

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)

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning _____ **and ending** _____

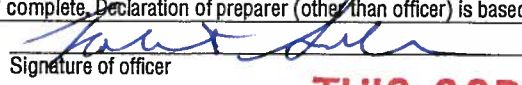
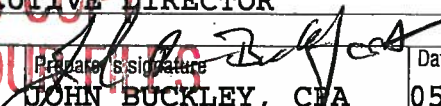
| | | | |
|---|---|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization GREATER BOSTON LEGAL SERVICES, INC. Doing Business As | | D Employer identification number 04-2103907 |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 197 FRIEND STREET | | |
| | City or town, state or country, and ZIP + 4 BOSTON, MA 02114 | | E Telephone number 617-371-1234 |
| | F Name and address of principal officer: ROBERT A. SABLE 197 FRIEND STREET, BOSTON, MA 02114 | | G Gross receipts \$ 15,260,425. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <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 | | | |
| J Website: ▶ WWW.GBLS.ORG | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation: 1900 |
| | | | M State of legal domicile: MA |

Part I Summary

| | | | | |
|------------------------------------|---|---|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE FREE, NON-CRIMINAL LEGAL ASSISTANCE TO THE POOR TO HELP THEM SECURE THE BASIC | | | |
| | 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) | 95 | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 95 | |
| | 5 | Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 163 | |
| | 6 | Total number of volunteers (estimate if necessary) | 272 | |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 0. | |
| | 7b | Net unrelated business taxable income from Form 990-T, line 34 | 0. | |
| Revenue | | | Prior Year | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | 11,889,973. | 11,856,011. |
| | 9 | Program service revenue (Part VIII, line 2g) | 519,289. | 612,316. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 44,515. | 144,160. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 56,189. | 49,412. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 12,509,966. | 12,661,899. | |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 486,564. | 325,189. |
| | 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) | 12,147,327. | 11,527,123. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 571,215. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 2,045,571. | 1,843,069. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 14,679,462. | 13,695,381. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | -2,169,496. | -1,033,482. | |
| Net Assets or Fund Balances | | | Beginning of Current Year | End of Year |
| | 20 | Total assets (Part X, line 16) | 16,099,880. | 15,414,903. |
| | 21 | Total liabilities (Part X, line 26) | 1,588,631. | 1,362,817. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 14,511,249. | 14,052,086. | |

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.

| | | | | |
|--|--|--|-------------------------------|--|
| Sign Here | Signature of officer  | | Date 5/15/11 | |
| | ROBERT A. SABLE, EXECUTIVE DIRECTOR Type or print name and title | | | |
| Paid Preparer Use Only | Print/Type preparer's name JOHN BUCKLEY, CPA | Preparer's signature  | Date 05/10/11 | Check if self-employed <input type="checkbox"/> PTIN |
| | Firm's name ▶ ALEXANDER, ARONSON, FINNING & CO., P.C. | | | Firm's EIN ▶ |
| Firm's address ▶ 21 EAST MAIN STREET WESTBORO, MA 01581 | | | Phone no. 508-366-9100 | |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

GREATER BOSTON LEGAL SERVICES (GBLS) IS THE PRIMARY PROVIDER OF FREE CIVIL (NON-CRIMINAL) LEGAL ASSISTANCE TO THE ALMOST 230,000 LOW-INCOME PERSONS LIVING IN METROPOLITAN BOSTON TO HELP THEM SECURE SOME OF THE MOST BASIC NECESSITIES OF LIFE.

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 [X] 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 [X] 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 \$ 12079560. including grants of \$) (Revenue \$ 657,590.)

GREATER BOSTON LEGAL SERVICES (GBLS) IS THE PRIMARY PROVIDER OF FREE CIVIL (NON-CRIMINAL) LEGAL ASSISTANCE FOR THE ALMOST 230,000 LOW-INCOME PERSONS LIVING IN METROPOLITAN BOSTON TO HELP THEM SECURE SOME OF THE MOST BASIC NECESSITIES OF LIFE. OUR CLIENTS ARE HOMELESS FAMILIES SEEKING ACCESS TO EMERGENCY SHELTER OR PERMANENT HOUSING, WOMEN AND CHILDREN ESCAPING ABUSE, FAMILIES FACING DESTITUTION, POOR INDIVIDUALS AND FAMILIES FACING ILLEGAL OR INAPPROPRIATE EVICTION, LOW-INCOME HOMEOWNERS EXPLOITED BY MORTGAGE SCAMS, ELDERS INAPPROPRIATELY DENIED MEDICAL AND PRESCRIPTION DRUG BENEFITS, DISABLED INDIVIDUALS DENIED CRITICAL BENEFITS, LOW-WAGE WORKERS ILLEGALLY DENIED EARNED WAGES AND VICTIMS OF TORTURE AND PERSECUTION SEEKING ASYLUM.

