

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**2012****Open to Public  
Inspection****A For the 2012 calendar year, or tax year beginning****10/01, 2012, and ending****09/30, 2013****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization

LEGAL SERVICES CORPORATION

## Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

3333 K STREET NW, 3RD FL

City or town, state or country, and ZIP + 4

WASHINGTON, DC 20007-3522

**F** Name and address of principal officer: JAMES J SANDMAN

3333 K STREET, NW WASHINGTON, DC 20007

**D** Employer identification number

52-1039060

**E** Telephone number

(202) 295-1500

**G** Gross receipts \$ 343,406,727.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.LSC.GOV**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1974**M** State of legal domicile: DC**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: TO PROMOTE EQUAL ACCESS TO JUSTICE IN OUR NATION AND TO PROVIDE GRANTS FOR HIGH QUALITY CIVIL LEGAL ASSISTANCE TO LOW-INCOME PERSONS.		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	11.
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	11.
	<b>5</b>	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	172.
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	34.
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year 351,019,363.	Current Year 343,395,736.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	0	0
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	447.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,569.	10,544.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	351,030,932.	343,406,727.
	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	332,753,738.	322,024,417.
<b>Expenses</b>	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15,662,411.	16,587,988.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,734,916.	4,531,803.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	353,151,065.	343,144,208.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-2,120,133.	262,519.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year 74,472,872.	End of Year 71,866,450.
	<b>21</b>	Total liabilities (Part X, line 26)	65,531,121.	64,536,554.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	8,941,751.	7,329,896.

**Part II Signature Block**

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

<b>Sign Here</b>	▶ Signature of officer	Date			
	▶ Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name NANCY DAVIS	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01235985
	Firm's name ▶ WITHUMSMITH+BROWN, PC	EIN ▶ 22-2027092		Phone no. ▶ 301-585-7990	
	Firm's address ▶ 8403 COLESVILLE ROAD, SUITE 340 SILVER SPRING, MD 20910				

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

ATTACHMENT 1

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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? ☐ Yes ☒ No

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 \$ 322,024,417. including grants of \$ 322,024,417. ) (Revenue \$ )LEGAL SERVICES CORPORATION PROVIDES FINANCIAL SUPPORT TO  
INDEPENDENT ORGANIZATIONS THAT PROVIDE LEGAL ASSISTANCE IN  
NON-CRIMINAL MATTERS TO PERSONS FINANCIALLY UNABLE TO AFFORD LEGAL  
COUNSEL**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► 322,024,417.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b> X	
<b>3</b> 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 . . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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 . . . . .	<b>4</b>	X
<b>5</b> 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 . . . . .	<b>5</b>	X
<b>6</b> 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 . . . . .	<b>6</b>	X
<b>7</b> 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 . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	X
<b>9</b> 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? If "Yes," complete Schedule D, Part IV . . . . .	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b>	X
<b>f</b> 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 . . . . .	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b> X	
<b>b</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 . . . . .	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</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 . . . . .	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .	<b>16</b>	X
<b>17</b> 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 (see instructions) . . . . .	<b>17</b>	X
<b>18</b> 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 . . . . .	<b>18</b>	X
<b>19</b> 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 . . . . .	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	<b>21</b> X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	<b>22</b> X	
<b>23</b> 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? <i>If "Yes," complete Schedule J.</i> . . . . .	<b>23</b> X	
<b>24 a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> . . . . .	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<b>25a</b>	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<b>25b</b>	X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .	<b>34</b>	X
<b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> X	

Form **990** (2012)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <b>1a</b> 38		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <b>1c</b> X	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> 172		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). <b>2b</b> X	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? <b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. <b>3b</b>		
<b>4a</b> 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)? <b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? <b>5c</b>		
<b>6a</b> 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? <b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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? <b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? <b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? <b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966? <b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? <b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders <b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. <b>13a</b>		
<b>b</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 <b>13b</b>		
<b>c</b> Enter the amount of reserves on hand <b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? <b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <b>14b</b>		

**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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI. ☒ **X**

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1a</b> 11		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 11		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . <b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? . . . . . <b>6</b>		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . <b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . . <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . <b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . . <b>10a</b>		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . <b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . <b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . <b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . . <b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . . <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . . <b>14</b>	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . . <b>15a</b>		X
<b>b</b> Other officers or key employees of the organization . . . . . <b>15b</b>		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . <b>16a</b>		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . <b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► DC,

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► DAVID RICHARDSON, TREASURER 3333 K STREET NW WASHINGTON, DC 20007 202-295-1510

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHARON L. BROWNE DIRECTOR	2.28	X						3,520.	0	0
(2) ROBERT J. GREY JR. DIRECTOR	2.91	X						4,800.	0	0
(3) CHARLES N. W. KECKLER DIRECTOR	4.12	X						3,520.	0	0
(4) HARRY J.F. KORRELL III DIRECTOR	2.78	X						2,880.	0	0
(5) JOHN G. LEVI CHAIRMAN	14.55	X						5,760.	0	0
(6) VICTOR B. MADDOX DIRECTOR	4.40	X						3,520.	0	0
(7) LAURIE MIKVA DIRECTOR	3.46	X						3,840.	0	0
(8) MARTHA MINOW VICE CHAIRMAN	2.76	X						3,520.	0	0
(9) FR. PIUS PIETRZYK, OP DIRECTOR	1.88	X						4,480.	0	0
(10) JULIE A. REISKIN DIRECTOR	4.94	X						1,280.	0	0
(11) GLORIA VALENCIA-WEBER DIRECTOR	3.64	X						3,520.	0	0
(12) JAMES J. SANDMAN PRESIDENT	37.50			X				173,529.	0	41,304.
(13) VICTOR M. FORTUNO VICE PRESIDENT FOR LEGAL AFF.	37.50			X				163,704.	0	35,695.
(14) DAVID L. RICHARDSON TREASURER & COMPTROLLER	37.50			X				161,773.	0	40,636.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LYNN A. JENNINGS VICE PRESIDENT FOR GRANTS MGMT	37.50			X				47,747.	0	11,314.
(16) RONALD S. FLAGG VICE PRESIDENT FOR LEGAL AFF.	37.50			X				0	0	0
(17) JEFFREY E. SCHANZ INSPECTOR GENERAL	37.50				X			163,704.	0	26,767.
(18) LAURIE A. TARANTOWICZ ASST INSPECTOR GENERAL	37.50				X			155,267.	0	39,619.
(19) JOEL S. GALLAY SPECIAL COUNSEL TO THE IG	37.50				X			154,524.	0	30,839.
(20) DAVID C. MADDOX ASST IG FOR MANAGEMENT & EVAL	37.50				X			154,524.	0	39,598.
(21) RONALD D. MERRYMAN ASST IG FOR AUDIT	37.50				X			154,524.	0	25,711.
(22) JANET A. LABELLA DIRECTOR OF PROGRAM PERFORM.	37.50					X		148,691.	0	29,515.
(23) JOHN MEYER DIRECTOR OF INFO. MANAGEMENT	37.50					X		145,663.	0	28,958.
(24) CAROL BERGMAN GOVERNMENT RELATIONS DIRECTOR	37.50					X		118,269.	0	36,357.
(25) TRACI HIGGINS HR DIRECTOR	37.50					X		111,259.	0	25,842.
<b>1b Sub-total</b> . . . . .								539,646.	0	117,635.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								1,496,750.	0	323,943.
<b>d Total (add lines 1b and 1c)</b> . . . . .								2,036,396.	0	441,578.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **74**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **2**



