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	Form	990-T		Exempt Organization Business and proxy tax under sect)			n 1912	,	ОМ	B No 1545-0047
		المراجع المراج	For cale	ndar year 2019 or other tax year beginning			•	-	2	019
	Doord	ສ໌້ ment of the Treasury		► Go to www.irs.gov/Form990T for instruction				070		
		Revenue Service	▶ Do n	ot enter SSN numbers on this form as it may be mad						rganizations Only
	AX	Check box if address changed		Name of organization (Check box if name changed and si				D Emp	-	entification number
		mpt under section	Print	Community Legal Services of Mic	i-Flor	ida		(Em	ployees'	trust, see instructions)
	X :	501(C <u>) (</u> 3 6 3	or	Number, street, and room or suite no. If a P.O. box, see instruction	ons	STE 200		59-11	56260	0
	Ш.	408(e) 220(e)	Туре	122 East Colonial Drive						usiness activity code
	<u> </u>	408A 530(a)	Туре	City or town, state or province, country, and ZIP or foreign postal	code			(266	nstruct	iions)
		529(a)		Orlando, FL 32801				53112	0	
		k value of all assets nd of year		oup exemption number (See instructions)						
		9,034,342		eck organization type - ► X 501(c) corpo	ration	501(c) trust	_	(a) trust		Other trust
				nization's unrelated trades or businesses 🕨 1		Describe		, ,	•	
						nplete Parts I-V If mo				e the
				end of the previous sentence, complete Parts I and	d II, comp	lete a Schedule M fo	r each	addition	al	
		ade or business, the								
				corporation a subsidiary in an affiliated group or a p	parent-sul	bsidiary controlled gro	oup?		. ▶ [Yes X No
		he books are in care		identifying number of the parent corporation		Talanhana numba	/	105145		
	Par			e or Business Income		Telephone numbe	Ī			
	1a	Gross receipts or s		e or Business income		(A) Income	(8) Expens	es	(C) Net
	b	Less returns and a		c Balance ▶	. 1c					
_	2			ule A, line 7)						
17N7	3	Gross profit. Subtra		•	·		· ·			
,	4a	Capital gain net inc								
څ			•	, Part II, line 17) (attach Form 4797)	· ———					
_	С	-		rusts	<u> </u>			<i></i>		
ر د	5			ership or an S corporation (attach						•
•					. 5		ļ	3** ~~x	.s .a	
į	6	Rent income (Sche	edule C)		. 6					
	7	Unrelated debt-fina	anced in	come (Schedule E)	. 7	13,370		33,	490	(20,120)
:	8	Interest, annuities, ro	yaltıes, aı	nd rents from a controlled organization (Schedule F)	. 8					
)	9	Investment income of	f a sectioi	n 501(c)(7), (9), or (17) organization (Schedule G)	9/					
	10	Exploited exempt a	activity in	ncome (Schedule I)	10					
	11	•	•	ule J)	11					
	12			ons, attach schedule)	. 12		ļ			
	13	Total. Combine lin	es 3 thr	ough 12	. 13	13,370	L.,	33,	490	(20,120)
	Par			t Taken Elsewhere (See instructions fo	r limitat	ions on deductio	ns.) (Deduc	tions	must be directly
				he unrelated business income.)				-	44	
	14			Irrectors, and trustees (Schedule K)					14 15	
	15 16	Salaries and wage	S	· · · · · · · · · · · · · / · · · · · ·				• • •	16	
	17								17	<u> </u>
	18			see instructions					18	
	19								19	
	20			4562)					10	
	21			on Schedule A and elsewhere on return					21b	
	22	Depletion		/	CEIVE	ED			22	
	23	Contributions to de	ferred c	ompensation plans		၂၇			23	
	24	Employee benefit p	orogram:	s	9 2 . 20	13U · Q · · · ·			24	
	25	Excess exempt ex	penses (s	<i>∠</i>),, (g)			25	
	26	Excess readership	costs (S	Schedule J)		——————————————————————————————————————			26	
	27			chedule)					27	
	28	Total deductions.	. Add lin	es 14 through 27					28	
	29	Unrelated business	s taxable	e income before net operating loss deduction. Subt	ract line 2	8 from line 13			29	(20,120)
	30	,	-	loss arising in tax years beginning on or after Janu	-	•				
									30	
	3/1			e income Subtract line 30 from line 29		<u> </u>			31	(20,120)
	For P	aperwork Reduction	on Act I	Notice, see instructions.						orm 990-T (2019)