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 12,079,560.

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | <input type="checkbox"/> | <input type="checkbox"/> |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | | X |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? | | X |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

Section A. Governing Body and Management

| | | Yes | No |
|----|---|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | |
| | 1a | | 95 |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 1b | | 95 |
| 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? | | X |
| 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? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Does the organization have members or stockholders? | X | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | X | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 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 | | X |

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

| | | Yes | No |
|-----|--|-----|----|
| 10a | Does the organization have local chapters, branches, or affiliates? | | X |
| b | 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? | X | |
| b | 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 | X | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | X | |
| 13 | Does the organization have a written whistleblower policy? | X | |
| 14 | Does the organization have a written document retention and destruction policy? | | X |
| 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? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | |
| 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? | | X |
| b | 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 **MA**
- 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 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: **▶**
JOHN B. WARD - (617) 371-1234
197 FRIEND STREET, BOSTON, MA 02114

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 | | | |
| ROBBIE ADJEI DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| ISAAC D. BANTU DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| BERNARD J. BONN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| JOHN E. BOWMAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| JOEL J. BRICKMAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| SHAQUELLA BUTLER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| JOHN J. CARROLL DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| MYRNAIRIS CEPEDA DIRECTOR - VICE PRESIDENT | 2.00 | X | | X | | | | 0. | 0. | 0. |
| JOANNE DANIELS-FINEGOLD DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| LOU ANN DAVID DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| RONALD M. DAVIDS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| TIMOTHY C. BLANK DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| THOMAS J. DESIMONE TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| RITA DIXON DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| JOHN F. DONOHUE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| THOMAS J. DESROSIER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| MICHAEL B. ELEFANTE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |

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 | | | |
| JOHN K. FELTER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| KUNDANIKA DOSHI DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| MARC GARY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| LOUIS A. GOODMAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| RONDA JACKSON DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| DOROTHEA G. GUILD DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| PHILIP K. HAMILTON DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| ELLEN M. HARRINGTON DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| CATHERINE HARRIS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 616,013. | 0. | 87,435. |
| d Total (add lines 1b and 1c) | | | | | | | | 616,013. | 0. | 87,435. |

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 **14**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | 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. **NONE**

| (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**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