<b>Part VII</b>	<b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i>
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[illegible]

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	74
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		Yes	No
3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►		

**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	343,395,736.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		343,395,736.			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		0			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 3 . . . . .		447.			447.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . .		0			
	<b>5</b>	Royalties . . . . .		0			
		(i) Real	(ii) Personal				
	<b>6a</b>	Gross rents . . . . .					
	<b>b</b>	Less: rental expenses . . .					
	<b>c</b>	Rental income or (loss) . .					
	<b>d</b>	Net rental income or (loss) . . . . .		0			
		(i) Securities	(ii) Other				
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .					
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .					
	<b>d</b>	Net gain or (loss) . . . . .		0			
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .					
	<b>b</b>	Less: direct expenses . . . . .					
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		0			
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .					
	<b>b</b>	Less: direct expenses . . . . .					
<b>c</b>	Net income or (loss) from gaming activities . . . . .		0				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
<b>b</b>	Less: cost of goods sold . . . . .						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		0				
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
<b>11a</b>	MISC INCOME		900099	10,544.	10,544.		
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			10,544.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			343,406,727.	10,544.		447.

**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 to any question in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	320,928,559.	320,928,559.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	1,095,858.	1,095,858.		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,036,396.		2,036,396.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	11,073,391.		11,073,391.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	990,149.		990,149.	
<b>9</b> Other employee benefits . . . . .	1,580,417.		1,580,417.	
<b>10</b> Payroll taxes . . . . .	907,635.		907,635.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	67,831.		67,831.	
<b>c</b> Accounting . . . . .	0			
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	0			
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	632,868.		632,868.	
<b>12</b> Advertising and promotion . . . . .	64,361.		64,361.	
<b>13</b> Office expenses . . . . .	350,066.		350,066.	
<b>14</b> Information technology . . . . .	146,872.		146,872.	
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	1,710,000.		1,710,000.	
<b>17</b> Travel . . . . .	812,509.		812,509.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	45,773.		45,773.	
<b>20</b> Interest . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	262,709.		262,709.	
<b>23</b> Insurance . . . . .	178,976.		178,976.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> EQUIPMENT RENTAL -----	174,450.		174,450.	
<b>b</b> SUBSCRIPTIONS -----	27,059.		27,059.	
<b>c</b> MISCELLANEOUS -----	58,329.		58,329.	
<b>d</b> -----				
<b>e</b> All other expenses -----				
<b>25</b> Total functional expenses. Add lines 1 through 24e	343,144,208.	322,024,417.	21,119,791.	
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	73,577,157.	<b>1</b>	71,080,835.
	<b>2</b> Savings and temporary cash investments	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net	29,073.	<b>4</b>	16,935.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	228,840.	<b>9</b>	305,584.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,920,975.		
	<b>b</b> Less: accumulated depreciation	2,457,879.	<b>10c</b>	463,096.
	<b>11</b> Investments - publicly traded securities	0	<b>11</b>	0
	<b>12</b> Investments - other securities. See Part IV, line 11	0	<b>12</b>	0
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	0	<b>15</b>	0
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	74,472,872.	<b>16</b>	71,866,450.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	1,699,212.	<b>17</b>	1,450,568.
	<b>18</b> Grants payable	60,201,520.	<b>18</b>	57,581,223.
	<b>19</b> Deferred revenue	3,630,389.	<b>19</b>	5,504,763.
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	<b>25</b>	0
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	65,531,121.	<b>26</b>	64,536,554.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	8,654,560.	<b>27</b>	7,053,824.
	<b>28</b> Temporarily restricted net assets	287,191.	<b>28</b>	276,072.
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	8,941,751.	<b>33</b>	7,329,896.
	<b>34</b> Total liabilities and net assets/fund balances	74,472,872.	<b>34</b>	71,866,450.

Form **990** (2012)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	343,406,727.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	343,144,208.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	262,519.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	8,941,751.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	0
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-1,874,374.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	7,329,896.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
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? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2012)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

LEGAL SERVICES CORPORATION

Employer identification number

52-1039060

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I    b ☐ Type II    c ☐ Type III-Functionally integrated    d ☐ Type III-Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .

(ii) A family member of a person described in (i) above? . . . . .

(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2012

**Part II** **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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	392,034,086.	421,820,290.	406,505,360.	351,019,363.	343,395,736.	1,914,774,835.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3. . . . .	392,034,086.	421,820,290.	406,505,360.	351,019,363.	343,395,736.	1,914,774,835.
<b>5</b> 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). . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						1,914,774,835.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 . . . . .	392,034,086.	421,820,290.	406,505,360.	351,019,363.	343,395,736.	1,914,774,835.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	39,379.	6,305.	1,561.		447.	47,692.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . <b>ATCH-1</b> . . . . .	6,598.	10,802.	24,519.	11,569.	10,544.	64,032.
<b>11 Total support.</b> Add lines 7 through 10. . . . .						1,914,886,559.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	99.99%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.96%
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified 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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> 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 . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).ATTACHMENT 1

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
OTHER INCOME	6,598.	10,802.	24,519.	11,569.	10,544.	64,032.
TOTALS	<u>6,598.</u>	<u>10,802.</u>	<u>24,519.</u>	<u>11,569.</u>	<u>10,544.</u>	<u>64,032.</u>

**Schedule of Contributors**

OMB No. 1545-0047

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

**2012**

Name of the organization

LEGAL SERVICES CORPORATION

Employer identification number

52-1039060

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

☒ For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ► \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **LEGAL SERVICES CORPORATION**

Employer identification number

52-1039060

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 340,876,164.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **LEGAL SERVICES CORPORATION**

Employer identification number

52-1039060

**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
---	----- ----- ----- -----	\$ -----	-----

Name of organization **LEGAL SERVICES CORPORATION**

Employer identification number

52-1039060

**Part III** **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

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 gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public  
Inspection

Name of the organization

LEGAL SERVICES CORPORATION

Employer identification number

52-1039060

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified 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
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above 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 easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2012

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition  
**b** ☐ Scholarly research  
**c** ☐ Preservation for future generations  
**d** ☐ Loan or exchange programs  
**e** ☐ Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 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" to 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? . . . . . ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>1c</b> Beginning balance . . . . .	
<b>1d</b> Additions during the year . . . . .	
<b>1e</b> Distributions during the year . . . . .	
<b>1f</b> Ending balance . . . . .	

**2a** Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. . . . . ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**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** Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations . . . . .  
**(ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		5,545.	553.	4,992.
<b>d</b> Equipment . . . . .		2,915,430.	2,457,326.	458,104.
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				463,096.

Schedule D (Form 990) 2012

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. ☐



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	341,551,019.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	18,666.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-1,874,374.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-1,855,708.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	343,406,727.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	343,406,727.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	343,162,874.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	18,666.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	18,666.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	343,144,208.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	343,144,208.