Form	990 T (20	9) Community Legal Services of Mid-Florida Inc	5	9-1156260	Page 2
	,,	otal Unrelated Business Taxable Income			
32 /	Total of ur	nrelated business taxable income computed from all unrelated trades or businesses (s			
	Instruction				(20,120)
33		paid for disallowed fringes			
34		contributions (see instructions for limitation rules)		34	
35		lated business taxable income before pre-2018 NOLs and specific deduction. Subtract		5 1	
•		e sum of lines 32 and 33		. 9 35	(20,120)
36		for net operating loss arising in tax years beginning before January 1, 2018 (see			
		s)		7	
37		prelated business taxable income before specific deduction. Subtract line 36 from line		·	(20,120)
38		eduction (Generally \$1,000, but see line 38 instructions for exceptions)		38	
39		I business taxable income. Subtract line 38 from line 37 If line 38 is greater than li		4 4	
		smaller of zero or line 37	· · · · · · · · · · · · · · · · · · ·	🚺 39	(20,120)
		ax Computation			
40		tions Taxable as Corporations. Multiply line 39 by 21% (0 21)		. • 40	
41		exable at Trust Rates. See instructions for tax computation. Income tax on			
40		nt on line 39 from Tax rate schedule or Schedule D (Form 1041)			
42	-	See instructions			
43		e minimum tax (trusts only)			
44		oncompliant Facility Income. See instructions			
45	1	d lines 42, 43, and 44 to line 40 or 41, whichever applies		45	
		ax and Payments	40		
46a	_	x credit (corporations attach Form 1118, trusts attach Form 1116)	46a 46b		•
Ь			46c		
C		, , , , , , , , , , , , , , , , , , , ,	46d		
d		prior year minimum tax (attach Form 8801 or 8827)		460	
C 47		ne 46e from line 45			
47 48		: Check if from Form 4255 Form 8611 Form 8697 Form 8866 C			
49		Add lines 47 and 48 (see instructions)			
50		265 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3			
51 a		A 2018 overpayment credited to 2019	51a	30	
JI a		nated tax payments	51b	 	
c		sited with Form 8868	51c		
	•	ganizations Tax paid or withheld at source (see instructions)	51d		
۵	•	uthholding (see instructions)	51e		
f	•	small employer health insurance premiums (attach Form 8941)	51f		
		dits, adjustments, and payments Form 2439	<u> </u>		
9	Form 4		51g		
52		ments. Add lines 51a through 51g		52	
53		tax penalty (see instructions). Check if Form 2220 is attached		53	
54		If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	-	▶ 54	
55		nent. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		▶ 55	
56		amount of line 55 you want Credited to 2020 estimated tax ▶	Refunded	▶ 56	
		atements Regarding Certain Activities and Other Information (s	see instructions)	· ·	
57		e during the 2019 calendar year, did the organization have an interest in or a signature			Yes No
	-	ancial account (bank, securities, or other) in a foreign country? If "Yes," the organizatio			
	FinCEN F	orm 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of t	he foreign country		
	here ▶				x
58	During the	tax year, did the organization receive a distribution from, or was it the grantor of, or tra	insferor to, a foreign	trust?	. x
	If "Yes," s	ee instructions for other forms the organization may have to file			
59		amount of tax-exempt interest received or accrued during the tax year • \$			
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and statements,		wledge and belief, it is	•
Sigi	n Line, com	ect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer ha	2 mily vinomicade	Manufacture of	iscuss this return
Her	e 🕨 -	IIIIS AU CEO		with the prepar	rer shown below
	Signatu	re of officer Date Title		(see instruction	ns)? X Yes No
		Print/Type preparer's name Preparer's signature	Date	Check If	PTIN
Paid	Ė	Dave Roberts CPA CGMA HAW FURLEY	10-29-2020	self-employed	P0029385
Pre	parer	Firm's name >BCA Watson Rice LLP		Firm's EIN ▶ 26 -	1936394
Use	Only	Firm's address ▶12000 Biscayne Blvd suite 503		Phone no	
		Miami FL 33181			5-947-1638
EEA				For	rm 990-T (2019)

