

WithumSmith+Brown, PC  
Certified Public Accountants and Consultants

LEGAL SERVICES CORPORATION  
3333 K STREET NW, 3RD FL  
WASHINGTON, DC 20007-3522

Dear Client,

Enclosed are the original and one copy of your income tax returns for the period ended September 30, 2011 for:

LEGAL SERVICES CORPORATION as follows...

- 2010 990 - Return of Organization Exempt from Income Tax
- 2010 Schedule A - Public Charity Status and Public Support
- 2010 Schedule B - Schedule of Contributors
- 2010 Schedule D - Supplemental Financial Statements
- 2010 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S
- 2010 Schedule J - Compensation Information
- 2010 Schedule O - Supplemental Information to Form 990 or 990EZ
- 2010 8879-EO - IRS e-file Signature Authorization

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Upon an audit of the return(s), requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

Form 990 must be made available for public inspection for a period of three years, beginning with the date the return is filed. The available document must be an exact copy of the return and schedules (including schedule B), as filed with the IRS, except that the names and the addresses of the contributors may be excluded. Any organization that fails to comply with this provision is subject to a penalty of \$20 for each day that inspection is not permitted, up to a maximum of \$10,000. Any organization that willfully fails to comply shall be subject to an additional penalty of \$5,000. You are also required to provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may want to contact us for further details.

These returns were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the returns before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the returns, please contact us before filing them.

On the enclosed CD, you will find two copies of your returns: your client copy, which is a duplicate of that which is to be filed with governmental agencies; and a "public disclosure" copy, which excludes Schedule B from Form 990. This "public disclosure" copy is the return you should provide when complying with a request for information, as Schedule B is not open to public inspection.

One Spring Street  
New Brunswick, New Jersey 08901  
732 828 1614 . fax 732 828 5156  
[www.withum.com](http://www.withum.com)

Additional Offices in New Jersey, New York,  
Pennsylvania, Maryland, Florida and Colorado

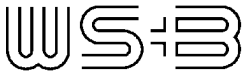
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LEGAL SERVICES CORPORATION

We sincerely appreciate this opportunity to serve you. Please contact us if you have questions concerning the returns or if we may be of further assistance.

Very truly yours,

Nancy Davis  
WithumSmith+Brown, PC



WithumSmith+Brown, PC  
Certified Public Accountants and Consultants

Instructions for filing  
LEGAL SERVICES CORPORATION  
Form 8879-EO - IRS E-file Signature Authorization  
for the period ended September 30, 2011

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Signature...

The original IRS e-file Signature Authorization form should be signed (use full name) and dated by the taxpayer.

Filing...

Return your signed Form 8879-EO to:

WithumSmith+Brown, PC  
8403 COLESVILLE ROAD  
SILVER SPRING MD 20910

Payment of tax...

No payment of tax is required.

Form 8879-EO serves as a replacement for your signature that would be affixed to form 990 if you paper filed your return. Please DO NOT separately file form 990 with the Internal Revenue Service. Doing so will delay the processing of your return.

We must receive your signed form before we can electronically transmit your return which is due on February 15, 2012. We would appreciate your returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Please Note . . .

Form 8879-EO can be faxed to our office to expedite the filing of the return. Please fax the signed Form 8879-EO to:

(732) 579-0040

Attn: Victoria Beirne

PLEASE RETURN FORM 8879-EO TO OUR OFFICE AS SOON AS POSSIBLE

\*\*\*\*\*

One Spring Street  
New Brunswick, New Jersey 08901  
732 828 1614 . fax 732 828 5156  
www.withum.com

Additional Offices in New Jersey, New York,  
Pennsylvania, Maryland, Florida and Colorado

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IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2010, or fiscal year beginning 10/01, 2010, and ending 09/30, 2011

Do not send to the IRS. Keep for your records. See instructions on back.

2010

Department of the Treasury Internal Revenue Service

Name of exempt organization

Employer identification number

LEGAL SERVICES CORPORATION

52-1039060

Name and title of officer

DAVID L RICHARDSON, TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-E0 and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

- 1a Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 406531440.
2a Form 990-EZ check here [ ] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here [ ] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [ ] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [ ] b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize WITHUMSMITH+BROWN, PC to enter my PIN 14226 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date 01/17/2012

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

22006222202 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2010)

# 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)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2010 calendar year, or tax year beginning** 10/01, 2010, and ending 09/30, 2011

<b>B</b> Check if applicable:	<input type="checkbox"/>	Address change	<b>C Name of organization</b> LEGAL SERVICES CORPORATION Doing Business As			<b>D Employer identification number</b> 52-1039060
	<input type="checkbox"/>	Name change				Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3333 K STREET NW, 3RD FL
	<input type="checkbox"/>	Initial return	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20007-3522		<b>G Gross receipts \$</b> 406,531,440.	
	<input type="checkbox"/>	Terminated			<b>F Name and address of principal officer:</b> JAMES J SANDMAN 3333 K STREET, NW WASHINGTON, DC 20007	
<input type="checkbox"/>	Amended return	<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<input type="checkbox"/>	Application pending	<b>J Website:</b> ▶ WWW.LSC.GOV				
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1974		<b>M State of legal domicile:</b> DC		

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: TO PROMOTE EQUAL ACCESS TO JUSTICE IN OUR NATION AND TO PROVIDE HIGH QUALITY CIVIL LEGAL ASSISTANCE TO LOW-INCOME PERSONS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11.
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	170.
	6	Total number of volunteers (estimate if necessary)	6	3.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b		
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>
	8	Contributions and grants (Part VIII, line 1h)	421,820,290.	406,517,860.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,305.	1,561.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,608,250.	12,019.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	418,218,345.	406,531,440.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	397,188,864.	384,544,860.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,858,079.	16,253,956.
	16 a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,007,565.	4,691,955.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	417,054,508.	405,490,771.	
19	Revenue less expenses. Subtract line 18 from line 12	1,163,837.	1,040,669.	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	20	Total assets (Part X, line 16)	84,848,812.	81,073,746.
	21	Total liabilities (Part X, line 26)	77,220,160.	73,056,136.
22	Net assets or fund balances. Subtract line 21 from line 20	7,628,652.	8,017,610.	

**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>		Date			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ WITHUMSMITH+BROWN, PC			Firm's EIN ▶ 22-2027092	P00002687
	Firm's address ▶ 8403 COLESVILLE ROAD SILVER SPRING, MD 20910			Phone no. 732-828-1614	
May the IRS discuss this return with the preparer shown above? (see instructions)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**For Paperwork Reduction Act Notice, see the separate instructions.**

**Part III Statement of Program Service Accomplishments**

Check 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 384,544,860. including grants of \$ \_\_\_\_\_) (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 **▶** 384,544,860.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and business transactions.



