Forn	n 990-7 (2018) Legal Services of Eastern Michigan 38-1958131			F	age 2
P	art III Total Unrelated Business Taxable income				
33	 Total of unrelated business taxable income computed from all unrelated trades or businesses (see 				
	instructions)	33			
34	Amounts paid for disallowed fringes	34			
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions)	35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	1			
-	of lines 33 and 34	36			Λ
37		38 37		1	000
38		フロ トギー		<u> </u>	000
30	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,				0
	enter the smaller of zero or line 36 art IV Tax Computation	38			0
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	<u> </u>			
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	39			
-10	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	▶ 1 40			
41	Proxy tax See instructions	41			
42	Alternative minimum tax (trusts only)	42			
43	Tax on Noncompliant Facility Income. See instructions	43			
		44			0
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies art V Tax and Payments	1 4# 1			
					
45a	· · · · · · · · · · · · · · · · · · ·				
b	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	 			
C	General business credit Attach Form 3800 (see instructions) Credit for prior year minimum tax (attach Form 8801 or 8827) 45c				
d		 , _			
е	Total credits. Add lines 45a through 45d	45e			
46	Subtract line 45e from line 44 Other taxes	46		_	
47	Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (alt sch)	47			
48	Total tax. Add lines 46 and 47 (see instructions)	48			0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	49			
50a	Payments A 2017 overpayment credited to 2018	_			
b	2018 estimated tax payments				
С	Tax deposited with Form 8868				
d	Foreign organizations Tax paid or withheld at source (see instructions) 50d	_			
е	Backup withholding (see instructions) 50e	_			
f	Credit for small employer health insurance premiums (attach Form 8941)				
g	Other credits, adjustments, and payments Form 2439				
	Form 4136 X Other See Stmt 2 Total ▶ 50g 4, 1	<u>05</u>]			
51	Total payments. Add lines 50a through 50g	51		4,	105
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 53			0
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ 54		4,	105
55	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ Refunde	55		4,	105
P	art VI Statements Regarding Certain Activities and Other Information (see instructions)				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here ▶				Х
E7		n truct?			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig If "YES," see instructions for other forms the organization may have to file	n trust /		}	 ^
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$				
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and	heliaf it is			
٥: -	the state of the Control of the theory of the state of the state of the state of the base of the base of the state of the	Delici, it is	May the IPS of	begues th	us roturn
Siç			May the IRS d with the prepa	rer show	n below
He	re EXECUTIVE DIRECTOR		(see instructio	es [No
	Signature of officer Date Title				
	Print/Type preparer's name Preparer's signature Date	Check	If PTIN		
Paid		/20 self-emp		02003	
Pre	' 	ırm's EIN	38-2	<u> 706</u>	1146
Use	Only 4468 Oak Bridge Dr.				
	Firm's address ▶ Flint, MI 48532-5422	hone no	810-73	<u> 32−3</u>	<u> 000</u>
			_		

Form 990-T (2018) Legal Serv	<u>vices</u>	of I	<u>Eastern</u>	<u>Michigan</u>	<u> </u>	<u> 88-195</u>	<u> 58131 </u>			Pa	ige 3
Schedule A – Cost of Goods So	ld. Enter	metho	od of invent	ory valuation 🕨							
1 Inventory at beginning of year	1		6	Inventory at end	of yea	ar		6	<u> </u>		
2 Purchases	2		7	Cost of goods	sold. S	Subtract					
3 Cost of labor	3			line 6 from line 5	Ente	er here an	nd				
4a Additional sec 263A costs				ın Part I, line 2				7	1		
(attach schedule)	4a		8	Do the rules of s	ection	n 263A (w	ith respect to			Yes	No
b Other costs (attach schedule)	4b			property produce	ed or a	acquired f	for resale) apply		Ţ		
5 Total Add lines 1 through 4b	5			to the organizati		•	, ., ,			İ	
Schedule C – Rent Income (From		roper	tv and Pers			sed Wi	th Real Prop	ertv)	 }		
(see instructions)		•		, ,			-	,	•		
Description of property										_	
1) N/A											
2)										_	
3)											
4)					-						
	2 Rent receiv	ed or accru	ued	-							
(a) From personal property (if the percentage of	f rent		(b) From real a	nd personal property (if the	ne		3(a) Deductions	directly	connected with the in	come	
for personal property is more than 10% but i				for personal property ex		1	• •		2(b) (attach schedule		
more than 50%)			50% or if the rent	is based on profit or inco	me)						
1)											
2)											
3)								-			
4)								_			
Total		Total					h) Total daduatio			_	
c) Total income. Add totals of columns 2	(a) and 2(l						b) Total deductio Inter here and on p				
nere and on page 1, Part I, line 6, column) Line:		•			art I, line 6, column				
Schedule E – Unrelated Debt-Fi		ncom	e (see instru	ctions)							
						3	3 Deductions directly	connect	ted with or allocable to		
4. October of debt forward and			,	ss income from or			=	anced p			
Description of debt-financed prop	епу		allocab	allocable to debt-financed property (a) Straight line dep			ght line depreciation	tion (b) Other deductions			
						-	ach schedule)		(attach schedu		
1) N/A											
2)										-	
3)											
4)											
	age adjusted	basis		6 Column					8 Allocable dedu	ictions	
·	or allocable to			4 divided			income reportable		(column 6 x total of		3
	financed prop tach schedule			oy column 5		(colun	nn 2 x column 6)		3(a) and 3(b))	
1)					%			+			
2)					%			\neg		-	
3)					%			\top			
4)					%			+			
<u> </u>	" -		<u> </u>			Enter her	e and on page 1	-	nter here and or	n nage	
							ne 7, column (A)		Part I, line 7, col		
Totals					▶		` ,			•	
rotal dividends-received deductions in	chided is c	oluma º			_		·	-			