**Part XIII Supplemental Information**

Complete this part to 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.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

FIN 48 FOOTNOTE

FORM 990, SCHEDULE D, PART X, LINE 2

LSC IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE APPLICABLE INCOME TAX REGULATIONS OF THE DISTRICT OF COLUMBIA, EXCEPT FOR UNRELATED BUSINESS INCOME. NO PROVISION FOR INCOME TAXES WAS REQUIRED FOR THE YEAR ENDED SEPTEMBER 30, 2013, AS LSC HAD NO NET UNRELATED BUSINESS INCOME. LSC EVALUATES ITS UNCERTAIN TAX POSITIONS USING THE PROVISIONS OF FASB ASC 450, ACCOUNTING FOR CONTINGENCIES. ACCORDINGLY, A LOSS CONTINGENCY IS RECOGNIZED WHEN IT IS PROBABLE THAT A LIABILITY HAS BEEN INCURRED AS OF THE DATE OF THE FINANCIAL STATEMENTS AND THE AMOUNT OF THE LOSS CAN BE REASONABLY ESTIMATED. THE AMOUNT RECOGNIZED IS SUBJECT TO ESTIMATES AND MANAGEMENT JUDGMENT WITH RESPECT TO THE LIKELY OUTCOME OF EACH UNCERTAIN TAX POSITION. THE AMOUNT THAT IS ULTIMATELY SUSTAINED FOR AN INDIVIDUAL UNCERTAIN TAX POSITION OR FOR ALL UNCERTAIN TAX POSITIONS IN THE AGGREGATE COULD DIFFER FROM THE AMOUNT RECOGNIZED. THERE WERE NO LIABILITIES FOR UNCERTAIN TAX POSITIONS AS OF SEPTEMBER 30, 2013. THERE WAS ALSO NO TAX-RELATED TO INTEREST AND PENALTIES.

OTHER CHANGES

FORM 990, SCHEDULE D, PART XI, LINE 2D

CHANGES IN DEFERRED REVENUE DURING THE YEAR (\$1,874,374).

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

LEGAL SERVICES CORPORATION

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public  
Inspection

Employer identification number

52-1039060

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	STATEWIDE LEGAL SERVICES OF CONNECTICUT, IN 425 MAIN STREET, 4TH FLOOR	06-1445097	501(C)(3)	2,212,423.				FEDERAL APPROPRIATIO
(2)	PINE TREE LEGAL ASSISTANCE, INC. 88 FEDERAL STREET, P.O. BOX 547	01-0279387	501(C)(3)	1,250,550.				FEDERAL APPROPRIATIO
(3)	VOLUNTEER LAWYERS PROJECT OF BOSTON BAR ASS 99 CHAUNCEY ST., SUITE 400 BOSTON, MA 02111	22-2486215	501(C)(3)	1,840,816.				FEDERAL APPROPRIATIO
(4)	NEW CENTER FOR LEGAL ADVOCACY 257 UNION STREET NEW BEDFORD, MA 02740	04-3330208	501(C)(3)	827,324.				FEDERAL APPROPRIATIO
(5)	MERRIMACK VALLEY LEGAL SERVICES, INC. 35 JOHN STREET, SUITE 302 LOWELL, MA 01852	23-7381007	501(C)(3)	749,948.				FEDERAL APPROPRIATIO
(6)	MASS JUSTICE PROJECT, INC. 57 SUFFOLK STREET, SUITE 401	04-3323539	501(C)(3)	1,336,572.				FEDERAL APPROPRIATIO
(7)	LEGAL ADVICE & REFERRAL CENTER, INC. 33 N. MAIN STREET, 2ND FLOOR	02-0484379	501(C)(3)	668,428.				FEDERAL APPROPRIATIO
(8)	RHODE ISLAND LEGAL SERVICES, INC. 56 PINE STREET, 4TH FLOOR	05-0318596	501(C)(3)	981,098.				FEDERAL APPROPRIATIO
(9)	LS LAW LINE OF VERMONT 30 ELMWOOD AVENUE BURLINGTON, VT 05401	03-1349316	501(C)(3)	494,876.				FEDERAL APPROPRIATIO
(10)	LEGAL AID SOCIETY OF NORTH EASTERN NY, INC. 55 COLVIN AVENUE ALBANY, NY 12206	14-1338448	501(C)(3)	1,209,161.				FEDERAL APPROPRIATIO
(11)	NEIGHBORHOOD LEGAL SERVICES, INC. - BUFFALO 495 ELLICOTT SQUIRE BUILDING, 295 MAIN ST.	51-0198935	501(C)(3)	1,197,945.				FEDERAL APPROPRIATIO
(12)	NASSAU/SUFFOLK LAW SERVICES COMMITTEE, INC. ONE HELEN KELLER WAY, 5TH FLOOR	11-2125411	501(C)(3)	1,218,696.				FEDERAL APPROPRIATIO

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
- 3 Enter total number of other organizations listed in the line 1 table ▶ -----

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

Schedule I (Form 990) (2012)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

LEGAL SERVICES CORPORATION

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2012

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Employer identification number

52-1039060

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	LEGAL SERVICES FOR NEW YORK CITY 350 BROADWAY, 6TH FLOOR NEW YORK, NY 10013	13-2600199	501(C)(3)	13,534,658.				FEDERAL APPROPRIATIO
(2)	LEGAL ASSISTANCE OF WESTERN NEW YORK 80 ST. PAUL STREET, SUITE 700	16-0955954	501(C)(3)	1,576,602.				FEDERAL APPROPRIATIO
(3)	LEGAL AID SOCIETY OF MID-NEW YORK, INC. 255 GENESEE STREET, SECOND FLOOR	15-0578598	501(C)(3)	1,830,950.				FEDERAL APPROPRIATIO
(4)	LEGAL SERVICES OF THE HUDSON VALLEY 4 CROMWELL PLACE WHITE PLAINS, NY 10601	13-6265606	501(C)(3)	1,603,904.				FEDERAL APPROPRIATIO
(5)	PUERTO RICO LEGAL SERVICES, INC. 1859 AVE. PONCE DE LEON-PDA 26, APARTADO 91	66-0265391	501(C)(3)	13,773,123.				FEDERAL APPROPRIATIO
(6)	COMMUNITY LAW OFFICE, INC. - SAN JUAN P.O. BOX 194735 SAN JUAN, PR 00919	66-0387277	501(C)(3)	281,863.				FEDERAL APPROPRIATIO
(7)	LEGAL SERVICES OF THE VIRGIN ISLANDS 3017 ORANGE GROVE CHRISTIANSTED, VI 00820	67-0254645	501(C)(3)	253,400.				FEDERAL APPROPRIATIO
(8)	LSC OF DELAWARE, INC. 100 WEST 10TH STREET #203	51-0372955	501(C)(3)	592,875.				FEDERAL APPROPRIATIO
(9)	NEIGHBORHOOD LEGAL SERVICES PROGRAM OF DC 701 4TH STREET, NW WASHINGTON, DC 20001	52-0858001	501(C)(3)	861,407.				FEDERAL APPROPRIATIO
(10)	NATIONAL VETERANS LEGAL SERVICES PROGRAM 1600 K STREET, NW, SUITE 500	20-1934881	501(C)(3)	2,495,572.				FEDERAL APPROPRIATIO
(11)	LEGAL AID BUREAU, INC 500 EAST LEXINGTON STREET	52-0591621	501(C)(3)	3,698,159.				FEDERAL APPROPRIATIO
(12)	LEGAL SERVICES OF NORTHWEST JERSEY 34 WEST MAIN STREET, SUITE 301	22-2092489	501(C)(3)	361,347.				FEDERAL APPROPRIATIO