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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8899, Form 1098-C, Form 8282, Form 8899, Form 720, and Form 702.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 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?; 3 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 15 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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 BROWNE DIRECTOR	2.22	X					4,160.	0.	0.	
(2) ROBERT GREY DIRECTOR	3.25	X					5,440.	0.	0.	
(3) CHARLES KECKLER DIRECTOR	4.15	X					5,440.	0.	0.	
(4) HARRY KORRELL DIRECTOR	5.71	X					3,200.	0.	0.	
(5) JOHN LEVI DIRECTOR	13.55	X					9,600.	0.	0.	
(6) VICTOR MADDOX DIRECTOR	3.87	X					7,040.	0.	0.	
(7) LAURIE MIKVA DIRECTOR	2.67	X					4,800.	0.	0.	
(8) MARTHA MINOW DIRECTOR	2.26	X					4,160.	0.	0.	
(9) JOSEPH PIETRZYK DIRECTOR	2.54	X					6,080.	0.	0.	
(10) JULIE REISKIN DIRECTOR	5.98	X					6,080.	0.	0.	
(11) GLORIA VALENCIA-WEBER DIRECTOR	2.69	X					5,120.	0.	0.	
(12) JAMES J SANDMAN PRESIDENT	37.50			X			116,353.	0.	29,723.	
(13) VICTOR FORTUNO VICE PRESIDENT FOR LEGAL AFF.	37.50			X			192,302.	0.	44,506.	
(14) DAVID RICHARDSON TREASURER & COMP TROLLER	37.50			X			166,129.	0.	41,954.	
(15) JEFFREY MORNINGSTAR OFFICE DIRECTOR	37.50				X		159,604.	0.	33,026.	
(16) JEFFREY SCHANZ INSPECTOR GENERAL	37.50				X		163,704.	0.	28,581.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
(17) RONALD MERRYMAN ASST IG FOR AUDIT	37.50				X			154,524.	0.	27,876.
(18) JOHN A CONSTANCE OFFICE DIRECTOR	37.50					X		153,402.	0.	26,144.
(19) ALICE DICKERSON OFFICE DIRECTOR	37.50					X		159,740.	0.	31,559.
(20) LAURIE TARANTOWICZ ASST INSPECTOR GENERAL	37.50					X		155,267.	0.	42,573.
(21) JOEL GALLAY SPECIAL COUNSEL TO THE IG	37.50					X		155,782.	0.	26,886.
(22) DAVID MADDOX ASST IG FOR MANAGEMENT & EVAL	37.50					X		154,524.	0.	40,596.
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
<b>1b Sub-total</b> . . . . .								1,792,451.	0.	373,424.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .								1,792,451.	0.	373,424.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶** 67

	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.

(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 **▶** 0

**Part VIII Statement of Revenue**

				(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>	406,505,360.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	12,500.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f . . . . .			406,517,860.			
<b>Program Service Revenue</b>	<b>2a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . .			0.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .	ATTACHMENT 2		1,561.			1,561.
	<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>a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
<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>a</b>						
<b>b</b> Less: direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
<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	12,019.	12,019.			
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			12,019.				
<b>12 Total revenue.</b> See instructions . . . . .			406,531,440.	12,019.		1,561.	

**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) but are not required to complete columns (B), (C), and (D).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	383,027,214.	383,027,214.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	1,517,646.	1,517,646.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,013,736.		1,013,736.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	11,603,333.		11,603,333.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	993,126.		993,126.	
9 Other employee benefits . . . . .	1,783,986.		1,783,986.	
10 Payroll taxes . . . . .	859,775.		859,775.	
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	177,499.		177,499.	
c Accounting . . . . .	0.			
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees . . . . .	0.			
g Other . . . . .	571,608.		571,608.	
12 Advertising and promotion . . . . .	58,353.		58,353.	
13 Office expenses . . . . .	213,605.		213,605.	
14 Information technology . . . . .	97,531.		97,531.	
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	1,713,300.		1,713,300.	
17 Travel . . . . .	907,992.		907,992.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	94,909.		94,909.	
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	225,917.		225,917.	
23 Insurance . . . . .	138,644.		138,644.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a MAINTENANCE/EQUIPMENT -----	109,808.		109,808.	
b TELEPHONE -----	103,348.		103,348.	
c EQUIPMENT RENTAL -----	154,920.		154,920.	
d SUBSCRIPTIONS -----	40,907.		40,907.	
e TRAINING -----	67,613.		67,613.	
f All other expenses -----	16,001.		16,001.	
25 <b>Total functional expenses.</b> Add lines 1 through 24f	405,490,771.	384,544,860.	20,945,911.	0.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	83,596,411.	<b>1</b>	80,128,158.
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	479,860.	<b>4</b>	16,473.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	380,544.	<b>9</b>	174,875.
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 3,232,620.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 2,478,380.	391,997.	<b>10c</b> 754,240.
	<b>11</b> Investments - publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	84,848,812.	<b>16</b>	81,073,746.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,369,958.	<b>17</b>	2,193,618.
	<b>18</b> Grants payable . . . . .	69,431,311.	<b>18</b>	64,187,855.
	<b>19</b> Deferred revenue . . . . .	6,418,891.	<b>19</b>	6,674,663.
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	77,220,160.	<b>26</b>	73,056,136.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, 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 . . . . .	7,628,652.	<b>27</b>	8,005,110.
	<b>28</b> Temporarily restricted net assets . . . . .	0.	<b>28</b>	12,500.
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, 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 . . . . .	7,628,652.	<b>33</b>	8,017,610.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	84,848,812.	<b>34</b>	81,073,746.	

**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>	406,531,440.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	405,490,771.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,040,669.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	7,628,652.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-651,711.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	8,017,610.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?	X	
<b>2c</b>	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.	X	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	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?		X
<b>3b</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.		



**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

**2010**

**Open to Public Inspection**

<b>Name of the organization</b> LEGAL SERVICES CORPORATION	<b>Employer identification number</b> 52-1039060
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**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 - Other

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?

	Yes	No
(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? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	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 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) 2010

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

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First five years. 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 stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 99.94%; 15 Public support percentage from 2009 Schedule A, Part II, line 14 99.92%; 16a 33 1/3 % support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3 % support test - 2009. 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 stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2010. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2009. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. 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 stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Row 15: Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2009 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Row 17: Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2009 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3 % support tests - 2010. 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 - 2009. 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.

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

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**Schedule of Contributors**

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

**2010**

<b>Name of the organization</b> LEGAL SERVICES CORPORATION	<b>Employer identification number</b> 52-1039060
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**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, aggregate 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 aggregate 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 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)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	US DEPARTMENT OF TREASURY 3700 EAST/WEST HIGHWAY ROOM #6D37 HYATTSVILLE, MD 20782	\$ 404,190,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	US COURT OF VETERANS APPEALS 625 INDIANA AVE, NW SUITE 900 WASHINGTON, DC 20004	\$ 2,315,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	FRIEND OF LEGAL SERVICES CORPORATION 3333 K STREET WASHINGTON, DC 20007	\$ 12,500.	Person <input 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.)

**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

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

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 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIV, 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 XIV, 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) 2010

JSA  
0E1268 1.000

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 XIV.

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?

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?

b If "Yes," explain the arrangement in Part XI V and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XI V.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

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

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.



