of assets other than inventory       10         b       Less: cost or other basis and sales expenses       10         and sales expenses       72       72         70       Tc       72       72         71       Tc       74       74         72       Tc       74       74         74       Tc       74       74         75       Tc       74       74         76       Tc       74       74         77       Tc       74       74         78       Gros income from fundralsing events (not including s for fu		3								
4       Income from investment of tax-exempt bond proceeds       >         5       Royattes       >         6 a       Gross rents       6a         6 a       Gross rents       6b         c       Rental income of (loss)       >         7 a       Gross amount from sales of assist other than inventory       >         7 a       Gross amount from sales of assist other than inventory       >         9       Less: cost of other basis and sales expenses       (i) Securities         c       Gain or (loss)       7c         7 a       Gross income from fundrating events (not including \$\fractor 11, 275. of contributions reported on line 10; See Part IV, line 18       Ba         9 a       Cost income or (loss) from fundrating events       -14, 284.         9 a Gross income from gaming activities.       >         9 a       See Sincet expenses       9a         9 b Less: direct expenses       9b         9 cross sales of inventory, less returns and allowances       10a         10 a Gross solid of inventory       >         10 a Gross of goods soid       10b         c       <						►	8,853	•		8,853.
6 a Gross rents       6a       (i) Real       (ii) Personal         b Less: rental expenses.       6b       (iii) Personal         c Rental income or (loss)       6c       (ii) Other         assets other than inventory       (ii) Securities       (ii) Other         assets other than inventory       10       (iii) Securities       (ii) Other         assets other than inventory       11       7a       (iii) Securities       (iii) Other         assets other than inventory       11       7b       (iii) Securities       (iii) Other         assets other than inventory       11       7b       (iii) Securities       (iii) Other         a Gross income from fundraising events (not including \$11, 975of contributions reported on line 1c). See       8a       0.       (iii) 44, 284.         9 A Gross income from gaming activities. See       9a       14, 284.       -14, 284.       -14, 284.         9 A Gross income from gaming activities. See       9a       (iii)       (iii)       (iii)       (iii)         10 a Gross sales of inventory. Less returns and allowances       (iii)       (iii)       (iii)       (iii)       (iiii)         10 a Gross sales of inventory.       (iiii)       (iiii)       (iiii)       (iiiii)       (iiii)       (iiii)       (iiii) </td <th></th> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		4								
6 a Gross rents       6a         b Less: rental expenses       6b         c Rental income or (loss)       6c         d Net rental income or (loss)       (i) Securities         7 a Gross amount from sales of assets other than inventory       (i) Securities         b Less: cost or there hasis       (ii) Other         assets other than inventory       (i) Securities         b Less: cost or there hasis       (iii) Other         assets other than inventory       (iv) Securities         e Gain or (loss)       (iv) Securities         d Net gain or (loss)       (iv) Train         8 a Gross income from fundraising events (not including \$\sum_1111,975 of contributions reported on line 1c). See       (iv) Securities. See         Part IV, line 18       (iv) Securities. See       (iv) Securities. See         9 a Gross income from gaming activities. See       (iv) Securities. See       (iv) Securities. See         Part IV, line 19       (iv) Securities. See       (iv) Securities. See       (iv) Securities. See         10 a Gross sales of inventory, less returns and allowances       (iv) Securities. Securities       (iv) Securities. Securities       (iv) Securities. Securities         11 a       (iv) Cosi from sales of inventory.       (iv) Securities. Securities       (iv) Securities. Securities       (iv) Securities. Securities		5		Royalties		🕨				
b Less: rental expenses       6b         c Rental income or (loss)       6c         d Net rental income or (loss)       10         b Less: cost or other basis and sales expenses       7a         c Gain or (loss)       7b         c Gain or (loss)       7c         d Net gain or (loss)       7c         c Gain or (loss)       7c         d Net gain or (loss)       111,975, or contributions reported on line 1c). See         Part IV, line 18       8a         b Less: circet expenses       8b         g Gross income from gaming activities. See       9a         pat IV, line 19       9a         b Less: cost of goods sold       10b         c Net income or (loss) from gaming activities       10a         c Net income or (loss) from sales of inventory       10a         c Net income or (loss) from sales of inventory       10a         c Net income or (loss) from sales of inventory       10a         c Net income or (loss) from sales of invent					(ii) Per	sonal				
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7 a Gross amount from sales of assets other than inventory       7a       (i) Securities       (ii) Other         b Less: cost or other basis       7b       (iii) Other       7a       (iii) Other         c Gain or (loss)       7c       7b       (iii) Other       (iii) Other         d Net gain or (loss)       7c       (iii) Other       (iii) Other       (iii) Other         a Gross income from fundraising events (not including \$ 111, 975. of contributions reported on line 1c). See       (iii) Other       (iii) Other         9 a Gross income from gaming activities.       Ba       14, 284.       (iii) Other         9 a Gross income from gaming activities.       (iii) Other       (iiii) Other       (iiii) Other         9 a Gross income from gaming activities.       (iiii) Other       (iiiiiiiiiiiii) Other       (iiiiiiiiiiiii) Other         9 a Gross income from gaming activities.       (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii										
assets other than inventory b       Ta       Ta         b       Less: cost or other basis and sales expenses       Tb         c       Gain or (loss)       Tc         d       Net gain or (loss)       Tc         a       Gross income from fundraising events (not including \$\$111,975 of contributions reported on line 1c). See Part IV, line 18       Ba       0.         b       Less: circet expenses       Bb       14,284.       -14,284.         9       Gross income from gaming activities. See Part IV, line 19       Ba       0.         b       Less: circet expenses       9a       9a         b       Less: circet expenses       9b       14,284.         9       Gross income from gaming activities. See Part IV, line 19       >       -14,284.         9a       9b       D       Ess: circet expenses       >         10       a Gross sales of inventory, less returns and allowances       10a       10a       10a         10a       all allowances       10a       10a       10a       10a         11						🕨				
Bot Less: cost or other basis and sales expenses       Tb         c Gain or (loss)       Tc         c Gain or (loss)       Tc         d Net gain or (loss)       Tc         8 Gross income from fundraising events (not including \$111, 975 of contributions reported on line 1c). See Part IV, line 18       Ba         b Less: direct expenses       Bb       14, 284.         c Net income or (loss) from fundraising events       -14, 284.         g Gross income from gaming activities. See Part IV, line 19       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities       -14, 284.         9 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       Eusiness Code         g and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       Eusiness Code         g and allowances       10a         d All other revenue       -         c Intal. Add lines 11a-11d       10, 099, 513.         12 Total revenue. See instructions       10, 099, 513.		'	a		5 (11) 0					
and sales expenses       Tb         c       Gain or (loss)       Tc         d       Net gain or (loss)       Image: stress of the stress of			h							
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d       Net gain or (loss)       ▶         8 a       Gross income from fundriaising events (not including \$111,975. of contributions reported on line 1c). See       >         Part IV, line 18       8a       0.         b       Less: direct expenses       8b       14,284.         c       Net income or (loss) from fundraising events       -14,284.       -14,284.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       -14,284.         9 a       Gross sincome from gaming activities. See Part IV, line 19       9a       -14,284.         10 a       Gross from gaming activities       >       -14,284.         10 a       Gross sales of inventory, less returns and allowances       10a       -10a         b       Less: cost of goods sold       10b       -         c       Net income or (loss) from sales of inventory       >       -         so       .       .       .       .         b	ent		с							
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b Less: direct expenses 9b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances 10a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Business Code     11 a   b   c   d   d   d   d   d   d   112   Total revenue. See instructions   b   12   Total revenue. See instructions		9	а							
c       Net income or (loss) from gaming activities         10 a       Gross sales of inventory, less returns and allowances         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         b       Business Code         b			h							
10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   I1 a   b   c   d All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions										
and allowances       10a         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         b       Business Code         b       Business Code         c       Image: Code         d       All other revenue         e       Total revenue. See instructions         12       Total revenue. See instructions						🚩				
b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory		-		-	0a					
c       Net income or (loss) from sales of inventory       Image: Construction of the sales of inventory         11 a       Business Code       Image: Construction of the sales of inventory         b       Image: Construction of the sales of inventory       Business Code         b       Image: Construction of the sales of inventory       Image: Construction of the sales of the sal			b							
11 a				-		🕨				
e Total. Add lines 11a-11d       ▶       10,099,513.       358,897.       0.       -5,431         12 Total revenue. See instructions       ▶       10,099,513.       358,897.       0.       -5,431	ß		-		Busines	s Code				
e Total. Add lines 11a-11d       ▶       10,099,513.       358,897.       0.       -5,431         12 Total revenue. See instructions       ▶       10,099,513.       358,897.       0.       -5,431	e.	11	а							
e Total. Add lines 11a-11d       ▶       10,099,513.       358,897.       0.       -5,431         12 Total revenue. See instructions       ▶       10,099,513.       358,897.       0.       -5,431	lane enu		b		_					
e Total. Add lines 11a-11d       ▶       10,099,513.       358,897.       0.       -5,431         12 Total revenue. See instructions       ▶       10,099,513.       358,897.       0.       -5,431	Sev									
12         Total revenue. See instructions         ▶         10,099,513.         358,897.         0.         -5,431	Mis					<b></b>				
			e			🕨	10 000 513	358 807	0	_5 /31
	03200		23.			💌	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Form <b>990</b> (2020)