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
- 3 Enter total number of other organizations listed in the line 1 table ▶ -----

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Schedule I (Form 990) (2012)

JSA

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

LEGAL SERVICES CORPORATION

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public  
Inspection

Employer identification number

52-1039060

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SOUTH JERSEY LEGAL SERVICES 745 MARKET STREET CAMDEN, NJ 08102	22-1843254	501(C)(3)	1,552,292.				FEDERAL APPROPRIATIO
(2)	NORTHEAST NEW JERSEY LEGAL SERVICES CORPORA 574 SUMMIT AVENUE JERSEY CITY, NJ 07306	22-1898061	501(C)(3)	1,747,751.				FEDERAL APPROPRIATIO
(3)	ESSEX-NEWARK LEGAL SERVICES PROJECT, INC. 5 COMMERCE ST., 2ND FLOOR NEWARK, NJ 07102	22-1779177	501(C)(3)	930,819.				FEDERAL APPROPRIATIO
(4)	OCEAN-MONMOUTH LEGAL SERVICES, INC. 25 BROAD STREET, SUITE 13	22-1830297	501(C)(3)	879,931.				FEDERAL APPROPRIATIO
(5)	CENTRAL JERSEY LEGAL SERVICES, INC. 317 GEORGE STREET, SUITE 201	21-0684259	501(C)(3)	1,008,187.				FEDERAL APPROPRIATIO
(6)	PHILADELPHIA LEGAL ASSISTANCE CENTER 42 SOUTH 15TH ST., SUITE 500	23-2823744	501(C)(3)	2,890,954.				FEDERAL APPROPRIATIO
(7)	LAUREL LEGAL SERVICES, INC. 306 SOUTH PENNSYLVANIA AVENUE	23-7007943	501(C)(3)	666,676.				FEDERAL APPROPRIATIO
(8)	MIDPENN LEGAL SERVICES 213-A NORTH FRONT STREET	23-7101191	501(C)(3)	2,060,141.				FEDERAL APPROPRIATIO
(9)	NEIGHBORHOOD LEGAL SERVICES ASSOCIATION 928 PENN AVENUE PITTSBURGH, PA 15222	25-1157129	501(C)(3)	1,458,268.				FEDERAL APPROPRIATIO
(10)	NORTH PENN LEGAL SERVICES, INC. 65 ELIZABETH AVENUE, SUITE 800	23-1659111	501(C)(3)	1,673,276.				FEDERAL APPROPRIATIO
(11)	SOUTHWESTERN PENNSYLVANIA LEGAL SERVICES, I 10 WEST CHERRY AVENUE WASHINGTON, PA 15301	25-1192139	501(C)(3)	473,602.				FEDERAL APPROPRIATIO
(12)	NORTHWESTERN LEGAL SERVICES 1001 STATE ST. SUITE 1200 ERIE, PA 16501	25-1201331	501(C)(3)	660,993.				FEDERAL APPROPRIATIO

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
- 3 Enter total number of other organizations listed in the line 1 table ▶ -----

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

Schedule I (Form 990) (2012)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

LEGAL SERVICES CORPORATION

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public  
Inspection

Employer identification number

52-1039060

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	LEGAL AID OF SOUTHEASTERN PA, INC. 317 SWEDE STREET NORRISTOWN, PA 19401	23-1901014	501(C)(3)	1,035,363.				FEDERAL APPROPRIATIO
(2)	LEGAL SERVICES OF SOUTH CENTRAL MICHIGAN, I 420 NORTH FOURTH AVENUE ANN ARBOR, MI 48104	38-1845444	501(C)(3)	1,835,590.				FEDERAL APPROPRIATIO
(3)	LEGAL SERVICES OF EASTERN MICHIGAN 436 SOUTH SAGINAW STREET FLINT, MI 48502	38-1958131	501(C)(3)	1,336,556.				FEDERAL APPROPRIATIO
(4)	LEGAL SERVICE OF NORTHERN MICHIGAN 1349 S. OSTEGO AVE., UNIT 7B	38-1817336	501(C)(3)	682,249.				FEDERAL APPROPRIATIO
(5)	LEGAL AID OF WESTERN MICHIGAN 89 IONIA AVENUE, NW #400	38-2156874	501(C)(3)	1,693,727.				FEDERAL APPROPRIATIO
(6)	LEGAL AID & DEFENDER ASSOCIATION, INC. 645 GRISWOLD SUITE 3466 DETROIT, MI 48226	38-1358203	501(C)(3)	3,683,289.				FEDERAL APPROPRIATIO
(7)	COMMUNITY LEGAL AID SERVICES, INC 265 SOUTH MAIN STREET AKRON, OH 44308	34-0753560	501(C)(3)	1,615,444.				FEDERAL APPROPRIATIO
(8)	LEGAL AID SOCIETY OF GREATER CINCINNATI 215 EAST NINTH STREET 200	31-0536673	501(C)(3)	1,385,391.				FEDERAL APPROPRIATIO
(9)	THE LEGAL AID SOCIETY OF CLEVELAND 1223 WEST SIXTH STREET, 4TH FLOOR	34-0866026	501(C)(3)	1,973,049.				FEDERAL APPROPRIATIO
(10)	OHIO STATE LEGAL SERVICES 555 BUTTLES AVENUE COLUMBUS, OH 43215	31-0718185	501(C)(3)	2,899,479.				FEDERAL APPROPRIATIO
(11)	LEGAL AID OF WESTERN OHIO, INC 520 MADISON AVENUE, SUITE 640	34-1485732	501(C)(3)	2,558,361.				FEDERAL APPROPRIATIO
(12)	SOUTHWEST VIRGINIA LEGAL AID SOCIETY, INC 227 WEST CHERRY STREET MARION, VA 24354	54-0918255	501(C)(3)	727,461.				FEDERAL APPROPRIATIO

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
- 3 Enter total number of other organizations listed in the line 1 table ▶ -----

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

Schedule I (Form 990) (2012)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