**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) Amount
(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 XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows for Part XI reconciliation. Columns include line number, description, and amount. Total revenue is 406,531,440 and total expenses are 405,490,771, resulting in an excess of 1,040,669.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows for Part XII reconciliation. Includes sub-rows a-e for adjustments. Total revenue per audited statements is 405,879,729 and per return is 406,531,440.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows for Part XIII reconciliation. Includes sub-rows a-e for adjustments. Total expenses per audited statements is 405,490,771 and per return is 405,490,771.

Part XIV 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV** Supplemental Information (continued)

FIN 48 FOOTNOTE

FORM 990, SCHEDULE D, PART X, LINE 2

LSC EVALUATES ITS UNCERTAIN TAX POSITIONS USING THE PROVISIONS OF FASB ASC 450, ACCOUNTING FOR CONTINGENCES. 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 JUDGEMENT 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 SEPTMEBER 30, 2011. THERE WERE ALSO NO TAX RELATED TO INTEREST AND PENALTIES REPORTED IN THESE FINANCIAL STATEMENTS.

OTHER CHANGES

FORM 990, SCHEDULE D, PART XI, LINE 8

CHANGES IN DEFERRED REVENUE DURING THE YEAR (\$718,856).

OTHER CHANGES

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

CHANGES IN DEFERRED REVENUE DURING THE YEAR (\$718,856).

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

LEGAL SERVICES CORPORATION

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. Check this box if no one recipient 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		2,657,189.				FEDERAL APPROPRIATIO
(2)	PINE TREE LEGAL ASSISTANCE, INC. 88 FEDERAL STREET, P.O. BOX 547	01-0279387		1,737,938.				FEDERAL APPROPRIATIO
(3)	VOLUNTEER LAWYERS PROJECT OF BOSTON BAR ASS 99 CHAUNCY ST., SUITE 400 BOSTON, MA 02111	22-2486215		2,247,523.				FEDERAL APPROPRIATIO
(4)	NEW CENTER FOR LEGAL ADVOCACY 257 UNION STREET NEW BEDFORD, MA 02740	04-3330208		1,007,421.				FEDERAL APPROPRIATIO
(5)	MERRIMACK VALLEY LEGAL SERVICES, INC. 35 JOHN STREET, SUITE 302 LOWELL, MA 01852	23-7381007		916,026.				FEDERAL APPROPRIATIO
(6)	MASS JUSTICE PROJECT, INC. 57 SUFFOLK STREET, SUITE 401	04-3323539		1,805,689.				FEDERAL APPROPRIATIO
(7)	LEGAL ADVICE & REFERRAL CENTER, INC. 33 N. MAIN STREET, 2ND FLOOR	02-0484379		790,767.				FEDERAL APPROPRIATIO
(8)	RHODE ISLAND LEGAL SERVICES, INC. 56 PINE STREET, 4TH FLOOR	05-0318596		1,228,770.				FEDERAL APPROPRIATIO
(9)	LS LAW LINE OF VERMONT 30 ELMWOOD AVENUE BURLINGTON, VT 05401	03-1349316		557,738.				FEDERAL APPROPRIATIO
(10)	LEGAL AID SOCIETY OF NORTH EASTERN NY, INC. 55 COLVIN AVENUE ALBANY, NY 12206	14-1338448		1,483,208.				FEDERAL APPROPRIATIO
(11)	NEIGHBORHOOD LEGAL SERVICES, INC. 495 ELLICOTT SQUIRE BUILDING, 295 MAIN ST.	51-0198935		1,484,005.				FEDERAL APPROPRIATIO
(12)	NASSAU/SUFFOLK LAW SERVICES COMMITTEE, INC. ONE HELEN KELLER WAY, 5TH FLOOR	11-2125411		1,535,245.				FEDERAL APPROPRIATIO

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2010**

**Open to Public  
Inspection**

Name of the organization

LEGAL SERVICES CORPORATION

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. Check this box if no one recipient 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		16,919,109.				FEDERAL APPROPRIATIO
(2)	LEGAL ASSISTANCE OF WESTERN NEW YORK 80 ST. PAUL STREET, SUITE 700	16-0955954		1,905,785.				FEDERAL APPROPRIATIO
(3)	LEGAL AID SOCIETY OF MID-NEW YORK, INC. 255 GENESEE STREET, SECOND FLOOR	15-0578598		2,330,747.				FEDERAL APPROPRIATIO
(4)	LEGAL SERVICES OF THE HUDSON VALLEY 4 CROMWELL PLACE WHITE PLAINS, NY 10601	13-6265606		1,974,810.				FEDERAL APPROPRIATIO
(5)	PUERTO RICO LEGAL SERVICES, INC. 1859 AVE. PONCE DE LEON-PDA 26, APARTADO 91	66-0265391		18,189,375.				FEDERAL APPROPRIATIO
(6)	COMMUNITY LAW OFFICE, INC. P.O. BOX 194735 SAN JUAN, PR 00919	66-0387277		378,288.				FEDERAL APPROPRIATIO
(7)	LEGAL SERVICES OF THE VIRGIN ISLANDS 3017 ORANGE GROVE CHRISTIANSTED, VI 00820	67-0254645		351,624.				FEDERAL APPROPRIATIO
(8)	LSC OF DELAWARE, INC. 100 WEST 10TH STREET #203	51-0372955		686,244.				FEDERAL APPROPRIATIO
(9)	NEIGHBORHOOD LEGAL SERVICES PROGRAM OF DC 701 4TH STREET, NW WASHINGTON, DC 20006	52-0858001		1,117,927.				FEDERAL APPROPRIATIO
(10)	NATIONAL VETERANS LEGAL SERVICES PROGRAM 1600 K STREET, NW, SUITE 500	20-1934881		2,295,360.				FEDERAL APPROPRIATIO
(11)	LEGAL AID BUREAU, INC 500 EAST LEXINGTON STREET	52-0591621		4,506,011.				FEDERAL APPROPRIATIO
(12)	LEGAL SERVICES OF NORTHWEST JERSEY 34 WEST MAIN STREET, SUITE 301	22-2092489		433,592.				FEDERAL APPROPRIATIO