Form	990-T (2019) Comm	unity Legal	Services o	f Mid-Florida Inc	59-1	156260	Pa	age 3
Sch	edule A - Cost of Goo	ds Sold. Ente	r method of in	ventory valuation >				
1	Inventory at beginning of year	ar	1	6 Inventory at end of year 6				
2	FAùrchases	[2	7 Cost of goods sold. Subtract line				
3	Cost of labor	[3	6 from line 5 Enter here and in Part				
4a	Additional section 263A costs	s		I, line 2				
	(attach schedule)		4a	8 Do the rules	of section 263A (with respec	t to	Yes	No
b	Other costs (attach schedule) [4b	property pro	duced or acquired for resale)	apply		
5	Total. Add lines 1 through 4	ь [5	to the organ	ization?		_	
	nedule C - Rent Income ee instructions)	e (From Real I	Property and					
	scription of property							
(1)	<u></u>							
(2)								
(3)					.			
(4)								
<u>.,,</u>		2. Rent received	or accrued		T	· · · · · · · · · · · · · · · · · · ·		
								
	From personal property (if the perd or personal property is more than more than 50%)		percentage of rent for	d personal property (if the or personal property exceeds s based on profit or income)	3(a) Deductions directly in columns 2(a) and			ne
(1)								
(2)								
(3)				_		<u> </u>		
(4)								
Total		To	otal		(b) Total deductions.			
	otal income. Add totals of co and on page 1, Part I, line 6, c		•		Enter here and on page Part I, line 6, column (B)	•		
	edule E - Unrelated De			inetructions)	Tarti, into 0, column (D)		<u> </u>	
<u> 301</u>	iedule E • Officialed Di	ebt-Fillanceu	income (see	2. Gross income from or	3. Deductions directly connect	led with or alloc	able to	
	4. December of debt	forward property	allocable to debt-finance		debt-financed pr	<u>` , ` </u>		
	Description of debt	-imanced property		property	(a) Straight line depreciation (attach schedule)	(-,	ther deductions ttach schedule)	
					Statement #12	Statement	#13	
<u>(1) O</u>	rlando Office Build	ing		36,017	54,799		35,	,421
(2)						ļ		
(3)								
(4)								
	4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or allo	djusted basis ocable to ed property chedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocabl (column 6 x 3(a)		
Sta	tement #14	Statement #	15					
<u>(1)</u>	982,998		2,647,888	37.12 %	13,370	<u> </u>	33,	,490
(2)	<u> </u>			%		<u> </u>		
(3)				%				
(4)	· · · · · · · · · · · · · · · · · · ·			%		ļ <u>.</u>		
T-4-				_	Enter here and on page 1, Part I, line 7, column (A)	Enter here Part I, line	7, colum	
	ls				13,370		33,	, 230
	i dividende-received deduci	nons included in (Joidinin 6	<u> </u>	<u> </u>	Eor.	n 990-T ((2010)
EEA						1 011	550-1 ((=0.0)