LEGAL SERVICES CORPORATION

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public  
Inspection

Employer identification number

52-1039060

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	LEGAL AID SOCIETY OF EASTERN VIRGINIA 125 ST PAULS BLVD SUITE 400	54-0848499	501(C)(3)	1,230,978.				FEDERAL APPROPRIATIO
(2)	CENTRAL VIRGINIA LEGAL AID SOCIETY, INC PO BOX 12206 RICHMOND, VA 23241	54-0900644	501(C)(3)	1,103,892.				FEDERAL APPROPRIATIO
(3)	VIRGINIA LEGAL AID SOCIETY, INC 513 CHURCH STREET, PO BOX 6058	51-0226448	501(C)(3)	786,848.				FEDERAL APPROPRIATIO
(4)	BLUE RIDGE LEGAL SERVICES, INC PO BOX 551 HARRISONBURG, VA 22803	54-1048944	501(C)(3)	1,051,998.				FEDERAL APPROPRIATIO
(5)	LEGAL SERV OF NORTHERN VIRGINIA 6066 LEESBURG PIKE, SUITE 500	51-1137931	501(C)(3)	1,062,586.				FEDERAL APPROPRIATIO
(6)	LEGAL AID OF WEST VIRGINIA, INC 922 QUARRIER STREET, 4TH FLOOR	31-1789739	501(C)(3)	2,506,173.				FEDERAL APPROPRIATIO
(7)	LEGAL ASSISTANCE FOUNDATION OF METRO CHICAG 111 W. JACKSON BLVD #300 CHICAGO, IL 60604	36-2754650	501(C)(3)	6,005,678.				FEDERAL APPROPRIATIO
(8)	LAND OF LINCOLN LEGAL ASSISTANCE FOUNDATION 327 MISSOURI AVE, SUITE 605	37-0958448	501(C)(3)	2,293,785.				FEDERAL APPROPRIATIO
(9)	PRAIRIE STATE LEGAL SERVICES, INC 975 NORTH MAIN STREET ROCKFORD, IL 61103	37-1030764	501(C)(3)	2,800,594.				FEDERAL APPROPRIATIO
(10)	INDIANA LEGAL SERVICES, INC 151 NORTH DELAWARE ST #1640	35-6059654	501(C)(3)	5,197,360.				FEDERAL APPROPRIATIO
(11)	IOWA LEGAL AID 1111 9TH STREET SUITE 230	42-1079227	501(C)(3)	2,193,965.				FEDERAL APPROPRIATIO
(12)	KANSAS LEGAL SERVICES, INC 712 SOUTH KANSAS AVENUE, SUITE 200	48-0872528	501(C)(3)	2,267,659.				FEDERAL APPROPRIATIO

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

LEGAL SERVICES CORPORATION

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public  
Inspection

Employer identification number

52-1039060

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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(1)	LEGAL AID SERVICE OF NORTHEASTERN MINNESOTA 424 WEST SUPERIOR STREET DULUTH, MN 55802	41-0958386	501(C)(3)	391,506.				FEDERAL APPROPRIATIO
(2)	CENTRAL MINNESOTA LEGAL SERVICES 430 FIRST AVENUE NORTH, SUITE 359	41-1299151	501(C)(3)	1,311,606.				FEDERAL APPROPRIATIO
(3)	LEGAL SERVICES OF NORTHWEST MINNESOTA COPOR 1015 7TH AVE, NORTH POB 838	41-1291705	501(C)(3)	334,692.				FEDERAL APPROPRIATIO
(4)	SOUTHERN MINNESOTA REGIONAL LEGAL SERVICES, 166 E FOURTH STREET, SUITE 200	41-1316151	501(C)(3)	1,507,813.				FEDERAL APPROPRIATIO
(5)	LEGAL AID OF WESTERN MISSOURI 1125 GRAND AVENUE #1900	43-0824638	501(C)(3)	1,759,682.				FEDERAL APPROPRIATIO
(6)	LEGAL SERVICES OF EASTERN MISSOURI, INC 4232 FOREST PARK AVENUE ST LOUIS, MO 63108	43-0816805	501(C)(3)	1,819,733.				FEDERAL APPROPRIATIO
(7)	MID-MISSOURI LEGAL SERVICES CORPORATION 205 EAST FOREST AVENUE COLUMBIA, MO 65203	43-1122012	501(C)(3)	375,941.				FEDERAL APPROPRIATIO
(8)	LEGAL SERVICES OF SOUTHERN MISSOURI 2872 S MEADOWBROOK AVENUE	43-1106228	501(C)(3)	1,556,604.				FEDERAL APPROPRIATIO
(9)	LEGAL AID OF NEBRASKA 500 SOUTH 18TH STREET, #400 OMAHA, NE 68102	47-0483506	501(C)(3)	1,428,051.				FEDERAL APPROPRIATIO
(10)	LEGAL SERVICES OF NORTH DAKOTA 1025 THIRD STREET NORTH, PO BOX 1893	45-0336235	501(C)(3)	735,920.				FEDERAL APPROPRIATIO
(11)	EAST RIVER LEGAL SERVICES 335 NORTH MAIN AVENUE, SUITE 300	23-7101054	501(C)(3)	368,829.				FEDERAL APPROPRIATIO
(12)	LEGAL ACTION OF WISCONSIN, INC 230 WEST WELLS STREET, ROOM 800	39-1077192	501(C)(3)	3,233,153.				FEDERAL APPROPRIATIO

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Schedule I (Form 990) (2012)

JSA



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

LEGAL SERVICES CORPORATION

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

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(1)	WISCONSIN JUDICARE INC PO BOX 6100 WAUSAU, WI 54402	39-1170880	501(C)(3)	996,486.				FEDERAL APPROPRIATIO
(2)	LEGAL SERVICES ALABAMA, INC 207 MONTGOMERY STREET 500 BELL BLDG	63-0743038	501(C)(3)	5,799,076.				FEDERAL APPROPRIATIO
(3)	LEGAL AID OF ARKANSAS, INC 4083 N SHILOH DR, #3 FAYETTEVILLE, AR 72703	71-0439977	501(C)(3)	1,380,142.				FEDERAL APPROPRIATIO
(4)	CENTER FOR ARKANSAS LEGAL SERVICES 303 W CAPITOL AVENUE, SUITE 200	71-0387858	501(C)(3)	2,109,257.				FEDERAL APPROPRIATIO
(5)	COMMUNITY LEGAL SERVICES OF MID-FLORIDA, IN 128-A ORANGE AVENUE DAYTONA BEACH, FL 32114	59-1156260	501(C)(3)	3,138,356.				FEDERATED APPROPRIAT
(6)	FLORIDA RURAL LEGAL SERVICES, INC 3210 CLEVELAND AVENUE, POB 219	59-1225173	501(C)(3)	3,662,885.				FEDERAL APPROPRIATIO
(7)	LEGAL SERVICES OF GREATER MIAMI 3000 BISCAYNE BLVD #500 MIAMI, FL 33137	59-1227481	501(C)(3)	3,182,368.				FEDERAL APPROPRIATIO
(8)	LEGAL SERVICES OF NORTH FLORIDA, INC 2119 DELTA BLVD TALLAHASSEE, FL 32303	51-0197090	501(C)(3)	1,360,433.				FEDERAL APPROPRIATIO
(9)	BAY AREA LEGAL SERVICES - TAMPA 829 WEST DR MARTIN L KING JR BLVD	59-1171886	501(C)(3)	2,608,381.				FEDERAL APPROPRIATIO
(10)	THREE RIVERS LEGAL SERVICES, INC 901 NW 8TH AVE, SUITE D-5	59-1797499	501(C)(3)	1,722,411.				FEDERATED APPROPRIAT
(11)	COAST TO COAST LA OF SOUTH FL, INC 491 NORTH STATE ROAD 7 PLANTATION, FL 33317	90-0089501	501(C)(3)	1,745,017.				FEDERAL APPROPRIATIO
(12)	ATLANTA LEGAL AID SOCIETY, INC 151 SPRING STREET NW ATLANTA, GA 30303	58-0568691	501(C)(3)	2,821,626.				FEDERAL APPROPRIATIO

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Schedule I (Form 990) (2012)

JSA

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SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

