Form 990-T		AMENDED 1			v Doturn	ı	OMBAL	- 1545 0007		
Form 330-1		xempt Organization Bus and proxy tax und				┢	OMB N	0 1545-0687		
e)	For cal	endar year 2018 or other tax year beginning		, and ending	19/0	<u>ا</u> ل	21	018		
Department of the Treasury	ĺ	► Go to www.irs.gov/Form990T for ir	nstructio			L				
Internal Revenue Service		Do not enter SSN numbers on this form as it may	/ be ma	de public if your organizatio	n is a 501(c)(3).	5	open to Pu i01(c)(3) O	iblic Inspection for rganizations Only		
A Check box if address changed	Name of organization (D Employer identification number (Employees' trust, see instructions)			
B Exempt under section	Print	Print COMMUNITY LEGAL SERVICES						86-0166615		
X 501(c)(3)	Type	Tues (Namber, Street, and room of Sake no. If a r.O. box, see instructions.						E Unrelated business activity code (See instructions)		
408(e) 220(e)	","	305 S 2ND AVE								
408A 530(a) 529(a)		City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85003 900099								
C Book value of all assets at end of year	^^	F Group exemption number (See instructions.)	<u> </u>					7		
		G Check organization type X 501(c) corpliants unrelated trades or businesses.	poration		401(a) tr		!_	Other trust		
		EE STATEMENT 1			only (or first) unre mplete Parts I-V. If		than one	•		
		ce at the end of the previous sentence, complete Pa	arts I ani					1		
business, then complete			1113 1 4111	an, complete a octional in	TOI CACH ADDITIONAL	ii auc i	JI .			
		oration a subsidiary in an affiliated group or a parei	nt-subsi	diary controlled group?	▶ [Yes		No		
- · ·		ifying number of the parent corporation.	•	, 3 , .	, _			J		
J The books are in care of	▶ I	JEESA BOWMAN		Telephone	number > 60	2-2	258-	3434		
Part I Unrelated	d Trac	le or Business Income		(A) Income	(B) Expenses			(C) Net		
1a Gross receipts or sale	es							-		
b Less returns and allow	wances	c Balance ▶	1c	t						
2 Cost of goods sold (S			2			_				
Gross profit. Subtract		\ ' \	3							
4 a Capital gain net incom	•		4a	——— —						
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 4b 4c						-+				
•	c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement)					\rightarrow				
6 Rent income (Schedu	•	mp of all 3 corporation (attach statement)	5 6							
7 Unrelated debt-finance		ne (Schedule F)	7			\neg				
		nd rents from a controlled organization (Schedule F)	-			$\neg \uparrow$				
9 Investment income of										
10 Exploited exempt activ			10							
11 Advertising income (S	Schedule	J)	11							
12 Other income (See ins	struction	s; attach schedule)	12							
13 Total. Combine lines			13	0.						
Part II Deductio	ons No contribu	ot Taken Elsewhere (See instructions for itions, deductions must be directly connected	or limita d with t	itions on deductions) he unrelated business inc	come)					
14 Compensation of off	ficers, di	ectors, and trustees (Schedule K)	- I\ /f	1	_	14				
15 Salaries and wages		RECE		ט	<u> </u>	15				
16 Repairs and mainten	nance	9			<u> </u>	16				
17 Bad debts		SEP 2	8 20,		ļ-	17				
18 Interest (attach sche	edule) (se	ee instructions)			-	18				
19 Taxes and licenses	10-1	e instructions for limitation rules OGDE	N I		<u>}-</u>	19 20				
				21	-	20 				
21 Depreciation (attach22 Less depreciation cla		n Schedule A and elsewhere on return		22a		22b				
23 Depletion	anneu oi	Ochedule A and eisewhere officially		[220]		23				
24 Contributions to defe	erred co	moensation plans			<u> </u>	24				
25 Employee benefit pro						25				
28 Other deductions (attach schedule)						28				
29 Total deductions. Add lines 14 through 28						29		0.		
30 Unrelated business t	· · · · · · · · · · · · · · · · · · ·							0.		
31 Deduction for net op	perating l	oss arising in tax years beginning on or after Janua	ry 1, 20	18 (see instructions)	Ĺ	31		· · · · · · · · · · · · · · · · · · ·		
32 Unrelated business t	t <u>axable ıı</u>	ncome. Subtract line 31 from line 30				32		0.		
823701 01-09-19 LHA FO	or Paper	work Reduction Act Notice, see instructions					Form	990-T (2018)		

Part I	Total Unrelated Business Taxable Income							
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.					
34	Amounts paid for disallowed fringes	34						
35	Deduction 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 of							
	lines 33 and 34	36						
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.					
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,							
_	enter the smaller of zero or line 36	38	0.					
Part I	V Tax Computation							
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	39	0.					
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:							
	Tax rate schedule or Schedule D (Form 1041)	40						
41	Proxy tax. See instructions	41						
42	Alternative minimum tax (trusts only)	42						
43	Tax on Noncompliant Facility Income. See instructions	43						
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.					
Part V	Tax and Payments							
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	<u>.</u>						
b	Other credits (see instructions)							
C	General business credit. Attach Form 3800	_						
d	Credit for prior year minimum tax (attach Form 8801 or 8827)							
е	Total credits. Add lines 45a through 45d	45e						
46	Subtract line 45e from line 44	46	0.					
47	Other taxes. Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	<u>-</u>					
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	0.					
50 a	Payments: A 2017 overpayment credited to 2018	4						
b	2018 estimated tax payments 50b	4						
C	Tax deposited with Form 8868 50c 5,350.	늬 ㅣ						
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) 50f	⊣						
g	Other credits, adjustments, and payments: Form 2439							
	Form 4136	_						
	Total payments. Add lines 50a through 50g SEE STATEMENT 3	51	4,209.					
	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	4 000					
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	4,209.					
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	4,209.					
Part V								
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 >		$-\frac{x}{x}$					
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		100					
58	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$\infty\$\$\$,-+					
- 36	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.	edge and belief, it	s true,					
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge							
Here	- N	May the IRS discus the preparer shown						
		nstructions)? X						
		ıf PTIN						
Paid	self- employed							
Prepa	DDENDA DI INIM	I	75126					
Use C	45-0	250958						
J36 C	Only Firm's name ► EIDE BAILLY LLP Firm's EIN ► 2355 E CAMELBACK RD, STE 900							
	Firm's address ► PHOENIX, AZ 85016-9065 Phone no.	480-315	-1040					

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

TAXPAYER HAD NO UBI. FILING FOR REFUND OF EXTENSION PAYMENT MADE.

TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT 2

THIS AMENDED RETURN IS TO CLAIM A REFUND OF TAXES ORIGINALLY PAID ON QUALIFIED TRANSPORTATION EXPENSES UNDER IRC SECTION 512(A)(7), WHICH HAS BEEN RETROACTIVELY REPEALED.

FORM 990-T OTHER CREDITS AND PAYMENTS	STATEMENT 3
DESCRIPTION	AMOUNT
OVERPAYMENT AS REPORTED ON ORIGINALLY FILED RETURN	-1,141.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G	-1,141.