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2010**

**Open to Public  
Inspection**

Name of the organization

LEGAL SERVICES CORPORATION

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. Check this box if no one recipient 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		1,609,253.				FEDERAL APPROPRIATIO
(2)	NORTHEAST NEW JERSEY LEGAL SERVICES CORPORA 574 SUMMIT AVENUE JERSEY CITY, NJ 07306	22-1898061		1,960,701.				FEDERAL APPROPRIATIO
(3)	ESSEX-NEWARK LEGAL SERVICES PROJECT, INC. 5 COMMERCE ST., 2ND FLOOR NEWARK, NJ 07102	22-1779177		1,199,878.				FEDERAL APPROPRIATIO
(4)	OCEAN-MONMOUTH LEGAL SERVICES, INC. 25 BROAD STREET, SUITE 13	22-1830297		734,922.				FEDERAL APPROPRIATIO
(5)	CENTRAL JERSEY LEGAL SERVICES, INC. 317 GEORGE STREET, SUITE 201	21-0684259		1,204,829.				FEDERAL APPROPRIATIO
(6)	PHILADELPHIA LEGAL ASSISTANCE CENTER 42 SOUTH 15TH ST., SUITE 500	23-2823744		3,600,245.				FEDERAL APPROPRIATIO
(7)	LAUREL LEGAL SERVICES, INC. 306 SOUTH PENNSYLVANIA AVENUE	23-7007943		841,600.				FEDERAL APPROPRIATIO
(8)	MIDPENN LEGAL SERVICES 213-A NORTH FRONT STREET	23-7101191		2,427,504.				FEDERAL APPROPRIATIO
(9)	NEIGHBORHOOD LEGAL SERVICES ASSOCIATION 928 PENN AVENUE PITTSBURGH, PA 15222	25-1157129		1,834,482.				FEDERAL APPROPRIATIO
(10)	NORTH PENN LEGAL SERVICES, INC. 65 ELIZABETH AVENUE, SUITE 800	23-1659111		1,984,254.				FEDERAL APPROPRIATIO
(11)	SOUTHWESTERN PENNSYLVANIA LEGAL SERVICES, I 10 WEST CHERRY AVENUE WASHINGTON, PA 15301	25-1192139		611,440.				FEDERAL APPROPRIATIO
(12)	NORTHWESTERN LEGAL SERVICES 1001 STATE ST. SUITE 1200 ERIE, PA 16501	25-1201331		800,640.				FEDERAL APPROPRIATIO

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2010**

**Open to Public  
Inspection**

Name of the organization

LEGAL SERVICES CORPORATION

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. Check this box if no one recipient 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		1,243,870.				FEDERAL APPROPRIATIO
(2)	LEGAL SERVICES OF SOUTH CENTRAL MICHIGAN, I 420 NORTH FOURTH AVENUE ANN ARBOR, MI 48104	38-1845444		2,074,566.				FEDERAL APPROPRIATIO
(3)	LEGAL SERVICES OF EASTERN MICHIGAN 436 SOUTH SAGINAW STREET FLINT, MI 48502	38-1958131		1,479,647.				FEDERAL APPROPRIATIO
(4)	LEGAL SERVICE OF NORTHERN MICHIGAN 1349 S. OSTEGO AVE., UNIT 7B	38-1817336		779,353.				FEDERAL APPROPRIATIO
(5)	LEGAL AID OF WESTERN MICHIGAN 89 IONIA AVENUE, NW #400	38-2156874		1,840,312.				FEDERAL APPROPRIATIO
(6)	LEGAL AID & DEFENDER ASSOCIATION, INC. 645 GRISWOLD SUITE 3466 DETROIT, MI 48226	38-1358203		4,223,354.				FEDERAL APPROPRIATIO
(7)	COMMUNITY LEGAL AID SERVICES, INC 265 SOUTH MAIN STREET AKRON, OH 44308	34-0753560		1,875,332.				FEDERAL APPROPRIATIO
(8)	LEGAL AID SOCIETY OF GREATER CINCINNATI 215 EAST NINTH STREET 200	31-0536673		1,589,753.				FEDERAL APPROPRIATIO
(9)	THE LEGAL AID SOCIETY OF CLEVELAND 1223 WEST SIXTH STREET, 4TH FLOOR	34-0866026		2,340,183.				FEDERAL APPROPRIATIO
(10)	OHIO STATE LEGAL SERVICES 555 BUTTLES AVENUE COLUMBUS, OH 43215	31-0718185		3,827,965.				FEDERAL APPROPRIATIO
(11)	LEGAL AID OF WESTERN OHIO, INC 520 MADISON AVENUE, SUITE 640	34-1485732		2,948,876.				FEDERAL APPROPRIATIO
(12)	SOUTHWEST VIRGINIA LEGAL AID SOCIETY, INC 227 WEST CHERRY STREET MARION, VA 24354	54-0918255		905,674.				FEDERAL APPROPRIATIO

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2010**

**Open to Public  
Inspection**

Name of the organization

LEGAL SERVICES CORPORATION

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. Check this box if no one recipient 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		1,510,950.				FEDERAL APPROPRIATIO
(2)	CENTRAL VIRGINIA LEGAL AID SOCIETY, INC PO BOX 12206 RICHMOND, VA 23241	54-0900644		1,285,524.				FEDERAL APPROPRIATIO
(3)	VIRGINIA LEGAL AID SOCIETY, INC 513 CHURCH STREET, PO BOX 6058	51-0226448		915,711.				FEDERAL APPROPRIATIO
(4)	BLUE RIDGE LEGAL SERVICES, INC PO BOX 551 HARRISONBURG, VA 22803	54-1048944		810,293.				FEDERAL APPROPRIATIO
(5)	LEGAL SERV OF NORTHERN VIRGINIA 6066 LEESBURG PIKE, SUITE 500	51-1137931		1,221,134.				FEDERAL APPROPRIATIO
(6)	LEGAL AID OF WEST VIRGINIA, INC 922 QUARRIER STREET, 4TH FLOOR	31-1789739		3,271,160.				FEDERAL APPROPRIATIO
(7)	LEGAL ASSISTANCE FOUNDATION OF METRO CHICAG 111 W. JACKSON BLVD #300 CHICAGO, IL 60604	36-2754650		7,564,187.				FEDERAL APPROPRIATIO
(8)	LAND OF LINCOLN LEGAL ASSISTANCE FOUNDATION 327 MISSOURI AVE, SUITE 605	37-0958448		2,732,040.				FEDERAL APPROPRIATIO
(9)	PRAIRIE STATE LEGAL SERVICES, INC 975 NORTH MAIN STREET ROCKFORD, IL 61103	37-1030764		3,050,960.				FEDERAL APPROPRIATIO
(10)	INDIANA LEGAL SERVICES, INC 151 NORTH DELAWARE ST #1640	35-6059654		5,711,984.				FEDERAL APPROPRIATIO
(11)	IOWA LEGAL AID 1111 9TH STREET SUITE 230	42-1079227		2,634,101.				FEDERAL APPROPRIATIO
(12)	KANSAS LEGAL SERVICES, INC 712 SOUTH KANSAS AVENUE, SUITE 200	48-0872528		2,632,274.				FEDERAL APPROPRIATIO

- 2 Enter total number of section 501(c)(3) and government organizations
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Schedule I (Form 990) (2010)