LEGAL SERVICES CORPORATION

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

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(1)	GEORGIA LEGAL SERVICES PROGRAM 104 MARIETTA STREET, SUITE 250	58-1111590	501(C)(3)	6,916,464.				FEDERAL APPROPRIATIO
(2)	LEGAL AID OF THE BLUEGRASS 302 GREENUP STREET COVINGTON, KY 41011	61-0668572	501(C)(3)	1,230,323.				FEDERATED APPROPRIAT
(3)	LEGAL AID SOCIETY, INC - KENTUCKY 425 WEST MUHAMMAD ALI BLVD, 4TH FLOOR	61-0537626	501(C)(3)	1,128,202.				FEDERAL APPROPRIATIO
(4)	APPALACHIAN RESEARCH & DEFENSE FUND OF KY, 120 NORTH FRONT AVENUE	61-0848948	501(C)(3)	1,734,851.				FEDERAL APPROPRIATIO
(5)	KENTUCKY LEGAL AID 520 EAST MAIN STREET, PO BOX 1776	61-0916523	501(C)(3)	1,104,065.				FEDERAL APPROPRIATIO
(6)	ACADIANA LEGAL SERVICES CORPORATION PO BOX 4823 LAFAYETTE, LA 70502	72-0832432	501(C)(3)	1,700,539.				FEDERAL APPROPRIATIO
(7)	LEGAL SERVICES OF NORTH LA, INC 720 TRAVIS STREET SHREVEPORT, LA 71101	72-0827452	501(C)(3)	1,605,403.				FEDERAL APPROPRIATIO
(8)	SOUTHEAST LOUISIANA LEGAL SERVICES CORPORAT 1200 DEREK DR, PO DRAWER 2867	72-0877422	501(C)(3)	3,330,588.				FEDERAL APPROPRIATIO
(9)	NORTH MISSISSIPPI RURAL LEGAL SERVICES PO BOX 767 OXFORD, MS 38655	64-0581747	501(C)(3)	1,777,994.				FEDERAL APPROPRIATIO
(10)	MISSISSIPPI CENTER FOR LEGAL SERVICES 111 EAST FRONT ST, PO DRAWER 1728	64-0612891	501(C)(3)	2,750,334.				FEDERAL APPROPRIATIO
(11)	LEGAL AID OF NORTH CAROLINA, INC 224 SOUTH DAWSON ST RALEIGH, NC 27611	31-1784161	501(C)(3)	9,027,806.				FEDERAL APPROPRIATIO
(12)	SOUTH CAROLINA CENTER FOR EQUAL JUSTICE 701 S MAIN STREET GREENVILLE, SC 29601	57-0485205	501(C)(3)	4,896,368.				FEDERAL APPROPRIATIO

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(1)	LEGAL AID OF EAST TENNESSEE 502 SOUTH GAY STREET, SUITE 404	58-9132803	501(C)(3)	2,070,268.				FEDERAL APPROPRIATIO
(2)	MEMPHIS AREA LEGAL SERVICES, INC 109 N MAIN ST, SUITE 200 MEMPHIS, TN 38103	62-0841436	501(C)(3)	1,311,527.				FEDERAL APPROPRIATIO
(3)	LAS OF MIDDLE TN AND THE CUMBERLANDS 300 DEADERICK STREET NASHVILLE, TN 37201	62-0800756	501(C)(3)	2,525,882.				FEDERAL APPROPRIATIO
(4)	WEST TENNESSEE LEGAL SERVICES, INC PO BOX 2066 JACKSON, TN 38302	58-1326791	501(C)(3)	620,485.				FEDERAL APPROPRIATIO
(5)	COMMUNITY LEGAL SERVICES, INC - PHOENIX 305 SOUTH 2ND AVENUE, POB 21538	86-0166615	501(C)(3)	4,047,784.				FEDERAL APPROPRIATIO
(6)	SOUTHERN ARIZONA LEGAL AID, INC 64 EAST BROADWAY BLVD TUCSON, AZ 85701	86-0143449	501(C)(3)	2,390,576.				FEDERAL APPROPRIATIO
(7)	DNA-PEOPLES LEGAL SERVICES, INC PO BOX 306 WINDOW ROCK, AZ 86515	86-0207220	501(C)(3)	3,089,750.				FEDERAL APPROPRIATIO
(8)	CALIFORNIA INDIAN LEGAL SERVICES 510 16TH STREET, 4TH FLOOR	94-1676390	501(C)(3)	844,613.				FEDERAL APPROPRIATIO
(9)	COLORADO LEGAL SERVICES 1905 SHERMAN STREET, SUITE 400	84-0402702	501(C)(3)	3,675,973.				FEDERAL APPROPRIATIO
(10)	MICHIGAN INDIAN LEGAL SERVICES 814 SOUTH GARFIELD AVE, #A	38-2077208	501(C)(3)	152,034.				FEDERAL APPROPRIATIO
(11)	ANISHINABE LEGAL SERVICES, INC PO BOX 157 CASS LAKE, MN 56633	41-0960032	501(C)(3)	220,713.				FEDERAL APPROPRIATIO
(12)	NEW MEXICO LEGAL AID PO BOX 25486 ALBUQUERQUE, NM 87125	85-0116950	501(C)(3)	2,987,894.				FEDERAL APPROPRIATIO

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Schedule I (Form 990) (2012)

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Department of the Treasury  
Internal Revenue Service

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(1)	OKLAHOMA INDIAN LEGAL SERVICES 4200 PERIMETER CENTER DR #222	73-1142462	501(C)(3)	756,200.				FEDERAL APPROPRIATIO
(2)	LEGAL AID SERVICES OF OK, INC 2901 NORTH CLESSEN BLVD, SUITE 110	73-1022203	501(C)(3)	4,116,273.				FEDERAL APPROPRIATIO
(3)	DAKOTA PLAINS LEGAL SERVICES PO BOX 727 MISSION, SD 57555	46-0310828	501(C)(3)	1,279,132.				FEDERAL APPROPRIATIO
(4)	LEGAL AID OF NORTH WEST TEXAS 2212 ARLINGTON DOWNS ROAD, SUITE #102	75-0856086	501(C)(3)	7,286,659.				FEDERAL APPROPRIATIO
(5)	LONE STAR LEGAL AID 414 EAST PILAR STREET, POB 631070	74-1537787	501(C)(3)	9,043,832.				FEDERAL APPROPRIATIO
(6)	TEXAS RIOGRANDE LEGAL AID, INC 300 SOUTH TEXAS BLVD WESLACO, TX 78596	74-1675230	501(C)(3)	11,074,626.				FEDERAL APPROPRIATIO
(7)	UTAH LEGAL SERVICES, INC 205 NORTH 400 WEST SALT LAKE CITY, UT 84103	87-0298910	501(C)(3)	1,976,626.				FEDERAL APPROPRIATIO
(8)	GREATER BAKERSFIELD LEGAL ASSISTANCE, INC 615 CALIFORNIA AVENUE BAKERSFIELD, CA 93304	95-2829257	501(C)(3)	891,977.				FEDERAL APPROPRIATIO
(9)	CENTRAL CALIFORNIA LEGAL SERVICES 1999 TUOLUMNE ST SUITE 700 FRESNO, CA 93721	94-1631809	501(C)(3)	2,692,048.				FEDERAL APPROPRIATIO
(10)	LEGAL AID FOUNDATION OF LOS ANGELES 1102 SOUTH CRENSHAW BLVD	95-1684067	501(C)(3)	6,843,280.				FEDERAL APPROPRIATIO
(11)	NEIGHBORHOOD LEGAL SERVICES OF LOS ANGELES 13327 VAN NUYS BOULEVARD PACOIMA, CA 91331	95-2408642	501(C)(3)	4,147,569.				FEDERAL APPROPRIATIO
(12)	INLAND COUNTIES LEGAL SERVICES 1737 ATLANTA AVENUE, SUITE H-3	95-6124556	501(C)(3)	4,005,343.				FEDERAL APPROPRIATIO