LEGAL SERVICES OF GREATER MIAMI, INC. 59-1227481 Form 990 (2020) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, 690,547. 638,756. 34,528. 17,263. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,815,784. 3,344,276. 375,660. 95,848. Other salaries and wages 7 8 Pension plan accruals and contributions (include 112,028. 105,306. 5,602. 1,120. section 401(k) and 403(b) employer contributions) 685,728. 644,585. 34,286. 6,857. Other employee benefits 9 337,228. 316,995. 16,861. 3,372. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 46,034. 46,034. b Legal 829. 35,417. 32,930. 1,658. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 162,504. 153,416. 1,363. 7,725. column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 16,302. 15,080. 407. 815. Office expenses 13 234,520. 216,931. 5,863. 11,726. Information technology 14 15 Royalties 291,087. 269,256. 7,277. 14,554. 16 Occupancy 7,621. 7,621. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 144,061. 133,256. 3,602. 7,203. 20 Interest Payments to affiliates 21 13,343. 266,859. 246,845. 6,671. Depreciation, depletion, and amortization 22 96,292. 88,856. 2,479. 4,957. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 462,525. 11,563. 23,126. 427,836. CONTRACT SERVICES а OTHER DIRECT COST 460,889. 460,889. h 56,541. 52,301. 1,413. 2,827. TELEPHONE

С 38,359. 38,359. LAW LIBRARY d 59,666. 55,191. 1,492. 2,983. All other expenses е 8,019,992. 7,294,719. 509,896. 215,377. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) Form 990 (2020)

13

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11300930 795691 255658.001

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

LEGAL SERVICES OF GREATER MIAMI, INC.

59-1227481 Page 11

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		Check if Schedule O contains a response or note	e to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			3,055,342.	1	5,941,195.
	2	Savings and temporary cash investments			93,725.	2	27,617.
	3	Pledges and grants receivable, net			282,808.	3	199,936.
	4	Accounts receivable, net			309,172.	4	629,270.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described		6			
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ą	9	Prepaid expenses and deferred charges			277,134.	9	122,672.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,628,563.			
	b	Less: accumulated depreciation		1,008,995.	8,886,427.		8,619,568. 578,435.
	11	Investments - publicly traded securities			748,599.	11	578,435.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			10 000	14	10.000
	15	Other assets. See Part IV, line 11	10,977.	15	10,977.		
	16	Total assets. Add lines 1 through 15 (must equa	13,664,184.	16	16,129,670.		
	17	Accounts payable and accrued expenses			1,055,706.	17	845,062.
	18	Grants payable		070 070	18	1 512 610	
	19	Deferred revenue			273,878.	19	1,513,618.
	20	Tax-exempt bond liabilities			02 725	20	27 617
	21	Escrow or custodial account liability. Complete F			93,725.	21	27,617.
es	22	Loans and other payables to any current or form					
oiliti		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes			4,422,887.	22	4,122,221.
_	23	Secured mortgages and notes payable to unrela			4,422,00/•	23	4,122,221.
	24 05	Unsecured notes and loans payable to unrelated		F		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines of Schedule D	-		1,897,918.	25	1,621,561.
	26	of Schedule D Total liabilities. Add lines 17 through 25			7,744,114.		8,130,079.
	20	Organizations that follow FASB ASC 958, che			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20	0,100,0100
Se		and complete lines 27, 28, 32, and 33.					
nc	27	Net assets without donor restrictions			5,540,143.	27	7,656,111.
3ala	28	Net assets with donor restrictions			379,927.	28	343,480.
Βpt	20	Organizations that do not follow FASB ASC 9					
Fur		and complete lines 29 through 33.					
ç	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq			30		
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		5,920,070.	32	7,999,591.	
~	33	Total liabilities and net assets/fund balances			13,664,184.	33	16,129,670.
							- 000 (2022)

<u>16,129,670.</u> Form **990** (2020)

Form	990	(2020)	)

Form	1990 (2020) LEGAL SERVICES OF GREATER MIAMI, INC.	59-	1227481	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,099		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,019		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,079		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,920	),0	70.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7,999	),5	<u>91.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X 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				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it 📔		1
	Act and OMB Circular A-133?		<u>3a</u>	Х	┝───
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2020)

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SCH	EDU	LE A
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(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.

OMB No. 1545-0047
2020
Open to Public Inspection

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		of the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction			nformation.		Open to Public Inspection
Nar	ne of t	the organizati		de le tritinieige					er ide	entification number
		Ū		L SERVICES	OF GREATER I	IMAIN	. INC.			1227481
Pa	nrt I	Reason			(All organizations must o					
The	organ				For lines 1 through 12, c					
1	Ŭ		-		on of churches described	•		1)(A)(i).		
2		A school des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or	a cooperative	hospital service org	anization described in s	ection 170	(b)(1)(A)(ii	ii).		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Ente	er the	hospital's name,
		city, and stat	e:							
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental unit descri	bed ii	า
		section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	lly receives a substa	intial part of its support fi	rom a gove	ernmental	unit or from the genera	l pub	lic described in
		section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)						
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a land-grar	nt col	ege
		or university	or a non-land-g	rant college of agric	culture (see instructions).	Enter the	name, city	, and state of the colleg	ge or	
		university:								
10		•			than 33 1/3% of its supp			· · ·	Ŭ	
					ct to certain exceptions;					-
					(less section 511 tax) fro	om busines	ses acqui	red by the organization	after	<sup>-</sup> June 30, 1975.
				mplete Part III.)	San barbar da saturfa sa sa da Barra a			20(-)(4)		
11	$\square$	•	0	•	ively to test for public sa				~ ~	nance of one or
12		-	-	-	ively for the benefit of, to ed in section 509(a)(1) o	-		· ·	-	-
				-	of supporting organization				One	
a		-	•	•••	supervised, or controlled				v aivi	na
	·			-	gularly appoint or elect a	• • •	-			-
			-	complete Part IV, Se						
b		¬ -		-	d or controlled in connect	tion with it	s supporte	ed organization(s), by h	aving	
				-	anization vested in the sa				-	
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
c	;	Type III fui	nctionally inte	grated. A supportin	ng organization operated	in connect	tion with, a	and functionally integra	ted w	/ith,
		its support	ed organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ctions A,	D, and E.		
c		_ Type III no	n-functionally	v integrated. A supp	porting organization oper	ated in co	nnection v	vith its supported orgar	nizatio	on(s)
		that is not	functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and an atten	tivene	ess
		- ·		,	mplete Part IV, Sections					
e			•		written determination fro			Type I, Type II, Type II		
_					nally integrated supporti	ng organiz	ation.		Г	
Т		er the number		•					L	
<u>c</u>		(i) Name of supp		about the supporte	(iii) Type of organization		nization listed	(v) Amount of monetary		(vi) Amount of other
		organization	ı		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see instructions	) su	oport (see instructions
									_	
Tat	al								+	
Tota	ы							I	1	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 16

## Schedule A (Form 990 or 990-EZ) 2020 LEGAL SERVICES OF GREATER MIAMI, INC. 59-1227481 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

See	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	5501275.	5700653.	6281460.	7118437.	8816923.	33418748.		
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	5501275.	5700653.	6281460.	7118437.	0016022	33418748.		
	Total. Add lines 1 through 3	5501275.	5700055.	0201400.	/11045/.	0010923.	55410/40.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.						33418748.		
	ction B. Total Support						55410740.		
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	Amounts from line 4	5501275.	5700653.	6281460.	7118437.	8816923.	33418748.		
	Gross income from interest,								
-	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	16,798.	12,629.	18,762.	21,904.	8,853.	78,946.		
9			-		-				
	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.)								
11	Total support. Add lines 7 through 10						33497694.		
12	Gross receipts from related activities,	etc. (see instructio	ons)			12			
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)			
_	organization, check this box and stop		-						
See	ction C. Computation of Publi	ic Support Per	centage						
	Public support percentage for 2020 (I					14	99.76 %		
	Public support percentage from 2019					15	99.68 %		
16a	<b>33 1/3% support test - 2020.</b> If the o				14 is 33 1/3% or m	ore, check this bo			
	stop here. The organization qualifies		•						
b	<b>33 1/3% support test - 2019.</b> If the o								
	and <b>stop here.</b> The organization qual								
17a	10% -facts-and-circumstances test								
	and if the organization meets the fact			-		-			
L	meets the facts-and-circumstances te	-		• • • •		17a and lina 15 ia			
C	10% -facts-and-circumstances test	0							
	more, and if the organization meets the								
18	organization meets the facts-and-circu Private foundation. If the organization		•		• •				
10	- mate roundation. In the organizatio			a, 100, 17a, 01 17L					
	Schedule A (Form 990 or 990-EZ) 2020								