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

LEGAL SERVICES CORPORATION

Employer identification number

52-1039060

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**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. Check this box if no one recipient 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		461,250.				FEDERAL APPROPRIATIO
(2)	CENTRAL MINNESOTA LEGAL SERVICES 430 FIRST AVENUE NORTH, SUITE 359	41-1299151		1,445,485.				FEDERAL APPROPRIATIO
(3)	LEGAL SERVICES OF NORTHWEST MINNESOTA COPOR 1015 7TH AVE, NORTH POB 838	41-1291705		413,398.				FEDERAL APPROPRIATIO
(4)	SOUTHERN MINNESOTA REGIONAL LEGAL SERVICES, 166 E FOURTH STREET, SUITE 200	41-1316151		1,692,225.				FEDERAL APPROPRIATIO
(5)	LEGAL AID OF WESTERN MISSOURI 1125 GRAND AVENUE #1900	43-0824638		2,049,900.				FEDERAL APPROPRIATIO
(6)	LEGAL SERVICES OF EASTERN MISSOURI, INC 4232 FOREST PARK AVENUE ST LOUIS, MO 63108	43-0816805		2,163,908.				FEDERAL APPROPRIATIO
(7)	MID-MISSOURI LEGAL SERVICES CORPORATION 205 EAST FOREST AVENUE COLUMBIA, MO 65203	43-1122012		431,367.				FEDERAL APPROPRIATIO
(8)	LEGAL SERVICES OF SOUTHERN MISSOURI 2872 S MEADOWBROOK AVENUE	43-1106228		1,867,295.				FEDERAL APPROPRIATIO
(9)	LEGAL AID OF NEBRASKA 500 SOUTH 18TH STREET, #400 OMAHA, NE 68102	47-0483506		1,712,119.				FEDERAL APPROPRIATIO
(10)	LEGAL SERVICES OF NORTH DAKOTA 1025 THIRD STREET NORTH, PO BOX 1893	45-0336235		919,977.				FEDERAL APPROPRIATIO
(11)	EAST RIVER LEGAL SERVICES 335 NORTH MAIN AVENUE, SUITE 300	23-7101054		447,676.				FEDERAL APPROPRIATIO
(12)	LEGAL ACTION OF WISCONSIN, INC 230 WEST WELLS STREET, ROMM 800	39-1077192		3,627,591.				FEDERAL APPROPRIATIO

- 2 Enter total number of section 501(c)(3) and government organizations
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Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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OMB No. 1545-0047

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Name of the organization

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Employer identification number

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(1)	WISCONSIN JUDICARE INC PO BOX 6100 WAUSAU, WI 54402	39-1170880		1,143,916.				FEDERAL APPROPRIATIO
(2)	LEGAL SERVICES ALABAMA, INC 207 MONTGOMERY STREET 500 BELL BLDG	63-0743038		7,159,451.				FEDERAL APPROPRIATIO
(3)	LEGAL AID OF ARKANSAS, INC 4083 N SHILOH DR, #3 FAYETTEVILLE, AR 72703	71-0439977		1,651,500.				FEDERAL APPROPRIATIO
(4)	CENTER FOR ARKANSAS LEGAL SERVICES 303 W CAPITOL AVENUE, SUITE 200	71-0387858		2,507,698.				FEDERAL APPROPRIATIO
(5)	COMMUNITY LEGAL SERVICES OF MID-FLORIDA, IN 128-A ORANGE AVENUE DAYTONA BEACH, FL 32114	59-1156260		3,421,020.				FEDERATED APPROPRIAT
(6)	FLORIDA RURAL LEGAL SERVICES, INC 3210 CLEVELAND AVENUE, POB 219	59-1225173		4,047,202.				FEDERAL APPROPRIATIO
(7)	LEGAL SERVICES OF GREATER MIAMI 3000 BISCAYNE BLVD #500 MIAMI, FL 33137	59-1227481		3,994,664.				FEDERAL APPROPRIATIO
(8)	LEGAL SERVICES OF NORTH FLORIDA, INC 2119 DELTA BLVD TALLAHASSEE, FL 32303	51-0197090		1,609,039.				FEDERAL APPROPRIATIO
(9)	BAY AREA LEGAL SERVICES 829 WEST DR MARTIN L KING JR BLVD	59-1171886		2,902,751.				FEDERAL APPROPRIATIO
(10)	THREE RIVERS LEGAL SERVICES, INC 901 NW 8TH AVE, SUITE D-5	59-1797499		1,981,855.				FEDERATED APPROPRIAT
(11)	COAST TO COAST LA OF SOUTH FL, INC 491 NORTH STATE ROAD 7 PLANTATION, FL 33317	90-0089501		2,054,699.				FEDERAL APPROPRIATIO
(12)	ATLANTA LEGAL AID SOCIETY, INC 151 SPRING STREET NW ATLANTA, GA 30303	58-0568691		2,913,859.				FEDERAL APPROPRIATIO

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Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2010**

**Open to Public  
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Department of the Treasury  
Internal Revenue Service

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Name of the organization

LEGAL SERVICES CORPORATION

Employer identification number

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(1)	GEORGIA LEGAL SERVICES PROGRAM 104 MARIETTA STREET, SUITE 250	58-1111590		7,696,075.				FEDERAL APPROPRIATIO
(2)	LEGAL AID OF THE BLUEGRASS 302 GREENUP STREET COVINGTON, KY 41011	61-0668572		1,457,184.				FEDERATED APPROPRIAT
(3)	LEGAL AID SOCIETY, INC 425 WEST MUHAMMAD ALI BLVD, 4TH FLOOR	61-0537626		1,507,822.				FEDERAL APPROPRIATIO
(4)	APPALACHIAN RESEARCH & DEFENSE FUND OF KY, 120 NORTH FRONT AVENUE	61-0848948		2,244,277.				FEDERAL APPROPRIATIO
(5)	KENTUCKY LEGAL AID 520 EAST MAIN STREET, PO BOX 1776	61-0916523		1,348,148.				FEDERAL APPROPRIATIO
(6)	CAPITAL AREA LEGAL SERVICES CORPORATION 200 NORTH 3RD STREET, PO BOX 3273	72-0505983		992,092.				FEDERAL APPROPRIATIO
(7)	ACADIANA LEGAL SERVICES CORPORATION PO BOX 4823 LAFAYETTE, LA 70502	72-0832432		2,215,527.				FEDERAL APPROPRIATIO
(8)	LEGAL SERVICES OF NORTH LA, INC 720 TRAVIS STREET SHREVEPORT, LA 71101	72-0827452		2,078,711.				FEDERAL APPROPRIATIO
(9)	SOUTHEAST LOUISIANA LEGAL SERVICES CORPORAT 1200 DEREK DR, PO DRAWER 2867	72-0877422		3,066,888.				FEDERAL APPROPRIATIO
(10)	NORTH MISSISSIPPI RURAL LEGAL SERVICES PO BOX 767 OXFORD, MS 38655	64-0581747		2,214,904.				FEDERAL APPROPRIATIO
(11)	MISSISSIPPI CENTER FOR LEGAL SERVICES 111 EAST FRONT ST, PO DRAWER 1728	64-0612891		3,341,800.				FEDERAL APPROPRIATIO
(12)	CHOCTAW LEGAL DEFENSE 125 RIVER RIDGE CIRCLE CHOCTAW, MS 39350	64-0345731		91,949.				FEDERAL APPROPRIATIO

- 2 Enter total number of section 501(c)(3) and government organizations
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Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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LEGAL SERVICES CORPORATION