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(1)	LEGAL SERVICES OF NORTHERN CALIFORNIA 517 12TH STREET SACRAMENTO, CA 95814	94-1384659	501(C)(3)	3,366,704.				FEDERAL APPROPRIATIO
(2)	LEGAL AID SOCIETY OF SAN DIEGO, INC 110 SOUTH EUCLID AVENUE SAN DIEGO, CA 92114	95-1869806	501(C)(3)	2,722,603.				FEDERAL APPROPRIATIO
(3)	CALIFORNIA RURAL LEGAL ASSITANCE, INC 631 HOWARD STREET, SUITE 300	95-2428657	501(C)(3)	6,863,321.				FEDERAL APPROPRIATIO
(4)	BAY AREA LEGAL AID - OAKLAND 405 14TH STREET, 9TH FLOOR	94-1631316	501(C)(3)	3,940,572.				FEDERAL APPROPRIATIO
(5)	LEGAL AID SOCIETY OF ORANGE COUNTY 902 NORTH MAIN STREET SANTA ANA, CA 92701	95-1994337	501(C)(3)	3,614,626.				FEDERAL APPROPRIATIO
(6)	NEVADA LEGAL SERVICES 530 SOUTH 6TH STREET LAS VEGAS, NV 89101	88-0176914	501(C)(3)	2,100,382.				FEDERAL APPROPRIATIO
(7)	ALASKA LEGAL SERVICES CORPORATION 1648 CUSHMAN STREET, SUITE 300	92-0034754	501(C)(3)	1,208,403.				FEDERAL APPROPRIATIO
(8)	LEGAL AID SOCIETY OF HAWAII 924 NETHEL STREET HONOLULU, HI 96813	99-0076020	501(C)(3)	1,486,568.				FEDERAL APPROPRIATIO
(9)	IDAHO LEGAL AID SERVICES, INC PO BOX 913 BOISE, ID 83701	82-0293641	501(C)(3)	1,405,928.				FEDERAL APPROPRIATIO
(10)	MONTANA LEGAL SERVICES ASSOCIATION 616 HELENA AVE, SUITE 100 HELENA, MT 59601	81-0298262	501(C)(3)	1,181,177.				FEDERAL APPROPRIATIO
(11)	LEGAL AID SERVICES OF OREGON 921 SW WASHINGTON, SUITE 570	93-0635480	501(C)(3)	3,645,502.				FEDERAL APPROPRIATIO
(12)	NORTHWEST JUSTICE PROJECT 401 SECOND AVE SOUTH, SUITE 407	91-1687791	501(C)(3)	5,618,481.				FEDERAL APPROPRIATIO

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Internal Revenue Service

Name of the organization

LEGAL SERVICES CORPORATION

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public  
Inspection

Employer identification number

52-1039060

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	MICRONESIAN LEGAL SERVICES, INC PO BOX 500269 SAIPAN, MP 96950	98-6018560	501(C)(3)	1,410,365.				FEDERAL APPROPRIATIO
(2)	LEGAL AID OF WYOMING, INC 2424 PIONEER AVE, SUITE 402	20-5552001	501(C)(3)	716,249.				FEDERAL APPROPRIATIO
(3)	GUAM LEGAL SERVICES CORPORATION 113 BRADLEY PLACE HAGATNA, GU 96910	98-0046988	501(C)(3)	276,701.				FEDERAL APPROPRIATIO
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 135.
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2012)

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1</b> HERBERT S. GARTEN LOAN REPAYMENT ASSISTANCE PROGRA	216.	1,095,858.			
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

GRANT MONITORING

FORM 990, SCHEDULE I, PART I, LINE 2

THE OFFICE OF COMPLIANCE AND ENFORCEMENT (OCE) HAS THE PRIMARY RESPONSIBILITY OVERSIGHT BY MONITORING GRANTEE COMPLIANCE WITH THE LSC ACT, REGULATIONS, AND FUNDING RESTRICTIONS. OCE ALSO ENFORCES LSC'S ACCOUNTING GUIDE; CONDUCTS OVERSIGHT REVIEWS AS TO COMPLIANCE WITH THE LSC ACT AND OTHER LSC GUIDANCE, INCLUDING FISCAL-RELATED REGULATIONS; INITIATES QUESTIONED COST PROCEEDINGS; IDENTIFIES REQUIRED CORRECTIVE ACTIONS AND NECESSARY FOLLOW-UPS; AND PROVIDES TECHNICAL ASSISTANCE AND TRAINING. OCE PROVIDES NEW EXECUTIVE DIRECTOR AND FISCAL TRAINING FOR

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

GRANTEE PERSONNEL WHEN REQUESTED.

THE OFFICE OF PROGRAM PERFORMANCE (OPP) SUPPORTS THE OVERSIGHT FUNCTION THROUGH PROGRAM QUALITY VISITS, PROGRAM ENGAGEMENT VISITS, CAPABILITY ASSESSMENT VISITS, TECHNICAL ASSISTANCE, AND THROUGH THE COMPETITIVE GRANTS APPLICATION AND AWARDS PROCESS, SHARING BEST PRACTICES FOR PROVIDING HIGH QUALITY CIVIL LEGAL SERVICES AND PROMOTING INNOVATIVE USES OF TECHNOLOGY BY GRANTEES.

THE OFFICE OF INSPECTOR GENERAL ASSISTS IN OVERSIGHT BY PROVIDING POLICY DIRECTION FOR AND CONDUCTING AND SUPERVISING AUDITS AND INVESTIGATIONS OF LSC GRANTEES; PROMOTES ECONOMY, EFFICIENCY, AND EFFECTIVENESS IN THE



**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

GRANTEES; WORKS TO PREVENT AND DETECT FRAUD AND ABUSE IN THE GRANTEES.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

LEGAL SERVICES CORPORATION

Employer identification number

52-1039060

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)          |

**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? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract          |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- 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) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