032022 01-25-21

## Schedule A (Form 990 or 990-EZ) 2020 LEGAL SERVICES OF GREATER MIAMI, INC. 59-1227481 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support							
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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							
<b>3</b> Gross receipts from activities that							
are not an unrelated trade or bus-							
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							
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disgualified persons							
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c Add lines 7a and 7b							
8 Public support. (Subtract line 7c from line 6.)							
Section B. Total Support		•		•	•		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
9 Amounts from line 6							
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
<b>b</b> Unrelated business taxable income							
(less section 511 taxes) from businesses							
acquired after June 30, 1975							
<b>c</b> Add lines 10a and 10b							
11 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 fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,	
check this box and stop here							
Section C. Computation of Publi	c Support Per	centage					
15 Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%	
16 Public support percentage from 2019	Schedule A, Part	III, line 15			16	%	
Section D. Computation of Inves	tment Income	e Percentage					
17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 %							
18 Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%	
19a 33 1/3% support tests - 2020. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 1	7 is not	
more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation		
b 33 1/3% support tests - 2019. If the	organization did n	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and	
line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	op here. The orga	anization qualifies	as a publicly suppo	orted organization		
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions		
032023 01-25-21				Sch	edule A (Form 99	0 or 990-EZ) 2020	
		18	}				

11300930 795691 255658.001

<sup>2020.04030</sup> LEGAL SERVICES OF GREATER 255658.1

Schedule A	(Form 990 or 990-EZ) 2020	LEGAL	SERVICES	OF	GREATER	MIAMI,	INC.	59-1227481	Page 4
Part IV	Supporting Organiza	ations							

(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.)

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Schedule A (Form 990 or 990-EZ) 2020

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

10b

## Schedule A (Form 990 or 990-EZ) 2020 LEGAL SERVICES OF GREATER MIAMI, INC. 59-1227481 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
с	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supporting organization

Section C. T	ype II Supporting (	Organizations

 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

Section D. All Type III Supporting Organizations	

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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.	3		

## Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- 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.*

<b>c</b> [		The organization supported a governmental entity.	Describe in <b>Part VI</b> how you supported a governmental entity (see in	struction <u>s).</u>
------------	--	---	--	----------------------

20

- 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.* 

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

2

No

Yes No

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_	dule A (Form 990 or 990-EZ) 2020 LEGAL SERVICES OF GREAT			59-1227481 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting o	rganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

## Schedule A (Form 990 or 990-EZ) 2020 LEGAL SERVICES OF GREATER MIAMI, INC. 59-1227481 Page 7

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	inizations <sub>(continu</sub>	ued)					
Section D - Distributions Current Year									
	Amounts paid to supported organizations to accomplish exer	mpt purposes		1					
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	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 the	e organization is responsive	•						
	(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) Underdistribution Pre-2020	ns	(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 - explain in 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.								
8	Breakdown of line 7:								
	Excess from 2016								
	Excess from 2017								
	Excess from 2018								
	Excess from 2019								
	Excess from 2020								

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A	(Form 990 or 990-E	7) 2020	LEGAL	SERVT	CES O	F GREAT	TER N	ИТАМТ.	TNC.	59-1227481	Page 8
Part VI	Supplementa	I Inform	ation. P	rovide the e	xplanatior	ns required b	v Part II.	line 10: Par	t II. line 17a o	r 17b; Part III, line 12;	i age <b>o</b>
	Part IV, Section A	, lines 1, 2	2, 3b, 3c, 4	b, 4c, 5a, 6	9a, 9b, 9	c, 11a, 11b, a	and 11c;	; Part IV, Se	ction B, lines	1 and 2; Part IV, Sectior	ו C,
	line 1; Part IV, Sec	ction D, lin	es 2 and 3	; Part IV, S	ection E, li	nes 1c, 2a, 2	b, 3a, ar	nd 3b; Part	/, line 1; Part	V, Section B, line 1e; Pa	art V,
	Section D, lines 5 (See instructions.)	, 6, and 8;	and Part V	, Section E	, lines 2, 5	, and 6. Also	comple	te this part	or any addition	onal information.	
. <u></u>								<u> </u>			
032028 01-25-2	21								Schedu	lle A (Form 990 or 990-	-EZ) 2020
						23					

# Schedule B

(Form 990, 990-EZ, or 990-PF) 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

59-1227481

Name	ot th	e orgar	nization

Drganization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

LEGAL SERVICES OF GREATER MIAMI, INC.

501(c)(3) taxable private foundation

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  $\dots$   $\blacktriangleright$  \$

**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).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

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

Employer identification number

59-1227481

## LEGAL SERVICES OF GREATER MIAMI, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 LEGAL SERVICES CORPORATION X Person Payroll 3333 K STREET NW, 3RD FLOOR 3,784,679. Noncash \$ (Complete Part II for WASHINGTON, DC 20007-3522 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 FLORIDA BAR FOUNDATION X Person Payroll 875 CONCOURSE PARKWAY S, #195 937,301. Noncash \$ (Complete Part II for MAITLAND, FL 32751 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 STATE OF FLORIDA X Person Payroll THE CAPITOL PL-01 408,510. Noncash \$ (Complete Part II for TALLAHASSEE, FL 32399-1050 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 MIAMI-DADE COUNTY X Person Payroll 111 NW 1ST STREET 366,012. Noncash \$ (Complete Part II for MIAMI, FL 33128 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

023452 11-25-20

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

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Name of organization

Employer identification number

59-1227481

## LEGAL SERVICES OF GREATER MIAMI, INC.

Part II Noncash 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
		_	

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Schedule I	B (Form 990, 990-EZ, or 990-PF) (2020)		Page <sup>2</sup>						
Name of o	rganization		Employer identification number						
LEGAL Part III	SERVICES OF GREATER MIZ Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	ions to organizations described in s	$59 - 1227481$ section 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations r less for the year (Futer this info once) $\blacktriangleright$ \$						
	Use duplicate copies of Part III if additional	space is needed.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gi	ft						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gi							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
·	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gi	ift						
·	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
023454 11-25	5-20		Schedule B (Form 990, 990-EZ, or 990-PF) (2020)						

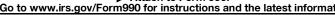
11300930 795691 255658.001

SCHEDULE	D
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Department of the Treasury

90)

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.