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(1)	LEGAL AID OF NORTH CAROLINA, INC 224 SOUTH DAWSON ST RALEIGH, NC 27611	31-1784161		10,054,903.				FEDERAL APPROPRIATIO
(2)	SOUTH CAROLINA CENTER FOR EQUAL JUSTICE 701 S MAIN STREET GREENVILLE, SC 29601	57-0485205		5,657,936.				FEDERAL APPROPRIATIO
(3)	LEGAL AID OF EAST TENNESSEE 502 SOUTH GAY STREET, SUITE 404	58-9132803		2,372,464.				FEDERAL APPROPRIATIO
(4)	MEMPHIS AREA LEGAL SERVICES, INC 109 N MAIN ST, SUITE 200 MEMPHIS, TN 38103	62-0841436		1,569,049.				FEDERAL APPROPRIATIO
(5)	LAS OF MIDDLE TN AND THE CUMBERLANDS 300 DEADERICK STREET NASHVILLE, TN 37201	62-0800756		2,856,421.				FEDERAL APPROPRIATIO
(6)	WEST TENNESSEE LEGAL SERVICES, INC PO BOX 2066 JACKSON, TN 38302	58-1326791		837,656.				FEDERAL APPROPRIATIO
(7)	COMMUNITY LEGAL SERVICES, INC 305 SOUTH 2ND AVENUE, POB 21538	86-0166615		4,463,530.				FEDERAL APPROPRIATIO
(8)	SOUTHERN ARIZONA LEGAL AID, INC 64 EAST BROADWAY BLVD TUCSON, AZ 85701	86-0143449		2,778,823.				FEDERAL APPROPRIATIO
(9)	DNA-PEOPLES LEGAL SERVICES, INC PO BOX 306 WINDOW ROCK, AZ 86515	86-0207220		3,721,798.				FEDERAL APPROPRIATIO
(10)	CALIFORNIA INDIAN LEGAL SERVICES 510 16TH STREET, 4TH FLOOR	94-1676390		1,014,752.				FEDERAL APPROPRIATIO
(11)	COLORADO LEGAL SERVICES 1905 SHERMAN STREET, SUITE 400	84-0402702		4,105,683.				FEDERAL APPROPRIATIO
(12)	MICHIGAN INDIAN LEGAL SERVICES 814 SOUTH GARFIELD AVE, #A	38-2077208		182,088.				FEDERAL APPROPRIATIO

- 2 Enter total number of section 501(c)(3) and government organizations
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Schedule I (Form 990) (2010)

**SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

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(1)	ANISHINABE LEGAL SERVICES, INC PO BOX 157 CASS LAKE, MN 56633	41-0960032		264,344.				FEDERAL APPROPRIATIO
(2)	NEW MEXICO LEGAL AID PO BOX 25486 ALBUQUERQUE, NM 87125	85-0116950		3,632,569.				FEDERAL APPROPRIATIO
(3)	OKLAHOMA INDIAN LEGAL SERVICES 4200 PERIMETER CENTER DR #222	73-1142462		905,688.				FEDERAL APPROPRIATIO
(4)	LEGAL AID SERVICES OF OK, INC 2901 NORTH CLESSEN BLVD, SUITE 110	73-1022203		5,015,203.				FEDERAL APPROPRIATIO
(5)	DAKOTA PLAINS LEGAL SERVICES PO BOX 727 MISSION, SD 57555	46-0310828		1,564,198.				FEDERAL APPROPRIATIO
(6)	LEGAL AID OF NORTH WEST TEXAS 2212 ARLINGTON DOWNS ROAD, SUITE #102	75-0856086		8,352,006.				FEDERAL APPROPRIATIO
(7)	LONE STAR LEGAL AID 414 EAST PILAR STREET, POB 631070	74-1537787		10,585,818.				FEDERAL APPROPRIATIO
(8)	TEXAS RIOGRANDE LEGAL AID, INC 300 SOUTH TEXAS BLVD WESLACO, TX 78596	74-1675230		13,259,562.				FEDERAL APPROPRIATIO
(9)	UTAH LEGAL SERVICES, INC 205 NORTH 400 WEST SALT LAKE CITY, UT 84103	87-0298910		2,221,082.				FEDERAL APPROPRIATIO
(10)	GREATER BAKERSFIELD LEGAL ASSISTANCE, INC 615 CALIFORNIA AVENUE BAKERSFIELD, CA 93304	95-2829257		1,041,775.				FEDERAL APPROPRIATIO
(11)	CENTRAL CALIFORNIA LEGAL SERVICES 1999 TUOLUMNE ST SUITE 700 FRESNO, CA 93721	94-1631809		3,329,903.				FEDERAL APPROPRIATIO
(12)	LEGAL AID FOUNDATION OF LOS ANGELES 1102 SOUTH CRENSHAW BLVD	95-1684067		9,001,639.				FEDERAL APPROPRIATIO

- 2 Enter total number of section 501(c)(3) and government organizations
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Schedule I (Form 990) (2010)

**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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(1)	NEIGHBORHOOD LEGAL SERVICES OF LOS ANGELES 13327 VAN NUYS BOULEVARD PACOIMA, CA 91331	95-2408642		5,317,187.				FEDERAL APPROPRIATIO
(2)	INLAND COUNTIES LEGAL SERVICES 1737 ATLANTA AVENUE, SUITE H-3	95-6124556		4,628,830.				FEDERAL APPROPRIATIO
(3)	LEGAL SERVICES OF NORTHERN CALIFORNIA 517 12TH STREET SACRAMENTO, CA 95814	94-1384659		4,076,985.				FEDERAL APPROPRIATIO
(4)	LEGAL AID SOCIETY OF SAN DIEGO, INC 110 SOUTH EUCLID AVENUE SAN DIEGO, CA 92114	85-1869806		3,236,873.				FEDERAL APPROPRIATIO
(5)	CALIFORNIA RURAL LEGAL ASSITANCE, INC 631 HOWARD STREET, SUITE 300	95-2428657		8,216,427.				FEDERAL APPROPRIATIO
(6)	BAY AREA LEGAL AID 405 14TH STREET, 9TH FLOOR	94-1631316		4,747,831.				FEDERAL APPROPRIATIO
(7)	LEGAL AID SOCIETY OF ORANGE COUNTY 902 NORTH MAIN STREET SANTA ANA, CA 92701	95-1994337		4,919,733.				FEDERAL APPROPRIATIO
(8)	NEVADA LEGAL SERVICES CORPORATION 530 SOUTH 6TH STREET LAS VEGAS, NV 89101	88-0176914		2,222,003.				FEDERAL APPROPRIATIO
(9)	ALASKA LEGAL SERVICES CORPORATION 1648 CUSHMAN STREET, SUITE 300	92-0034754		1,419,097.				FEDERAL APPROPRIATIO
(10)	LEGAL AID SOCIETY OF HAWAII 924 NETHEL STREET HONOLULU, HI 96813	99-0076020		1,789,266.				FEDERAL APPROPRIATIO
(11)	IDAHO LEGAL AID SERVICES, INC PO BOX 913 BOISE, ID 83701	82-0293641		1,725,793.				FEDERAL APPROPRIATIO
(12)	MONTANA LEGAL SERVICES ASSOCIATION 616 HELENA AVE, SUITE 100 HELENA, MT 59601	81-0298262		1,621,580.				FEDERAL APPROPRIATIO

- 2 Enter total number of section 501(c)(3) and government organizations
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Schedule I (Form 990) (2010)

**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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- 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. Check this box if no one recipient 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 SERVICES OF OREGON 921 SW WASHINGTON, SUITE 570	93-0635480		4,172,986.				FEDERAL APPROPRIATIO
(2)	NORTHWEST JUSTICE PROJECT 401 SECOND AVE SOUTH, SUITE 407	91-1687791		6,816,778.				FEDERAL APPROPRIATIO
(3)	MICRONESIAN LEGAL SERVICES, INC PO BOX 500269 SAIPAN, MP 96950	98-6018560		1,795,506.				FEDERAL APPROPRIATIO
(4)	LEGAL AID OF WYOMING, INC 2424 PIONEER AVE, SUITE 402	20-5552001		750,383.				FEDERAL APPROPRIATIO
(5)	GUAM LEGAL SERVICES CORPORATION 113 BRADLEY PLACE HAGATNA, GU 96910	98-0046988		355,205.				FEDERAL APPROPRIATIO
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**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
1 JOSHUA ABEL		5,600.			
2 CHARLES AGERTER		5,600.			
3 NICOLE ALEXANDER		5,600.			
4 JENNIFER AMIOTT		5,600.			
5 CATHERINE ANDERSON		5,600.			
6 ANDREW AULT		5,600.			
7 KETURA BAPTISTE		5,600.			