Schedule F - Interest, Ann	iuities, Koyalties,			n Controlled Or Organizations	ganizations (see ins	truction	S)
Name of controlled organization	2. Employer identification number		ated income instructions)		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)	-			***	-	,	†	
(2)				-			<u> </u>	
(3)	·							
(4)								
Nonexempt Controlled Organization	ns					_		
7. Taxable Income		8. Net unrelated income (loss) (see instructions)		Total of specified payments made		nn 9 that is controlling oss income	11. Deductions directly connected with income in column 10	
(1)				-			1	-
(2)					_			
(3)								
(4)								
Totals					Add columns 5 Enter here and Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 nere and on page 1, line 8, column (B)
Schedule G - Investment Inc					ee instructions)			
1 Description of income	2. Amount		dire	Deductions ectly connected tach schedule)	4. Set-aside (attach schedu	s	5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)								
(2)								
(3)					-			
(4)			.1 58M 1895 0 An	5.000 to 7.00 to 3.5200 *	ESSE CANON DUNE LYON	540 AC TO TO		
Totalo	Enter here and o	. •						re and on page 1, ne 9, column (B)
Totals ▶ Schedule I - Exploited Exemp		Other The			ee instructions)	Y , 10 3 1 731		
Schedule 1 - Exploited Exem	pt Activity income,				ee instructions)			
. 1. Description of exploited activity	2. Gross unrelated business inco from trade of business	me conno proc un	expenses irectly ected with duction of irelated ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	attribu	penses table to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) (2)						-		
(3)				<u> </u>				
(4)				1				
Totals	Enter here and page 1, Par line 10, col (tl, pag	here and on je 1, Part I, 10, col (B)					Enter here and on page,1 Part II, line 25
Schedule J - Advertising Inc		s)					•	
Rart I Income From Peri	odicals Reported o	n a Cons	olidated	Basis				
. 1. Name of periodical	2. Gross advertising income		Direct tising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Rea	dership sts	7. Excess readershi costs (column 6 minus column 5, bu not more than column 4).
(1)			-			,		30.45° X.48
(2)								
(3)				(4) 10 10 10 10 10 10 10 10 10 10 10 10 10				松 路送路 滚
(4)					·	-	_	The Beach State State
Totals (carry to Part II, line (5)) .	•					,		

Form **990-T** (2019)

Tomisso-1 (2019) Community nega	I Selvices O	r wid-Fioria	a IIIC		7-113020U	raye s
Part II Income From Periodica	Is Reported on	a Separate Bas	is (For each perio	odical listed in Pa	art II, fill in colu	mns
2 through 7 on a line-by-	ine basis)					
1. Name of periodical	2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶				,		
Schedule K - Compensation of Offi		and Trustees (s	see instructions)			
1. Name		2	. Title	3. Percent of time devoted to business		ition attributable to ed business
(1)				%		
(2)				%		
(3)				%		
(4)				%	I	
Total Fatanham and as your 4 Death to	44					

Federal Supporting Statements	2019 PG01
Name(s) as shown on return	Tax ID Number
Community Legal Services of Mid-Florida Inc	59-1156260
990-T - Schedule E - Line 3a Straight Line Depreciation	Statement #12
Description Current Year Straight-line Depreciation	Amount \$54,799
Total	<u>\$54,799</u>
990-T - Schedule E - Line 4 Average Aquisition Debt	PG01 Statement #14
Description Average Mortgage Payable	Amount \$982,998
Total	<u>\$982,998</u>
990-T - Schedule E - Line 5 Average Adjusted Basis	PG01 Statement #15
Average Adjusted Basis	
Description Average Building including land, and other fixed assets	Amount \$2,647,888
Total	<u>\$2,647,888</u>

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Federal Supporting Statements	2019 PG01
Name(s) as shown on return	Tax ID Number
Community Legal Services of Mid-Florida Inc	59-1156260
990-T - Schedule E - Line 3b Other Deductions	Statement #13
Description Mortgage Interest Utilities Janitorial Expense Repairs and Maintenance Miscellaneous Expense	Amount \$12,068 \$8,112 \$7,684 \$3,866 \$3,691
Total	\$35,421