Internal Revenue Service	
Name of the organizati	on

LEGAL SERVICES OF GREATER MIAMI, INC. Employer identification number 59-1227481

Par			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 v	uriting that the assets held in donor advised f	iunde
5	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ad		
U	for charitable purposes and not for the benefit of the donor or		
			°
Par		anization answered "Yes" on Form 990. Part	: IV. line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	· · · · · · · · · · · · · · · · · · ·	istorically important land area
	Protection of natural habitat	·	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a	conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	- · · · · · ·		
b			
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ►	, , , , , ,	5
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
	•		
7	Amount of expenses incurred in monitoring, inspecting, hand	ing of violations, and enforcing conservation	easements during the year
	► \$		0
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)	)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements	that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement and I	balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		• • •
2	If the organization received or held works of art, historical trea	isures, or other similar assets for financial gai	in, provide
	the following amounts required to be reported under FASB AS	-	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		► \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2020
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Partial       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued].         a Using the organization's accussion, and other records, check any of the following that make significant use of its collection tens (check all that apply): <ul> <li>□ Partial exhibition</li> <li>□ Charle exhibition</li> <li>□ Charle exhibition</li> <li>□ Charle exhibition</li> <li>□ Prosenvation for Mure generations</li> <li>□ Prosenvation to Mure generations is collections and explain how they further the organization's accussion</li> <li>□ Provide a description of the organization societtions and explain how they further the organization's accussion?</li> <li>□ Yes</li> <li>Note all most and the role bank and and as part of the organization's accussion?</li> <li>□ Provide a description of the organization accussion of the organization's accussion?</li> <li>□ Yes</li> <li>□ Treproted an amount on from 500, Part X, Ime 21.</li> </ul> <ul> <li>□ Tres, 'explain the arrangement in Part XIII and complete the following table:</li> <li>□ Tres, 'explain the arrangement in Part XIII and complete the following table:</li> <li>□ Tres, 'explain the arrangement in Part XIII there is the organization has been ground on Part XI.</li> <li>□ Tres, 'explain the arrangement in Part XIII. There are there is the organization accurs the part of the organization accurs the part of the organization accurs the part of the part of the part of the organization accurs the part of the part of the part of the part of the organization accurs the part of the part o</li></ul>			ERVICES OF						27481	Page <b>2</b>
collection terms (check all that apply): <ul> <li>□ Colle exhibition</li> <li>□ Construction</li> <li>□ Consteneinition</li> <li>□ Constructio</li></ul>	Par	t III Organizations Maintaining Co	ollections of Art	t, Historical Tre	asures, or	Other \$	Similar	Assets	(continu	ed)
a       Public schulttion       d       □ can or exchange program         b       Schulary research       e       □ Otter	3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that i	make sigr	nificant u	se of its		
b       Scholarly research       e       Other         c       Preservation for future generations       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.       5         2       Provide a description of the organization's collections and explain how they further the organization setuper starts.       to be soft or faste funds rating that then to be mating as saft of the organization's collection?       Yes       No         Part W       Escrow and Cutstodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part X, Ine 9, or reported an amount on Form 980, Part X, Ine 21, Ine 21, Ine 21, Ine 31, In		collection items (check all that apply):								
c       Preservation for future generations         4       Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XII.         5       During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XII.         6       Provide a description of the organization is collection?       Yes       No         Part IV       Exercement 4C Statistical analysis is collection?       Yes       No         7       reported an amount on Form 500, Part X, line 21.       Tele is the organization an agent, thustee, custodian or other intermediaty for contributions or other assets not included on form 500, Part X?       No         6       Beginning balance       1       1       Additions during the year       1       1         16       Interminition during the year       1	а	Public exhibition	d	Loan or exc	hange prograr	n				
<ul> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> <li>5 During the year, did the organization alloit or receive donations of at, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection?</li> <li>Part W Escrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 980, Part X, line 21.</li> <li>1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X?</li> <li>b If "Yes," explain the arrangement in Part XIII and complete the following table: <ul> <li>c Beginning balance</li> <li>d Additions during the year</li> <li>ted</li> <li>a Distributions during the year</li> <li>ted</li> <li>b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII</li> </ul> </li> <li>2a Did the organization include an amount on Form 980, Part X, line 21, for ascrow or custodial account liability?</li> <li>b If "Yes," explain the agrangement in Part XIII. Check here if the explanation has been provided on Part XIII</li> <li>Part W Endowment Funds. Complete if the organization answered "Yes" on Form 980, Part X, line 63, 332, 14, 12, 643, 332, 14, 12, 643, 332, 14, 12, 643, 332, 14, 12, 744, 351, 124, 945, 018, 13, 194, 324, 118, 663, 332, 14, 127, 943, 124, 945, 924, 9243, 11, 1274, 351, 124, 945, 018, 13, 194, 324, 118, 663, 332, 14, 127, 945, 018, 139, 194, 324, 118, 663, 332, 14, 127, 945, 018, 139, 194, 324, 118, 663, 332, 14, 127, 945, 018, 139, 194, 324, 118, 663, 332, 14, 127, 945, 018, 139, 131, 174, 351, 124, 351, 126, 355, 017, 14, 945, 018, 19, 194, 324, 18, 663, 332, 14, 127, 945, 018, 139, 131, 174, 351, 124, 351, 125, 230, 131, 740, 000, 000, 000, 000, 000, 000, 000</li></ul>	b	Scholarly research	е	Other						
<ul> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> <li>5 During the year, did the organization alloit or receive donations of at, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection?</li> <li>Part W Escrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 980, Part X, line 21.</li> <li>1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X?</li> <li>b If "Yes," explain the arrangement in Part XIII and complete the following table: <ul> <li>c Beginning balance</li> <li>d Additions during the year</li> <li>ted</li> <li>a Distributions during the year</li> <li>ted</li> <li>b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII</li> </ul> </li> <li>2a Did the organization include an amount on Form 980, Part X, line 21, for ascrow or custodial account liability?</li> <li>b If "Yes," explain the agrangement in Part XIII. Check here if the explanation has been provided on Part XIII</li> <li>Part W Endowment Funds. Complete if the organization answered "Yes" on Form 980, Part X, line 63, 332, 14, 12, 643, 332, 14, 12, 643, 332, 14, 12, 643, 332, 14, 12, 744, 351, 124, 945, 018, 13, 194, 324, 118, 663, 332, 14, 127, 943, 124, 945, 924, 9243, 11, 1274, 351, 124, 945, 018, 13, 194, 324, 118, 663, 332, 14, 127, 945, 018, 139, 194, 324, 118, 663, 332, 14, 127, 945, 018, 139, 194, 324, 118, 663, 332, 14, 127, 945, 018, 139, 194, 324, 118, 663, 332, 14, 127, 945, 018, 139, 131, 174, 351, 124, 351, 126, 355, 017, 14, 945, 018, 19, 194, 324, 18, 663, 332, 14, 127, 945, 018, 139, 131, 174, 351, 124, 351, 125, 230, 131, 740, 000, 000, 000, 000, 000, 000, 000</li></ul>	с	Preservation for future generations								
to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1a       Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Yes       X       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       10       10       10       10       11       10       11       10       11       10 <td< th=""><th>4</th><th>Provide a description of the organization's co</th><th>llections and explain</th><th>how they further th</th><th>e organizatior</th><th>n's exemp</th><th>ot purpos</th><th>e in Part</th><th>XIII.</th><th></th></td<>	4	Provide a description of the organization's co	llections and explain	how they further th	e organizatior	n's exemp	ot purpos	e in Part	XIII.	
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X is explain the arrangement in Part XIII and complete the following table:       Image: Complete the following table:         c       Beginning balance.       Image: Complete the following table:       Amount       Image: Complete the following table:       Amount       Image: Complete the following table:       Amount       Image: Complete the following table:       Image: Complete the following table:       Amount       Image: Complete the following table:       Image: Complete the organization answered "Yes" on Form 900, Part XIII       Image: Complete the organization answered "Yes" on Form 900, Part XIII       Image: Complete the organization answered "Yes" on Form 900, Part XIII       Image: Complete the organization answered "Yes" on Form 900, Part XIII       Image: Complete the organization answered "Yes" on Form 900, Part XIII       Image: Complete the organization answered "Yes" on Form 900, Part XIII       Image: Complete the organization answered "Yes" on Form 900, Part XIII       Image: Complete the organization answered "Yes" on Form 900, Part XIII       Image: Complete the organization answered "Yes" on Form 900, Part XIIII       Image: Complete the organization answered "Yes" on Form 900, Part XIIII       Image: Comp	5	During the year, did the organization solicit or	receive donations o	f art, historical treas	sures, or other	similar a	ssets			
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X is explain the arrangement in Part XIII and complete the following table:       Image: Complete the following table:         c       Beginning balance.       Image: Complete the following table:       Amount       Image: Complete the following table:       Amount       Image: Complete the following table:       Amount       Image: Complete the following table:       Image: Complete the following table:       Amount       Image: Complete the following table:       Image: Complete the organization answered "Yes" on Form 900, Part XIII       Image: Complete the organization answered "Yes" on Form 900, Part XIII       Image: Complete the organization answered "Yes" on Form 900, Part XIII       Image: Complete the organization answered "Yes" on Form 900, Part XIII       Image: Complete the organization answered "Yes" on Form 900, Part XIII       Image: Complete the organization answered "Yes" on Form 900, Part XIII       Image: Complete the organization answered "Yes" on Form 900, Part XIII       Image: Complete the organization answered "Yes" on Form 900, Part XIII       Image: Complete the organization answered "Yes" on Form 900, Part XIIII       Image: Complete the organization answered "Yes" on Form 900, Part XIIII       Image: Comp									Yes	No No
reported an amount on Form 990, Part X, line 21.         1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       X       No         b if "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete Com	Par							, Part IV, I	ine 9, or	
on Form 990, Part X7				Ū					·	
on Form 990, Part X7	1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other asse	ets not ind	cluded			
b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:          Amount          c       Beginning balance          Id         Id         Id				•					Yes	XNo
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       IX       Yes       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       IX       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the expanization nasweed "Yes" on Form 990, Part XIII.       IX       Yes       No         Part V       Enclowment Funds. Complete if the organization answered "Yes" on Form 990, Part XII.       IX       IX       Yes       No         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back.       (d) Three years back.       (a) Entity wears back.         1a       Beginning of year balance       (a) 2.24.3.329, 0.12, 124, 24.1       18, 663, 392.1       1.00, 000.         c       Net investment amings, gains, and losses       2, 243, 329, 0.19, 585, 077.1       16, 986, 018.1       19, 194, 324.1       18, 663, 392.         g End of year balance       21, 575, 290.1       19, 585, 077.1       16, 986, 018.1       19, 194, 324.1       18, 663, 392. <t< th=""><th>b</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	b									
c       Beginning balance       10         d       Additions during the year       11         2a       Didthe organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       IX       Yes       No         b       If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       IX       Yes       No         b       If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       IX       IX         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       IX       IX       IX         1a       Beginning of year balance       19, 585, 077.       16, 986, 018.       19, 124, 245.       19, 124, 245.       19, 124, 245.       10, 02, 000.         c       Not intervent earrings, gains, and losses       2, 243, 329.       3, 060, 077.       1, 442, 451.       2, 069, 243.       11, 740, 000.         e       Other expenditures for facilities       487, 127.       461, 018.       765, 855.       1, 538, 311.       740, 000.         g       End of year balance       5000       %       %       %       19, 986, 018.       19, 194, 324.       18, 663, 392.         2       Provide the estinnated percentage of the current year end ba		, , , , , , , , , , , , , , , , , , , ,	I	5					Amount	