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



**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
1 BRENDA BARBOSA		5,600.			
2 AMANDA BASRI		5,600.			
3 REBECCA BATOT		5,600.			
4 SARAH BAUM		5,600.			
5 REBECCA BERGMAN		5,600.			
6 JEREMY BERGSTROM		5,600.			
7 MATTHEW BILLINGSLEY		5,600.			

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

**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
1 JOSE BLANCO		5,600.			
2 PATRICIA BOOKER		5,600.			
3 STACY BROOKS		5,600.			
4 JANETTE BRUCKMAN		5,600.			
5 LAURIE BURNS		5,600.			
6 JESSICA CAHOON		5,600.			
7 STACY CAMPBELL		5,600.			

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

**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
1 ALBERTO CASAS		5,600.			
2 DORIS CAUSEY		5,600.			
3 HSINDY CHEN		5,600.			
4 MELISSA COFFMAN		5,600.			
5 STACIA CONNEELY		5,600.			
6 ERIN DARK		5,600.			
7 NANCY L DATRES		5,600.			

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

**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
1 JOANNA DAVIS		5,600.			
2 NELDA R DAVIS		5,600.			
3 AIDA DE JESUS		5,600.			
4 GINA DECRESENZO		5,600.			
5 ICIAR DEL RIO		5,600.			
6 BETH ENGELS		5,600.			
7 RICHARD EPPINK		5,600.			

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

**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
1 KATHRYN EVANS		5,600.			
2 OLIVIA EXTEROVICH		4,667.			
3 REBECCA FELDMAN		5,600.			
4 SUSAN FISHER		5,600.			
5 MICHELLE FITZSIMMONS		5,600.			
6 MEGAN FLUHARTY		5,600.			
7 MICHAEL FORTON		5,600.			

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

**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
1 JOE FRANKUS		5,600.			
2 JAMES GABELLO		5,600.			
3 MOLLY GENA		5,600.			
4 NICOLE WALSH GIULIANO		5,600.			
5 JUAN GOMEZ		5,600.			
6 TAWANA GRAY		5,600.			
7 VALERIA GUERRERO		5,600.			

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

**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
1 MELISSA HAGER		5,600.			
2 JOSEPH HARDGRAVE		5,600.			
3 KAY HARDING		5,600.			
4 ELIZABETH C HART		5,600.			
5 APRIL HARTMAN		5,600.			
6 SARAH HAYES		5,600.			
7 CARRIE HENRICHSEN		5,600.			

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

**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
1 LOU HER		5,600.			
2 JENNIFER HEVERLY		5,600.			
3 RICHARD ISHIHARA		5,600.			
4 AMANDA IVEY		5,600.			
5 EMILY JACKSON		5,600.			
6 PAMELA JACKSON		5,600.			
7 MISCHA JACKSON-KENNEDY		5,600.			

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



**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
1 JOCELYN JAUREGUI		5,600.			
2 NATHANIEL JONES		5,600.			
3 SOMA R KEDIA		5,600.			
4 MICHAEL KELLEY		5,600.			
5 LISA KELLY		5,600.			
6 MACEO KIRKLAND		5,600.			
7 CHRISTOPHER KOEHNKE		5,600.			

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

**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
1 DEBORAH KOON		3,336.			
2 HARRY LANE		5,600.			
3 MELISSA LAWYER		5,600.			
4 DARIUS LIND		5,600.			
5 SARA LIPKA		5,600.			
6 KATHRYN LISS		5,600.			
7 SELINA LLAGUNO		5,600.			

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**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
1 KERRY LONARD		5,600.			
2 JULIA LONGORIA		5,600.			
3 RAQUEL LOPEZ		5,600.			
4 SALVADOR LOPEZ		5,600.			
5 ANA MACHADO		5,600.			
6 SARAH MANSAVAGE		5,600.			
7 LISA MARGUL		5,600.			

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

**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
1 BEATRIZ MARTINEZ-CORDERO		5,600.			
2 ANNE MAULDIN		5,600.			
3 JOSEPH MCDANIEL		5,600.			
4 KELLY MCGOVERN		5,600.			
5 AMANDA MCMAHON		5,600.			
6 TRACIE MELVIN		5,600.			
7 GIGI MEYERS		5,600.			

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

**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
1 CHARSALYN MITCHELL		5,600.			
2 JESSICA MOSER		5,600.			
3 DANIELLE M MUSTARD		5,600.			
4 ZACHARY NAERT		5,600.			
5 KIRSTEN NAVARRETTE		5,600.			
6 HANNAH NEZEZON		5,600.			
7 JED NOLAN		5,600.			

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**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
1 LORI O'BRIEN		5,600.			
2 ERIN OLSON		5,600.			
3 BRIAN PARKER		5,600.			
4 CRYSTA PARKIN		5,600.			
5 MINDY PARSLEY		5,600.			
6 REBECCA S PATTERSON		5,600.			
7 WILLA PAYNE		4,142.			

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**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
1 ALICIA PEREZ		5,600.			
2 BRIAN PETTY		3,333.			
3 ERIKA PETTY		5,600.			
4 CHARITY PHIPPS		5,600.			
5 KATIE PINTER		5,600.			
6 RYAN POE-GAVLINSKI		5,600.			
7 DIANA PROSKE		5,600.			

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**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
1 LEEANN PRUSS		5,600.			
2 NATHANIEL PUFFER		5,600.			
3 SHAYLA PURIFOY		5,600.			
4 ELIZABETH REECE		5,600.			
5 BRIDGET REMISH		5,600.			
6 VERONICA REYES		5,600.			
7 BRENDAN ROEDIGER		3,752.			

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



**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
1 MOLLY ROGERS		5,600.			
2 NATHAN ROOP		5,600.			
3 ANDRIETTE ROWELL		5,600.			
4 MATTHEW ROWLAND		5,600.			
5 GILLIAN RUDDY		5,600.			
6 MICHAEL RUSSELL		5,600.			
7 CARLOS SALINAS		5,600.			