| (A) Name and title | (B) Average hours per week | (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 | | | |
| SUSAN A. HARTNETT DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| MARK P. HARTY DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| REGINA HEALY DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| LAWRENCE P. HEFFERNAN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| GEOFFREY A. HOWELL DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| JULIA HUSTON PRESIDENT | 2.00 | X | | X | | | 0. | 0. | 0. | |
| JOSEPH L. KOCIUBES DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| DARYL J. LAPP DIRECTOR | 2.00 | X | | X | | | 0. | 0. | 0. | |
| DANFORD W. LARKIN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| RONICA JACKSON DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| DONALD G. LEKA DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| ROBERT R. LEVEILLE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| LAURIE LEYSHON DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| KENNETH W. LUKE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| ALEX H. MACDONALD DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| RICHARD A. MARKS DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| ANDREW J. MCELANEY DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| ELAINE MARIN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| HOWARD D. MEDWED DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| KEVIN P. O'FLAHERTY DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week | (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 | | | |
| DAVID C. PHELAN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| SHARNS MIRZA DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| ALAN J. ROM DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| DAVID W. ROSENBERG DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| DAVID A. ROZENSON DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| LAURA E. SCHNEIDER DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| SAMUEL B. MOSKOWITZ DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| CRAIG SMITH DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| JAMES G. SOKOLOVE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| FRANKLIN G. STEARNS DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| JEFFREY M. STOLER DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| EDWARD J. NAUGHTON DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| MELISSA B. TEARNEY DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| JOSEPH TEH DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| ARTHUR TELEGEN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| MAGALIS TRONCOSO LAMA DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| ANDREW M. TROOP DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| MARIAN A. TSE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| DONALD E. VAUGHAN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| STEVEN A. WILCOX DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week | (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 | | | |
| STEPHEN S. YOUNG DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| SALEA PERRY DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| JEFFREY RUDIN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| JEFFREY R. SCALZI DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| RICHARD TOOMEY DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| JOHN F. WARD DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| YESSENIA ALFARO DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| ELAINE BENNET DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| THOMAS GUNNING DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| JANE MALLEI DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| WENDY MASON DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| JEFFREY W. MITTLEMAN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| ADAM SISITSKY DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| ALISON F. REIF DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| EVE M. SLATTERY DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| ROBERT SANOFF DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| THEA OUM DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| W. THOMAS SMITH DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| YESHEY PALSANG DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| MARK W. BATTEN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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 | |
|---|--|--|----------------------|---|---|--|--|
| Contributions, gifts, grants and other similar amounts | 1 a Federated campaigns | 1a 432,242. | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e 5298479. | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 6125290. | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h Total. Add lines 1a-1f | | 11,856,011. | | | | |
| | Program Service Revenue | 2 a ATTORNEY FEES | Business Code 541100 | 612,316. | 612,316. | | |
| b | | | | | | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | 612,316. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 144,028. | | | 144,028. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross Rents | (i) Real | 54,567. | | | | |
| | | (ii) Personal | | | | | |
| | | b Less: rental expenses | 50,429. | | | | |
| | | c Rental income or (loss) | 4,138. | | | | |
| | d Net rental income or (loss) | | 4,138. | | | 4,138. | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | 2,548,229. | | | | |
| | | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | 2,548,097. | | | | |
| | | c Gain or (loss) | 132. | | | | |
| | d Net gain or (loss) | | 132. | | | 132. | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | b Less: direct expenses | b | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| b Less: direct expenses | b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | |
| b Less: cost of goods sold | b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a OTHER REVENUE | 900099 | 45,274. | 45,274. | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | 45,274. | | | | | |
| 12 Total revenue. See instructions. | | 12,661,899. | 657,590. | 0. | 148,298. | | |

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).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 325,189. | 325,189. | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 290,182. | | 173,979. | 116,203. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 8,431,873. | 7,644,390. | 505,399. | 282,084. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 348,683. | 316,318. | 20,773. | 11,592. |
| 9 Other employee benefits | 1,667,039. | 1,523,467. | 92,032. | 51,540. |
| 10 Payroll taxes | 789,346. | 691,817. | 61,484. | 36,045. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 10,800. | 9,504. | 864. | 432. |
| b Legal | | | | |
| c Accounting | 42,445. | 37,352. | 3,396. | 1,697. |
| d Lobbying | 6,560. | 5,773. | 525. | 262. |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 43,438. | | 43,438. | |
| g Other | 202,759. | 139,405. | 42,236. | 21,118. |
| 12 Advertising and promotion | 7,006. | 6,165. | 560. | 281. |
| 13 Office expenses | 275,202. | 242,177. | 22,016. | 11,009. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 439,436. | 386,704. | 35,155. | 17,577. |
| 17 Travel | 31,880. | 28,054. | 2,550. | 1,276. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 169,961. | 149,566. | 13,597. | 6,798. |
| 23 Insurance | 56,708. | 49,903. | 4,537. | 2,268. |
| 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 LIBRARY MAINTENANCE | 142,311. | 142,311. | | |
| b CLIENT LITIGATION EXPEN | 138,743. | 138,743. | | |
| c OTHER MISCELLANEOUS | 96,410. | 84,842. | 7,712. | 3,856. |
| d EQUIPMENT | 51,227. | 45,079. | 4,098. | 2,050. |
| e TRAINING | 39,487. | 34,749. | 3,159. | 1,579. |
| f All other expenses | 88,696. | 78,052. | 7,096. | 3,548. |
| 25 Total functional expenses. Add lines 1 through 24f | 13,695,381. | 12,079,560. | 1,044,606. | 571,215. |
| 26 Joint costs. 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 | |
|------------------------------------|---|---|----------------|--------------------|-------------|
| Assets | 1 | Cash - non-interest-bearing | 1,307,840. | 1 | 162,295. |
| | 2 | Savings and temporary cash investments | 4,532,674. | 2 | 3,841,691. |
| | 3 | Pledges and grants receivable, net | 1,356,202. | 3 | 2,132,895. |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | 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) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 202,836. | 9 | 237,580. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 7,952,892. | | |
| | b | Less: accumulated depreciation | 10b 3,861,879. | | |
| | | | 4,194,571. | 10c | 4,091,013. |
| | 11 | Investments - publicly traded securities | 4,480,191. | 11 | 4,924,379. |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| 15 | Other assets. See Part IV, line 11 | 25,566. | 15 | 25,050. | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 16,099,880. | 16 | 15,414,903. | |
| Liabilities | 17 | Accounts payable and accrued expenses | 1,588,631. | 17 | 1,362,817. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 1,588,631. | 26 | 1,362,817. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | 11,042,145. | 27 | 10,977,727. |
| | 28 | Temporarily restricted net assets | 933,309. | 28 | 523,564. |
| | 29 | Permanently restricted net assets | 2,535,795. | 29 | 2,550,795. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 | Total net assets or fund balances | 14,511,249. | 33 | 14,052,086. | |
| 34 | Total liabilities and net assets/fund balances | 16,099,880. | 34 | 15,414,903. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|---|--|---|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 12,661,899. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 13,695,381. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -1,033,482. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 14,511,249. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 574,319. |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 14,052,086. |