d Additions during the year       id         e Distributions during the year       id         f Ending balance       if         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       IX         Part V       Endowment Funds. complete if the organization answered 'Yes' on Form 990, Part X, line 10.       IX         Part V       Endowment Funds. complete if the organization answered 'Yes' on Form 990, Part X, line 10.       IX         1a Beginning of year balance       ig Ourrent year       (D) Prior year       IP 19, 935, 077.       16, 986, 018.       19, 194, 324.       18, 663, 392.       18, 122, 941.         1b Contributions       234, 011.       234, 011.       100, 000.       100, 000.       100, 000.         c Not investment earnings, gains, and losses       2, 243, 329.       3, 060, 077.       -1, 442, 451.       2, 069, 243.       1, 174, 351.         d Grants or scholarships       487, 127.       461, 018.       765, 855.       1, 538, 311.       740, 000.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment I////////////////////////////////////	с	Beginning balance					1c			
e       Distributions during the year       1e         f       Ending balance       IX       Yes       No         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       IX       Yes       No         Part V       Endowment Funds.       Complete if the organization naswered "Yes" on Form 990, Part IV, line 10.       IX       Yes       18       18(9 Four years back       (e) Four y							1d			
f       Ending balance       11         2a       Did the organization include an anount on Form 990, Part X, line 21, for escrow or custodial account liability?       X       Yes       No         b       f**es, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       X       X       Yes       No         b       f**es, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       X       X       X         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (a) four years back       10, 000.         c       No thin vestment evarings, gains, and loses       2, 243, 329.       3, 060, 077.       1, 442, 451.       2, 069, 243.       1, 174, 351.         d       Grants or scholarships       487, 127.       461, 018.       765, 855.       1, 538, 311.       740, 000.         g       End of year balance       21, 575, 290.       19, 585, 077.       16, 986, 018.       19, 194, 324.       18, 663, 392.         g       End of year balance							1e			
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability?       X       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       X       X         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       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       234,011.       1,01,000.       10,0,000.       c. Net investment earnings, gains, and losses       2,243,329.       3,060,077.       -1,442,451.       2,065,243.       1,174,351.         a Carants or scholarships       487,127.       461,018.       765,855.       1,538,311.       740,000.         e       Other expenditures for facilities       and programs       21,575,290.       19,585,077.       16,986,018.       19,194,324.       18,663,392.         g End of year balance       9,5000       %       %       Forwide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment >	-									
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.         Image:	2a						/?	X	Yes	No
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           b         Contributions         19, 585, 077.         16, 986, 018.         19, 194, 324.         18, 663, 392.         18, 129, 041.           b         Contributions         234, 011.         -1.442, 451.         2, 069, 243.         1, 174, 351.           c         Matrix stores for facilities         487, 127.         461, 018.         765, 855.         1, 538, 311.         740, 000.           c         Other expenditures for facilities         487, 127.         461, 018.         765, 855.         1, 538, 311.         740, 000.           g         End of year balance         21, 575, 290.         19, 585, 077.         16, 986, 018.         19, 194, 324.         18, 663, 392.           2         Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a Board designated or quasi-endowment >		C C							_	X
(a) Current year         (b) Prior year         (c) Two years back         (d) Three years back         (e) Four years back           1a         Beginning of year balance         19, 565, 077.         16, 986, 018.         19, 194, 324.         18, 663, 392.         18, 123, 041.           b         Contributions         234, 011.         100,000.         100,000.           c         Net investment earnings, gains, and losses         2, 243, 323.         3, 060,077.         -1, 442, 451.         2, 069, 243.         1, 174, 351.           d         Grants or scholarships         487, 127.         461,018.         765,855.         1, 538, 311.         740,000.           e         Other expenditures for facilities         and programs         -							).			
1a       Beginning of year balance       19,585,077.       16,986,018.       19,194,324.       18,663,392.       18,129,041.         b       Contributions								ears back	(e) Four y	ears back
b       Contributions       234,011.       100,000.         c       Net investment earnings, gains, and losses       2,243,329.       3,060,077.       -1,442,451.       2,069,243.       1,174,351.         d       Grants or scholarships       487,127.       461,018.       765,855.       1,538,311.       740,000.         e       Other sependitures for facilities       487,127.       461,018.       765,855.       1,538,311.       740,000.         g       End of year balance       21,575,290.       19,585,077.       16,986,018.       19,194,324.       18,663,392.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment ▶	1a	Beginning of vear balance								
c       Net investment earnings, gains, and losses       2,243,329.       3,060,077.       -1,442,451.       2,069,243.       1,174,351.         d       Grants or scholarships       487,127.       461,018.       765,855.       1,538,311.       740,000.         e       Other expenditures for facilities and programs       487,127.       461,018.       765,855.       1,538,311.       740,000.         g       End of year balance       21,575,290.       19,585,077.       16,986,018.       19,194,324.       18,663,392.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       a       bacad designated or quasi-endowment ▶       9       5000       %         b       Permanent endowment ▶       .5000       %       %       Yes in the percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes in line 3a(ii), are the related organizations listed as required on Schedule R?       3a(ii) X       3a(ii) X         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Yes in 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)<			234,011.						1	.00,000.
d Grants or scholarships       487,127.       461,018.       765,855.       1,538,311.       740,000.         e Other expenditures for facilities and programs       i			2,243,329.	3,060,077.	-1,442	,451.	2,00	69,243.	1,1	.74,351.
e Other expenditures for facilities and programs			487,127.							
and programs			,	,		,	,	,		
f       Administrative expenses       21,575,290.       19,585,077.       16,986,018.       19,194,324.       18,663,392.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment ▶	-									
g End of year balance       21,575,290.       19,585,077.       16,986,018.       19,194,324.       18,663,392.         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 ▶      99.5000_%      %         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:	f									
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶			21,575,290.	19,585,077.	16,986	.018.	19,19	94,324.	18,6	63,392.
a Board designated or quasi-endowment ▶      %         b Permanent endowment ▶      %         c Term endowment ▶      %         gain      %         r b 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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li><b>Part VI</b></li> <li><b>Land, Buildings, and Equipment.</b></li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li><b>1</b>, 280, 333.</li> <li><b>1</b>, 280, 333.</li></ul>	-		, ,	, ,		,	,	,	,	,
b       Permanent endowment ▶       .5000       %         c       Term endowment ▶       .99.5000 %         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       3a(i)       X         (ii)       Nelated organizations										
c       Term endowment ▶99.5000 %         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:			%							
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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li><b>Part VI</b> Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other depreciation</li> <li><b>1</b>, 280, 333.</li> <li><b>1</b>, 280, 533.</li> <li><b>1</b>, 428, 533.</li> <li< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></li<></ul>										
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations       3a(i)       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       X         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.       (d) Book value         1a Land       1, 280, 333.       1, 280, 333.         b Buildings       2, 740, 000.       900, 645.       1, 839, 355.         c Leasehold improvements       5, 428, 533.       5, 428, 533.       5, 428, 533.         d Equipment       179, 697.       108, 350.       71, 347.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B). line 10c.)       8, 619, 568.	Ŭ									
by: (i) Unrelated 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 XII 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. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value basis (investment) b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B). line 10c.) Note: State Sta	3a			tion that are held ar	nd administere	d for the	organiza	tion		
(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       X         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Buildings, and Equipment.       3b       X         Part VI       Land, Buildings, and Equipment.       (a) Cost or other       (b) Cost or other       (c) Accumulated         Description of property       (a) Cost or other       basis (other)       (c) Accumulated       (d) Book value         1a       Land       1, 280, 333.       1, 280, 333.       1, 280, 333.         b       Buildings       2, 740, 000.       900, 645.       1, 839, 355.         c       Leasehold improvements       5, 428, 533.       5, 428, 533.       5, 428, 533.         d       Equipment       179, 697.       108, 350.       71, 347.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B). line 10c.)       8, 619, 568.	04		bolon of the organiza				organiza			es No
(ii) Related organizations       3a(ii) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b X         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b 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.       (d) Book value         Description of property       (a) Cost or other basis (investment)       (c) Accumulated depreciation         1a Land       1, 280, 333.       1, 280, 333.         b Buildings       2, 740, 000.       900, 645.       1, 839, 355.         c Leasehold improvements       5, 428, 533.       5, 428, 533.         d Equipment       179, 697.       108, 350.       71, 347.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       8, 619, 568.		-								
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       X         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       1,280,333.       1,280,333.       1,280,333.         b       Buildings       2,740,000.       900,645.       1,839,355.         c       Leasehold improvements       5,428,533.       5,428,533.         d       Equipment       179,697.       108,350.       71,347.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       8,619,568.										
4       Describe in Part XII 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) Accumulated depreciation         1a       Land         b       Buildings         c       Leasehold improvements         d       5,428,533.         d       Equipment         e       Other         179,697.       108,350.         8,619,568.	h									
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       1,280,333.       1,280,333.       1,280,333.         b Buildings       2,740,000.       900,645.       1,839,355.         c Leasehold improvements       5,428,533.       5,428,533.         d Equipment       179,697.       108,350.       71,347.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       8,619,568.										
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       1,280,333.       1,280,333.         b Buildings       2,740,000.       900,645.       1,839,355.         c Leasehold improvements       5,428,533.       5,428,533.         d Equipment       179,697.       108,350.       71,347.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)       8,619,568.	<u> </u>			Whent funds.						
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land1,280,333.1,280,333.b Buildings2,740,000.900,645.1,839,355.c Leasehold improvements5,428,533.5,428,533.d Equipment179,697.108,350.71,347.Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)8,619,568.				. Part IV. line 11a. S	ee Form 990.	Part X. lir	ne 10.			
basis (investment)       basis (other)       depreciation         1a Land       1,280,333.       1,280,333.         b Buildings       2,740,000.       900,645.       1,839,355.         c Leasehold improvements       5,428,533.       5,428,533.         d Equipment       179,697.       108,350.       71,347.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)       8,619,568.								d	(d) Book	value
1a Land       1,280,333.       1,280,333.         b Buildings       2,740,000.       900,645.       1,839,355.         c Leasehold improvements       5,428,533.       5,428,533.         d Equipment       179,697.       108,350.       71,347.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)       8,619,568.				• • •		• •		-	, 2001	
b Buildings       2,740,000.       900,645.       1,839,355.         c Leasehold improvements       5,428,533.       5,428,533.         d Equipment       0       0         e Other       179,697.       108,350.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       ▶       8,619,568.	19	Land		,	( )				1,280	.333.
c Leasehold improvements       5,428,533.       5,428,533.         d Equipment       179,697.       108,350.       71,347.         e Other       179,697.       108,350.       71,347.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)       ▶       8,619,568.						91	00.64			
d Equipment							/-			
e Other       179,697.       108,350.       71,347.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       ▶       8,619,568.									-,120	,
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 8,619,568.				17	9.697.	1	08.35	50.	71	.347.
	1010	in Alexandes Factoriough Te. (Columni (a) Must ea	<u>uai ruini 990, Part /</u>	<u>, column (B), line 1</u>	UC./					