Page **2****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 in 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 are not 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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> JAMES J. SANDMAN PRESIDENT	(i)	173,529.	0	0	14,767.	26,537.	214,833.	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> VICTOR M. FORTUNO VICE PRESIDENT FOR LEGAL AFF.	(i)	163,704.	0	0	13,931.	21,764.	199,399.	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> DAVID L. RICHARDSON TREASURER & COMPTROLLER	(i)	161,773.	0	0	13,767.	26,869.	202,409.	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> JEFFREY E. SCHANZ INSPECTOR GENERAL	(i)	163,704.	0	0	13,931.	12,836.	190,471.	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> LAURIE A. TARANTOWICZ ASST INSPECTOR GENERAL	(i)	155,267.	0	0	13,213.	26,406.	194,886.	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> JOEL S. GALLAY SPECIAL COUNSEL TO THE IG	(i)	154,524.	0	0	13,150.	17,689.	185,363.	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> DAVID C. MADDOX ASST IG FOR MANAGEMENT & EVAL	(i)	154,524.	0	0	13,150.	26,448.	194,122.	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> RONALD D. MERRYMAN ASST IG FOR AUDIT	(i)	154,524.	0	0	13,150.	12,561.	180,235.	0
	(ii)	0	0	0	0	0	0	0
<b>9</b> JANET A. LABELLA DIRECTOR OF PROGRAM PERFORM.	(i)	148,691.	0	0	12,654.	16,861.	178,206.	0
	(ii)	0	0	0	0	0	0	0
<b>10</b> JOHN MEYER DIRECTOR OF INFO. MANAGEMENT	(i)	145,663.	0	0	12,397.	16,561.	174,621.	
	(ii)	0	0	0				
<b>11</b> CAROL BERGMAN GOVERNMENT RELATIONS DIRECTOR	(i)	118,269.	0	0	10,065.	26,292.	154,626.	0
	(ii)	0	0	0	0	0	0	0
<b>12</b> LAURA RATH DIRECTOR OF COMPLIANCE	(i)	142,578.	0	0	12,133.	17,290.	172,001.	0
	(ii)	0	0	0	0	0	0	0
<b>13</b>	(i)							
	(ii)							
<b>14</b>	(i)							
	(ii)							
<b>15</b>	(i)							
	(ii)							
<b>16</b>	(i)							
	(ii)							

Schedule J (Form 990) 2012

**Part III Supplemental Information**

Complete this part to 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.

HEALTH DUES

FORM 990, SCHEDULE J, PART I, LINE 1A

LSC DOES NOT PAY HEALTH DUES, BUT WILL REIMBURSE AN AMOUNT UP TO \$25 A

MONTH FOR THOSE WHO PAY FOR HEALTH CLUB AND GYM DUES.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

**2012**

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FORM 990 REVIEW

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

THE TREASURER REVIEWS THE FORM 990. HE INITIALS THE FORM TO INDICATE THE REVIEW HAS TAKEN PLACE AND THE INFORMATION AGREES WITH THE AUDITED FINANCIAL STATEMENTS. THE PRESIDENT OF LSC THEN REVIEWS THE FORM 990. AFTER THE PRESIDENT'S REVIEW, THE FORM 990 IS THEN PRESENTED TO THE AUDIT COMMITTEE FOR REVIEW BEFORE FILING. THE FORM 990 IS ALSO PROVIDED TO THE BOARD OF DIRECTORS BEFORE FILING.

CONFLICT OF INTEREST POLICY

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

THE LSC ACT PROHIBITS CONFLICTS OF INTEREST BY MEMBERS OF THE LSC BOARD OF DIRECTORS ("LSC BOARD" OR "BOARD MEMBERS") (42 U.S.C. 2996D(D)), A PROHIBITION WHICH IS FURTHER DEVELOPED IN THE LSC BYLAWS AT SECTION 3.05. IN ADDITION, LSC HAS A CODE OF ETHICS AND CONDUCT WHICH PROHIBITS CONFLICTS OF INTEREST BY BOARD MEMBERS AND BY EMPLOYEES. MONITORING OF THE PROHIBITION OF CONFLICTS OF INTEREST BY MEMBERS OF THE LSC BOARD IS ACCOMPLISHED BY ANNUAL REPORTS FROM BOARD MEMBERS REGARDING ANY INTEREST WHICH COULD BE CONSIDERED A CONFLICT OF INTEREST. IN ADDITION, SHOULD A BOARD MEMBER BECOME AWARE OF A POTENTIAL CONFLICT WHEN THE BOARD IS CONSIDERING A SUBJECT, THE BOARD MEMBER IS REQUIRED TO INFORM THE BOARD OF THE POTENTIAL CONFLICT AND WITHDRAW FROM ANY BOARD DISCUSSION OR CONSIDERATION OF THE ISSUE AT HAND. LSC EMPLOYEES DO NOT FILE ANNUAL DISCLOSURE STATEMENTS UNDER LSC'S CODE OF ETHICS AND CONDUCT BUT ARE

Name of the organization

LEGAL SERVICES CORPORATION

Employer identification number

52-1039060

REQUIRED TO INFORM THEIR SUPERVISOR OF ANY POTENTIAL CONFLICT AND  
WITHDRAW FROM CONSIDERATION OF ANY ISSUE THAT INVOLVES SUCH CONFLICT.

DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART VI, SECTION C, LINE 19

FINANCIAL STATEMENTS IN THE FORM OF BUDGET AND EXPENSE INFORMATION ARE  
PROVIDED QUARTERLY IN MATERIALS PROVIDED TO THE LSC BOARD OF DIRECTORS  
AND THE PUBLIC. THE ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC  
VIEWING THROUGH THE OFFICE OF THE INSPECTORS GENERAL'S WEBSITE. GOVERNING  
DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE ON LSC'S  
WEBSITE.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

LSC HAD A CHANGE IN DEFERRED REVENUE OF (\$1,874,374).

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE CONGRESS OF THE UNITED STATES, IN THE DECLARATION OF PURPOSE OF  
THE LEGAL SERVICES CORPORATION ACT, FOUND THAT "THERE IS A NEED TO  
PROVIDE EQUAL ACCESS TO THE SYSTEM OF JUSTICE IN OUR NATION FOR  
INDIVIDUALS WHO SEEK REDRESS OR GRIEVANCES; "THAT THERE IS A NEED TO  
PROVIDE HIGH QUALITY LEGAL ASSISTANCE TO THOSE WHO WOULD BE OTHERWISE  
UNABLE TO AFFORD ADEQUATE LEGAL COUNSEL"; AND "THAT PROVIDING LEGAL  
ASSISTANCE TO THOSE WHO FACE AN ECONOMIC BARRIER TO ADEQUATE LEGAL  
COUNSEL WILL SERVE BEST THE ENDS OF JUSTICE AND ASSIST IN IMPROVING  
OPPORTUNITIES FOR LOW-INCOME PERSONS." IN KEEPING WITH THIS MANDATE,  
THE LEGAL SERVICE CORPORATION (LSC) ESTABLISHES AS OUR MISSION: TO

Name of the organization

LEGAL SERVICES CORPORATION

Employer identification number

52-1039060

ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

PROMOTE EQUAL ACCESS TO JUSTICE IN OUR NATION AND TO PROVIDE FUNDING

FOR HIGH QUALITY CIVIL LEGAL ASSISTANCE TO LOW-INCOME PERSONS.

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MCBRIDE, LOCK & ASSOCIATES 1111 MAIN STREET SUITE 900 KANSAS CITY, MO 64105	QC OF GRANTEE FIRMS	192,800.
ABACUS TECHNOLOGY 5454 WISCONSIN AVE CHEVY CHASE, MD 20815	IT SERVICES	119,127.

ATTACHMENT 3FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL</u> <u>REVENUE</u>	(B) <u>RELATED OR</u> <u>EXEMPT REVENUE</u>	(C) <u>UNRELATED</u> <u>BUSINESS REV.</u>	(D) <u>EXCLUDED</u> <u>REVENUE</u>
INTEREST INCOME	447.			447.
TOTALS	<u>447.</u>			<u>447.</u>

ATTACHMENT 4FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING</u> <u>BOOK VALUE</u>	<u>ENDING</u> <u>BOOK VALUE</u>
PREPAID EXPENSES	228,840.	305,584.
TOTALS	<u>228,840.</u>	<u>305,584.</u>