<u> Schedule F – In</u>	<u>iterest, Ann</u>	uities, Royaltie	es, and Re	nts From Cont	rolled Organizations	(see instructions)
					<u>gan, 38-19581</u>	
•	_					

			uncation number		Organizations				· · · · · · · · · · · · · · · · · · ·
		2 Employer atification number				tal of specified ments made	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5
(1) N/A		-							
(2)									
(3)									
(4)			-						
Nonexempt Controlled Organiza	tions		<u> </u>		<u> </u>				-
7 Taxable Income	8	Net unrelated income	I .	9 Total of specific payments made		included in th	lumn 9 that is ne controlling gross income	1	Deductions directly nected with income in column 10
				· · · · · · · · · · · · · · · · · · ·		organization o	91033 111001110		- Column 10
(1)				.				 -	
(2)								 -	
(3)									
(4)			<u> </u>			Add column Enter here ar Part I, line 8,	nd on page 1,	Ente	id columns 6 and 11 er here and on page 1, t I, line 8, column (B)
Totals Schedule G – Investment Ir	icome of a S	ection 501(c))(7), (9)	, or (17) O	rganiz	zation (see ii	nstructions)		
1 Description of income		2 Amount of in	ncome	directly	ductions connected schedule)		4 Set-asides ttach schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
1) N/A									
(2)									
3)				ļ					
(4)		·—							
Totals		Enter here and or Part I, line 9, col						En Pa	ter here and on page 1, art I, line 9, column (B)
Schedule I – Exploited Exer	npt Activity	ncome. Othe	er Than	Advertisi	na Inc	ome (see in	structions)		<u> </u>
- Circulato I Expressor Exci			11147	· / ta v or tio		Cinc (acc in			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expension directly connected production unrelate business in	y I with n of ed	4 Net income (i from unrelated to or business (col 2 minus column if a gain, comp cols 5 through	trade lumn n 3) pute	5 Gross income from activity that is not unrelated business income	attribu colu	penses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A									
(2)									
(3)									
Totala	Enter here and or page 1, Part I, line 10, col (A)	Enter here a page 1, Pa	art I,		,				Enter here and on page 1,. Part II, line 26
Totals ▶ Schedule J – Advertising In	COMP (see 12)								1
Part I Income From P			Conso	lidated Ra	asie				.
Name of periodical	2 Gross advertising income	3 Direct advertising	ct	4 Advertisin gain or (loss) (2 minus col 3 a gain, compu	g col) If	5 Circulation income	l l	dership ists	7 Excess readership costs (column 6 minus column 5, but not more than
				cols 5 through	,				column 4)
(1) N/A									
(2)									
3)									
(4)									
Totals (carry to Part II, line (5))									Form 990-T /2018

Totals, Part II (lines 1-5)

Form 990-T (20	18) Legal	Services	of_	Eastern	Michigar	<u>1 38-</u>	19 <u>58</u> 131		Pa
Part II	Income From	Periodicals Re	por	ted on a Sep	oarate Basis (For each	periodical liste	d in Part II,	, fill in columns

2 through 7 on a line-by-line basis) 4 Advertising 7 Excess readership 2 Gross gain or (loss) (col costs (column 6 6 Readership 3 Direct 5 Circulation advertising 2 minus col 3) If minus column 5, but 1 Name of periodical advertising costs costs ıncome a gain, compute not more than ıncome cols 5 through 7 column 4) (1) N/A (2) <u>(4)</u> Totals from Part I \blacktriangleright Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, fine 11, col (A) (ine 11, col (B) Part II, line 27

Schedule K – Compensation of Officers, Directors 1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form **990-T** (2018)

061067450 Legal Services of Eastern Michigan

Federal Statements

FYE: 12/31/2018

38-1958131

5/21/2020 1:01 PM

Form 990-T - General Footnote

Description

Lines 34 and 36 were reduced from 19,620 to 0 due to the repeal of 512(a) (7). This reduced line 38 from 18,620 to 0. Lines 39,44,46,48, and 53 were reduced from 3,910 to 0.

Line 50g was increased from 0 to 3,910 due to the amount of tax paid with the original return.

Line 52 was reduced from 195 to 0.

Estimated tax payments from 2019 and 2020 were 3,910.

Line 55 was increased from 0 to 8,015 for a refund of tax paid with the original return due to the repeal of 512(a)(7).

.061067450 Legal Services of Eastern Michigan 38-1958131 **Federal Statements**

FYE: 12/31/2018

38-1958131

5/21/2020 1.01 PM

Statement 1 - Form 990-T - Explanation for Amending

Description

Section 512(a)(7) Repeal

Statement 2 - Form 990-T, Part IV, Line 50g - Other Credits and Payments

Description	 Amount
Paid with Original Return	\$ 4,105
Total	\$ 4,105