Schedul	e D (Form 990) 2020			CES OF	GREATE	R MIAMI,	INC.	59-1227481 Page 3
Part \								
	Complete if the orga							
<b>(a)</b> Des	scription of security or categ	Ory (including name	e of security)	<b>(b)</b> Bo	ok value	(c) Method	d of valuation:	Cost or end-of-year market value
• •								
	sely held equity interests							
(3) Othe	er							
(A)								
(B) (C)								
(D)								
(E)								
(F)								
(G)								
(H)								
Total. (Co	ol. (b) must equal Form 990	, Part X, col. (B)	line 12.) 🕨					
Part \	/III Investments - F	Program Re	lated.					
	Complete if the orga		ered "Yes" c					
	(a) Description of i	investment		(b) Bo	ok value	(c) Method	d of valuation:	Cost or end-of-year market value
(1)								
(2)								
(3)								
<u>(4)</u>								
<u>(5)</u> (6)								
(7)								
(8)								
(9)								
	ol. (b) must equal Form 990,	, Part X, col. (B)	line 13.) 🕨					
Part I								
	Complete if the orga	anization answ			), Part IV, line	11d. See Form	990, Part X, li	ne 15.
			(a) [	Description				(b) Book value
(1)								
(2)								
(3)								
(4)								
(5)								
<u>(6)</u>								
<u>(7)</u> (8)								
(9)								
	Column (b) must equal Fo	rm 990 Part X	col (R) line	15)				
Part )	C Other Liabilities	S.	<u> </u>	10.				<i>z</i> .
	Complete if the orga	anization answ	ered "Yes" o	on Form 990	), Part IV, line	11e or 11f. See	Form 990, Pa	art X, line 25.
1.	<b>(a)</b> De	escription of lial	oility					(b) Book value
	Federal income taxes							
	INTERCOMPANY							1,408,592.
(3)	DEFERRED COME	PENSATIC	N PLAN					212,969.
(4)								
(5)								
(6)								
(7)								
(8)								
(9)		000 5	,	25.)				1,621,561.
	Column (b) must equal Fo		. ,	,				
								tatements that reports the nas been provided in Part XIII $\dots \overline{X}$

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 LEGAL SERVICES OF GREATER	R MIAMI, INC.	59-1227481 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Part XIII Supplemental Information.			

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

#### PART IV, LINE 2B:

LSGMI SEPARATES CLIENT TRUST FUNDS FROM ALL SOURCES BY PLACING THEM IN

SEPARATE BANK ACCOUNTS THAT ARE TITLED "INTEREST ON LAWYERS TRUST

ACCOUNTS" THESE FUNDS ARE RECORDED AS ASSETS AND LIABILITIES AND ARE

PRESENTED SEPARATELY ON THE STATEMENT OF FINANCIAL POSITION.

PART X, LINE 2:

LEGAL SERVICES AND THE FOUNDATION ARE EXEMPT FROM FEDERAL INCOME TAXES

UNDER SECTION 501(C)(3) AND IS NOT A "PRIVATE FOUNDATION" UNDER SECTION

509(A) OF THE IRC, AS AMENDED BY THE IRC; THEY ARE ALSO EXEMPT FROM

FLORIDA TANGIBLE AND INTANGIBLE PERSONAL PROPERTY TAXES; ACCORDINGLY NO

31

## PROVISION FOR THESE TAXES HAVE BEEN MADE IN THE FINANCIAL STATEMENTS.

032054 12-01-20

Schedule D (Form 990) 2020

11300930 795691 255658.001

Schedule D (Form 990) 2020 LEGAL SERVICES OF GREATER MIAMI, INC. 59-1227481 Page 5 Part XIII Supplemental Information (continued) MANAGEMENT HAS EVALUATED LEGAL SERVICES AND ITS SUBSIDIARIES TAX POSITIONS AND HAS CONCLUDED THAT LEGAL SERVICES AND ITS SUBSIDIARIES HAS TAKEN NO UNCERTAIN INCOME TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. GENERALLY, LEGAL SERVICES AND ITS SUBSIDIARIES ARE NOT SUBJECT TO INCOME TAX EXAMINATIONS BY THE US FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2017.

Schedule D (Form 990) 2020

032055 12-01-20

SCHEDULE G	CHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						ties	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	or if the	2020					
Department of the Treasury			Open to Public					
Internal Revenue Service	► Go	► Attach to Form 990 to www.irs.gov/Form990 for instru				on.		Inspection
Name of the organization								ntification number
Double Fundacio		ERVICES OF GREATER					59-1227	
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17	'. Form 990-EZ	filers are not
		ed funds through any of the following						
a Mail solicitat				-	overnment grants			
<b>b</b> Internet and <b>c</b> Phone solicit	email solicitations	f Solicitat g Special			nment grants			
d In-person so		g Opeciai	Turiare	lising v	events			
•		r oral agreement with any individual	(includ	ing of	ficers, directors, trus	tees,	or	
key employees list	ed in Form 990, Pa	art VII) or entity in connection with pr	ofessi	onal fu	undraising services?		Yes	No
<b>b</b> If "Yes," list the 10 compensated at le	•	riduals or entities (fundraisers) pursua organization	ant to a	agreer	ments under which th	he fun	draiser is to be	9
			()			(14)	Amount noid	
(i) Name and address		(ii) Activity				(v) Amount paid to (or retained by)		(vi) Amount paid to (or retained bv)
or entity (fund	Iraiser)		or con contribu	trol of	from activity		undraiser ed in col. (i)	organization
			Yes	No				
Total								
		n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	gistration
or licensing.								
	duction Act Not	on son the Instructions for Forme O	00 ~~		7	Sohar	lulo C (Ecres O	90 or 900 EZ 9000
	SUCTION ACT NOT	ce, see the Instructions for Form 9	30 OF	990-E	.2.	Juneo		90 or 990-EZ) 2020