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

**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
1 AMY SAMPLE-PROBST		5,600.			
2 DANIEL SANDERS		5,600.			
3 GHADEER SANDOUKA		5,600.			
4 RAGAN SAVARA		5,600.			
5 AMANDA SCHNEIDER		5,600.			
6 VALERIE SCHONEBERGER		5,600.			
7 SUSAN SCHWARTZ		5,600.			

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

**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
1 JAMES SEAL		5,600.			
2 CHAY SENGHOUNMANY		5,600.			
3 BECKETT SENTER		5,600.			
4 RAND SIMMONS		5,600.			
5 MICHAEL SLOAN		5,600.			
6 MISTY SOSEBEE-LEDBETTER		5,600.			
7 JEREMY SWENSON		5,600.			

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

**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
1 DELILAH TENORIO CHONESKA		5,600.			
2 CORINNE THIEL		5,600.			
3 TODD THOMAS		5,600.			
4 TASHA THOMPSON		5,600.			
5 MELISSA THRAILKILL		5,600.			
6 ELIZABETH TRAUB		5,600.			
7 DARKENYA WALLER		5,600.			

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

**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
1 HEIDI WEIGLEITNER		5,600.			
2 STEPHANIE WELCH		2,123.			
3 JENNIFER WIEMAN		5,600.			
4 MARISA WIESMAN		5,600.			
5 ANDREA WITCIK		5,600.			
6 MICHAEL WITRY		5,600.			
7 DATHAN YOUNG		5,600.			

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

**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
1 SHAUNDR A YOUNG		5,600.			
2 CHARLES YOW II		5,600.			
3 ALMA ZUNIGA		5,600.			
4					
5					
6					
7					

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

LEGAL SERVICES CORPORATION

**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

**2010**

**Open to Public Inspection**

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 organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |  |
|--|--|
| <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 from the organization or a related organization? . . . . . **4a**  Yes  No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . **4b**  Yes  No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . **4c**  Yes  No
- 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? . . . . . **5a**  Yes  No
- b** Any related organization? . . . . . **5b**  Yes  No
- 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? . . . . . **6a**  Yes  No
- b** Any related organization? . . . . . **6b**  Yes  No
- 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
<b>1b</b>		X
<b>2</b>		X
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2010

**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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(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 in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN A CONSTANCE	(i)	153,402.	0.	0.	13,054.	13,090.	179,546.
	(ii)	0.	0.	0.	0.	0.	0.
2 ALICE DICKERSON	(i)	159,740.	0.	0.	13,417.	18,142.	191,299.
	(ii)	0.	0.	0.	0.	0.	0.
3 JEFFREY MORNINGSTAR	(i)	159,604.	0.	0.	13,582.	19,444.	192,630.
	(ii)	0.	0.	0.	0.	0.	0.
4 VICTOR FORTUNO	(i)	174,949.	0.	17,353.	16,164.	28,342.	236,808.
	(ii)	0.	0.	0.	0.	0.	0.
5 DAVID RICHARDSON	(i)	166,129.	0.	0.	14,028.	27,926.	208,083.
	(ii)	0.	0.	0.	0.	0.	0.
6 JEFFREY SCHANZ	(i)	163,704.	0.	0.	13,931.	14,650.	192,285.
	(ii)	0.	0.	0.	0.	0.	0.
7 LAURIE TARANTOWICZ	(i)	155,267.	0.	0.	13,213.	29,360.	197,840.
	(ii)	0.	0.	0.	0.	0.	0.
8 JOEL GALLAY	(i)	155,782.	0.	0.	13,150.	13,736.	182,668.
	(ii)	0.	0.	0.	0.	0.	0.
9 DAVID MADDOX	(i)	154,524.	0.	0.	13,150.	27,446.	195,120.
	(ii)	0.	0.	0.	0.	0.	0.
10 RONALD MERRYMAN	(i)	154,524.	0.	0.	13,150.	14,726.	182,400.
	(ii)	0.	0.	0.	0.	0.	0.
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						



**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. 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 DUES, GYM, OR YMCA.

**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

**2010**

**Open to Public  
Inspection**

Name of the organization

LEGAL SERVICES CORPORATION

Employer identification number

52-1039060

FORM 990 REVIEW

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

THE TREASURER REVIEWS THE FORM 990. THE FORM IS INTIALED TO INDICATE THE REVIEW HAS TAKEN PLACE AND THE INFORMATION AGREES WITH THE AUDITED FINANCIAL STATEMENTS; IT IS THEN PRESENTED TO THE AUDIT COMMITTEE. WHEN THE FORM 990 IS FINALIZED, THE AUDIT COMMITTEE WILL RECEIVE A PDF OF THE FORM.

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 CONFLICTS OF INTEREST. IN ADDITION, SHOULD A BOARD MEMBER BECOME AWARE OF A POTENTIAL CONFLICT WHEN THE BOARD IS CONSIDERING A SUBJECT, THE BOARD MEMBERS ARE REQUIRED TO INFORM THE BOARD OF THE POTENTIAL CONFLICT AND WITHDRAW FROM ANY BOARD DISCUSSION OR CONSIDERATION OF THE ISSUE AT HAND. LSC EMPLOYEES WHO ARE NOT RECOGNIZED AS OFFICERS AND DIRECTORS WITHIN LSC, DO NOT FILE ANNUAL DISCLOSURE STATEMENTS UNDER LSC'S CODE OF ETHICS AND CONDUCT BUT ARE REQUIRED TO

Name of the organization LEGAL SERVICES CORPORATION	Employer identification number 52-1039060
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INFORM THEIR SUPERVISOR OF ANY POTENTIAL CONFLICT AND WITHDRAW FROM CONSIDERATION OF ANY ISSUE THAT INVOLVES SUCH CONFLICT. LSC COMMENCED TRAINING ON THE CODE OF ETHICS AND CONDUCT FOR BOARD MEMBERS AND FOR EMPLOYEES IN 2009. TRAINING CONDUCTED ANNUALLY.

DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART VI, SECTION C, LINE 19

FINANCIAL STATEMENTS IN THE FORM OF BUDGET AND EXPENSE INFORMATION IS 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.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 5

LSC RECEIVED DONATED MANAGEMENT CONSULTING SERVICES OF \$67,145 DURING THE YEAR. ALSO, LSC HAD A CHANGE IN DEFERRED REVENUE OF (\$718,856). THIS EQUALS TOTAL OTHER CHANGES OF \$651,711.

ATTACHMENT 1

FORM 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

Name of the organization LEGAL SERVICES CORPORATION	Employer identification number 52-1039060
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ATTACHMENT 1 (CONT'D)

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

OPPORTUNITIES FOR LOW-INCOME PERSONS." IN KEEPING WITH THIS MANDATE,  
 THE LEGAL SERVICE CORPORATION (LSC) ESTABLISHES AS OUR MISSION: TO  
 PROMOTE EQUAL ACCESS TO JUSTICE IN OUR NATION AND TO PROVIDE HIGH  
 QUALITY CIVIL LEGAL ASSISTANCE TO LOW-INCOME PERSONS.

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST INCOME	1,561.			1,561.
TOTALS	<u>1,561.</u>			<u>1,561.</u>

ATTACHMENT 3

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	380,544.	174,875.
TOTALS	<u>380,544.</u>	<u>174,875.</u>