032081 11-25-20

Schedule G	(Form 990 or 990-EZ) 2020	LEGAL	SERVICES	OF	GREATER	MIAMI,	INC.	59-1227481	Page 2
Part II	Fundraising Events.	Complete i	f the organization	answe	ered "Yes" on Fo	orm 990, Part	IV. line 18.	or reported more than \$15.	000

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

	_	<b>3</b> 3		,	3	5 1,
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			HEART OF		NONE	
			GIVING EVENT			(add col. <b>(a)</b> through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
sver	1	Gross receipts	111,975.			111,975.
Å	•					
	2	Less: Contributions	111,975.			111,975.
	-					
	3	Gross income (line 1 minus line 2)				
	-					
	4	Cash prizes				
	5	Noncash prizes				
Se		• • • • • • • • • • • • • • • • • • • •				
ense	6	Rent/facility costs				
Direct Expenses						
ςτ	7	Food and beverages				
Dire		<b>c</b>				
_	8	Entertainment				
	9	Other direct expenses	1 4 0 0 4			14,284.
	10					14,284.
	11		ine 3, column (d)		►	-14,284.
Pa	rt I	<b>Gaming.</b> Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(,	bingo/progressive bingo	(0) 0	col. (a) through col. (c))
leve						
	1	Gross revenue				
ŝ	2	Cash prizes				
ense						
xpe	3	Noncash prizes				
Direct Expenses						
lired	4	Rent/facility costs				
	5	Other direct expenses				
			<b>Yes</b> %	└── Yes %	└── Yes %	
	6	Volunteer labor	No No	No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	_	<b>N</b>				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	<u></u>	••••••••••••••••••••••••••••••••••••••	
~	-					
9		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ad		states?		Yes No
b	IT "	No," explain:				
10-		we any of the experimetion's coming licenses w	wakad awanandad arta	rminated during the tax.		Yes No
		ere any of the organization's gaming licenses re Yes," explain:	evoneu, suspenueu, or te	minated during the tax y	ycai (	
U						
						m 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 LEGAL SERVICES OF GREATER MIAMI, INC. 59-1	.227481	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	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
	Indicate the percentage of gaming activity conducted in:	11	
	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
	of gaming revenue retained by the third party  \$		
с	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation <b>&gt;</b> \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	<b>—</b>	<b>—</b>
_	retain the state gaming license?	Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year <b>s</b> <b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I.	t III. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, ,	
03208	3 11-25-20 Schedule G (Form 35	1 990 or 99	0-EZ) 2020

11300930 795691 255658.001

2020.04030 LEGAL SERVICES OF GREATER 255658.1

Schedule G	a (Form 990 or 990-EZ) Supplemental Inf	LEGAL	SERVICES	OF	GREATER	MIAMI,	INC.	59-1227481	Page 4
Part IV	Supplemental Inf	ormation (co	ontinued)						
								Schedule G (Form 990 or	000 = 7

032084 04-01-20

SC	CHEDULE J	on Information		OMB No. 1	545-004	7
(Fo	Form 990) For certain Officers, Directors, Tr		20	20		
•	Compensa		ZU	ZU		
_		red "Yes" on Form 990, Part IV, line 23. o Form 990.		Open to	Publi	ic
	parameter of the frequency	instructions and the latest information.		Inspe	ction	
Nan	ame of the organization		Employer id	entificatio	on nur	nber
	LEGAL SERVICES OF GRE	ATER MIAMI, INC.	59-12	227483	1	
Pa	Part I Questions Regarding Compensation					
					Yes	No
1a	a Check the appropriate box(es) if the organization provided any of the	following to or for a person listed on Form 9	990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant in	nformation regarding these items.				
	First-class or charter travel	Housing allowance or residence for person	al use			
	Travel for companions	Payments for business use of personal res	idence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees				
	Discretionary spending account	Personal services (such as maid, chauffeur	r, chef)			
b	<b>b</b> If any of the boxes on line 1a are checked, did the organization follow	a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? I			<b>1b</b>		
2	5					
	trustees, and officers, including the CEO/Executive Director, regarding	g the items checked on line 1a?		2		
3	, , ,					
	CEO/Executive Director. Check all that apply. Do not check any boxe		n to			
	establish compensation of the CEO/Executive Director, but explain in					
		Written employment contract				
	Independent compensation consultant	Compensation survey or study				
	X Form 990 of other organizations	Approval by the board or compensation co	ommittee			
4	During the year, did any person listed on Form 990, Part VII, Section	A line 1a with respect to the filing				
4	organization or a related organization:	A, line ra, with respect to the himg				
-	a Receive a severance payment or change-of-control payment?			4a		Х
h	<ul> <li>b Participate in or receive payment of or angle of control payment?</li> </ul>	etirement plan?				X
c c						X
Ŭ	c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations mus	st complete lines 5-9.				
5			ı			
	contingent on the revenues of:					
а	a The organization?			5a		Х
	b Any related organization?					Х
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the or	rganization pay or accrue any compensatior	ı			
	contingent on the net earnings of:					
а	a The organization?			6a		X
	b Any related organization?					X
	If "Yes" on line 6a or 6b, describe in Part III.					
7	7 For persons listed on Form 990, Part VII, Section A, line 1a, did the or					
	not described on lines 5 and 6? If "Yes," describe in Part III			. 7		X
8						
	initial contract exception described in Regulations section 53.4958-4(	a)(3)? If "Yes," describe in Part III		8		X
9	J If "Yes" on line 8, did the organization also follow the rebuttable presu	umption procedure described in				
	Regulations section 53.4958-6(c)?			. 9		
LHA	HA For Paperwork Reduction Act Notice, see the Instructions for Fo	orm 990.	Schedu	le J (Forn	1 990)	2020

032111 12-07-20

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	<b>(F)</b> Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) MONICA M VIGUES-PITAN	(i)	162,006.	7,000.	0.	4,918.	15,944.	189,868.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARGARET Z MOORES	(i)	144,746.	7,000.	0.	15,364.	14,197.	181,307.	0.
DIRECTOR OF ADVOCACY	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) VIVIAN CHAVEZ	(i)	128,660.	7,750.	0.	1,390.	15,509.	153,309.	0.
DEPUTY DIRECTOR OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CAROLINA LOMBARDI	(i)	137,629.	7,000.	0.	1,818.	6,243.	152,690.	0.
ADVOCACY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

#### Part III Supplemental Information

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

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

LEGAL

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.



59-1227481

SERVICES OF GREATER MIAMI, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LEGAL SERVICES OF GREATER MIAMI, INC. (LEGAL SERVICES) IS A PRIVATE NON-PROFIT LAW FIRM WHOSE MISSION IS TO ACHIEVE EQUAL JUSTICE FOR ITS CLIENTS AND EMPOWER THE LOW INCOME RESIDENTS OF MONROE AND MIAMI-DADE FLORIDA TO ERADICATE BARRIERS TO ECONOMIC AND SOCIAL COUNTIES STABILITY CREATED BY POVERTY AND INJUSTICE. BORN OUT OF THE WAR ON "ECONOMIC POVERTY, LEGAL SERVICES OPENED ITS DOORS IN 1966 AS THE INC." OPPORTUNITY LEGAL SERVICES PROGRAM, TODAY, LEGAL SERVICES IS A NATIONALLY RECOGNIZED MODEL OF LEGAL SERVICES DELIVERY. LEGAL SERVICES IS THE LARGEST PROVIDER OF FREE CIVIL LEGAL SERVICES FOR LOW-INCOME IN MONROE AND MIAMI-DADE COUNTIES. ITS BOARD OF DIRECTORS IS PEOPLE COMPOSED OF BOTH MEMBERS OF THE LOW-INCOME COMMUNITY AND ATTORNEYS APPOINTED BY LOCAL BAR ASSOCIATIONS AND ORGANIZATIONS. LEGAL SERVICES IS ON THE FOREFRONT OF SOLVING LEGAL PROBLEMS FOR PEOPLE WHO LIVE IN POVERTY.

PART III, LINE 4A - FIRST ACCOMPLISHMENT FORM 990, IN 2020, ITS ATTORNEYS PROVIDED FREE LEGAL SERVICES WHICH BENEFITTED 20,000 OF THE MOST DISENFRANCHISED MEMBERS OF OUR COMMUNITY WHO HAVE NOWHERE ELSE TO TURN FOR HELP. AS A RESULT OF LEGAL SERVICES' ADVOCACY IN 2020, CLIENTS FINANCIALLY RECOVERED OR PROTECTED \$7,560,946. ITS REPRESENTATION OF NON-PROFIT AFFORDABLE HOUSING DEVELOPERS RESULTED IN THE DEVELOPMENT AND PRESERVATION OF 558 UNITS OF AFFORDABLE HOUSING. THESE RESULTS ARE IN ADDITION TO THE EXTREMELY IMPORTANT, YET DIFFICULT TO QUANTIFY BENEFITS OF PROTECTING FAMILIES FROM BECOMING HOMELESS Schedule O (Form 990 or 990-EZ) 2020 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

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Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization LEGAL SERVICES OF GREATER MIAMI, INC.	Employer identification number 59-1227481
ENSURING THAT SPECIAL NEEDS STUDENTS RECEIVE THE EDUCATION	NECESSARY TO
BECOME PRODUCTIVE ADULTS, AND HELPING ISOLATED SENIORS MAI	NTAIN
INDEPENDENCE AND DIGNITY BY REMAINING IN THEIR HOMES. DE	SPITE
PANDEMIC RESTRICTIONS ON IN-PERSON EVENTS, AN ADDITIONAL 5	,178 MEMBERS
OF THE COMMUNITY, CLIENTS AND SOCIAL SERVICE PROVIDERS THA	T SERVE THE
LOW INCOME COMMUNITY PARTICIPATED IN LEGAL EDUCATION WORKS	HOPS
PRIMARILY USING REMOTE TECHNOLOGY TO INCREASE THEIR CAPACI	ТҮ ТО
EXERCISE THEIR LEGAL RIGHTS.	
LEGAL SERVICES' ATTORNEYS HAVE A BREADTH OF KNOWLEDGE IN T	HEIR FIELDS
ON THE LOCAL, STATE, AND NATIONAL LEVELS, AND ARE COMMITTE	D TO
ADDRESSING LEGAL ISSUES THAT POSE BARRIERS TO FINANCIAL ST	ABILITY AND
OPEN THE DOOR TO ECONOMIC PROSPERITY. IN 2020 LEGAL SERVIC	ES LAWYERS
MET THE CHALLENGE OF SERVING CLIENTS DURING THE COVID-19 P.	ANDEMIC BY
QUICKLY MOVING TO A REMOTE WORK ENVIRONMENT AND NEVER STO	PPING
SERVICES. LEGAL SERVICES LAWYERS REMAINED ABREAST OF THE	EVER-CHANGING
LEGAL LANDSCAPE AND RESOLVED A VARIETY OF LEGAL ISSUES TH	AT MOST
SIGNIFICANTLY IMPACT ACCESS TO JUSTICE, HOUSING, HEALTH, A	ND FINANCIAL
STABILITY INCLUDING INCOME AND EMPLOYMENT, HOUSING ISSUES,	NEEDS OF
SMALL BUSINESSES AND NON-PROFITS, CONSUMER AND FAMILY LAW,	TAX, VETERAN
BENEFITS, SPECIAL EDUCATION, AND AFFORDABLE HOUSING.	
FORM 990, PART VI, SECTION B, LINE 11B:	
LSGMI'S FORM 990 IS REVIEWED AS FOLLOWS 1) FIRST BY THE AC	COUNTING
MANAGEMENT TEAM AND THE EXECUTIVE DIRECTOR; 2) SECOND BY T	HE AUDIT &
FINANCE COMMITTEE; AND 3) FINALLY, BY THE BOARD OF DIRECTOR	RS.

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

11300930 795691 255658.001

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization LEGAL SERVICES OF GREATER MIAMI, INC.	Employer identification number 59-1227481
LEGAL SERVICES OF GREATER MIAMI, INC.	J9-122/401
FORM 990, PART VI, SECTION B, LINE 12C:	
LSGMI HAS AN EXTENSIVE CONFLICT OF INTEREST POLICY. AS PAR	T OF THE
APPLICATION PROCESS TO BECOME A BOARD MEMBER, UPON COMMENC	EMENT OF EACH
BOARD MEMBER'S TERM OF OFFICE, AND EACH YEAR THEREAFTER, E	ACH APPLICANT TO
THE BOARD AND BOARD MEMBER IS REQUIRED TO COMPLETE A CONFL	ICT OF INTEREST
DISCLOSURE FORM. A BOARD MEMBER WITH A CONFLICT OF INTERES	T IS PRECLUDED
FROM PARTICIPATION IN ANY DISCUSSION OR VOTING ON THE SUBJ	ECT. LSGMI
EMPLOYEES WHO ARE CONSIDERED OFFICERS ARE REQUIRED TO DISC	LOSE CONFLICTS OF
INTEREST WITHIN 30 DAYS OF BECOMING AN OFFICER AND ANNUALL	Y THEREAFFTER.

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

15A) A BOARD APPOINTED COMPENSATION COMMITTEE USES MULTIPLE RESOURCES FOR ASSESSING A REASONABLE SALARY, INCLUDING REFERRING TO FORM 990 OF OTHER NON-PROFIT ORGANIZATIONS AND SURVEYING SALARIES OF EXECUTIVE DIRECTORS OF SIMILAR SIZED LEGAL SERVICE PROVIDERS. A FINAL SALARY AMOUNT AND CONTRACT IS THEN NEGOTIATED WITH THE EXECUTIVE DIRECTOR AND SUBMITTED TO THE BOARD OF DIRECTORS FOR APPROVAL. PRIOR TO EXPIRATION OF THE ESTABLISHED CONTRACT PERIOD, THE REVIEW AND NEGOTIATION PROCESS IS REVISITED AND A NEW CONTRACT IS NEGOTIATED.

15B)THE EXECUTIVE DIRECTOR USES MULTIPLE RESOURCES FOR ASSESSING AREASONABLE SALARY, INCLUDING REFERRING TO FORM 990 OF OTHER NON-PROFITORGANIZATIONS AND SURVEYING SALARIES OF EXECUTIVES OF SIMILAR SIZED LEGALSERVICE PROVIDERS.

FORM 990, PART VI, SECTION C, LINE 18:

LSGMI MAKES THE 990 AVAILABLE AT ITS LOCAL OFFICE, AND THIRD-PARTY WEBSITE.

032212 11-20-20

Name of the organization LEGAL SERVICES OF GREATER MIAMI, INC.	Employer identification number 59-1227481
FORM 990, PART VI, SECTION C, LINE 19:	
LSGMI MAKES THE 990 AVAILABLE AT ITS LOCAL OFFICE, AND THI	RD-PARTY WEBSITE.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	

Schedule O (Form 990 or 990-EZ) 2020

032212 11-20-20

SCH	EDULE	R
<b>/</b>		

#### (Form 990)

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# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 59 - 1227481

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

Department of the Treasury Internal Revenue Service Name of the organization

## LEGAL SERVICES OF GREATER MIAMI, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
4343 LLC, - 81-1928742					
4343 WEST FLAGLER STREET SUITE 100	PROVIDE COMMERCIAL SPACE TO				
MIAMI, FL 33134	LSGMI	FLORIDA			N/A

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
LEGAL SERVICES OF MIAMI FOUNDATION -							
47-2937610, 4343 WEST FLAGLER STREET SUITE	PROVIDE CHARITABLE SUPPORT				LEGAL SERVICES OF		
100, MIAMI, FL 33134	TO LSGM	FLORIDA	509(A)(2)	LINE 11	GREATER		Х
	-						
	-						

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

Schedule R (Form 990) 2020

#### Schedule R (Form 990) 2020 LEGAL SERVICES OF GREATER MIAMI, INC.

59-1227481 Page 2

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

		-								Γ.		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)		j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	ral or	Percentage ownership
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	ations?	20 of Schedule	part	ner?	ownership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes	No	
	1											
	•											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) (g) Share of total income end-of-year assets				(h) Percentage ownership	Sec 512(t contr ent	i) :tion ɔ)(13) rolled ity?
		country)				400010		Yes	No		

### Schedule R (Form 990) 2020 LEGAL SERVICES OF GREATER MIAMI, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		+
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			+
k Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		+
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)	_		+
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) LEGAL SERVICES OF GREATER MIAMI FOUNDATION	с	458,821.	FAIR VALUE
(2)			
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u>			

# Schedule R (Form 990) 2020 LEGAL SERVICES OF GREATER MIAMI, INC.

## 59-1227481 Page 4

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

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

(a)	(b)	(c)	(d)	((	<b>e)</b> e all	(f)	(g)	1)	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are partne 501( org	e all rs sec.			Dispr tior alloca	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	I or Percentage
of entity		(state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	0100 010					ions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes I	10

Schedule R (Form 990) 2020

Schedule R	(Form 990) 2020	LEGAL	SERVICES	OF	GREATER	MIAMI,	INC.	59-1227481	Page 5
Part VII	(Form 990) 2020 Supplemental Infor	mation							
	Provide additional inform		onses to question	is on S	Schedule R. See	instructions.			
032165 10-28-2	20							Schedule R (Form 9	90) 2020