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d 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:
 Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

| | Yes | No |
|----|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | X | |
| 3b | X | |

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

Name of the organization **GREATER BOSTON LEGAL SERVICES, INC.** Employer identification number **04-2103907**

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? | | |
| (ii) A family member of a person described in (i) above? | | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | | |
- 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 | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 11,754,312. | 16,820,126. | 14,425,721. | 11,889,973. | 11,856,011. | 66,746,143. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 11,754,312. | 16,820,126. | 14,425,721. | 11,889,973. | 11,856,011. | 66,746,143. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 195,752. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 66,550,391. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 11,754,312. | 16,820,126. | 14,425,721. | 11,889,973. | 11,856,011. | 66,746,143. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 231,931. | 362,870. | 405,484. | 268,550. | 144,028. | 1,412,863. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 36,897. | 46,680. | 43,681. | 47,152. | 45,274. | 219,684. |
| 11 Total support. Add lines 7 through 10 | | | | | | 68,378,690. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 4,315,815. |
| 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-------------------------------------|---------|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) | 14 | 97.33 % |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 | 15 | 96.20 % |
| 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 | <input checked="" type="checkbox"/> | |
| b 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 | <input type="checkbox"/> | |
| 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 | <input type="checkbox"/> | |
| b 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 | <input type="checkbox"/> | |
| 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 | <input type="checkbox"/> | |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 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

| | | |
|--|-----------|---|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

GREATER BOSTON LEGAL SERVICES, INC.

04-2103907

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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

GREATER BOSTON LEGAL SERVICES, INC.

04-2103907

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|---|--------------------------------|--|
| 1 | BOSTON BAR FOUNDATION 16 BEACON STREET BOSTON, MA 02108 | \$ 443,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | MASSACHUSETTS BAR FOUNDATION 20 WEST STREET BOSTON, MA 02111 | \$ 248,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | OAK FOUNDATION 22 UPPER BROOK STREET LONDON, UNITED KINGDOM | \$ 355,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | WILMER CUTLER PICKERING HALE AND DOR LLP 60 STATE STREET BOSTON, MA 02109 | \$ 306,583. | 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.) |

Name of organization

Employer identification number

GREATER BOSTON LEGAL SERVICES, INC.

04-2103907

Part II Noncash Property (see instructions)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |

Name of organization

Employer identification number

GREATER BOSTON LEGAL SERVICES, INC.

04-2103907

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2010

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

**Open to Public
Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|--|---|
| Name of organization GREATER BOSTON LEGAL SERVICES, INC. | Employer identification number 04-2103907 |
|--|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours ▶ _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
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Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|--|---|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | 56,363. | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 60,935. | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 117,298. | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 13812679. | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 13929977. | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 846,499. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 211,625. | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
|---|----------|----------|----------|----------|------------|
| 2a Lobbying nontaxable amount | 801,843. | 887,080. | 883,973. | 846,499. | 3,419,395. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 5,129,093. |
| c Total lobbying expenditures | 163,485. | 156,773. | 99,351. | 117,298. | 536,907. |
| d Grassroots nontaxable amount | 200,461. | 221,770. | 220,993. | 211,625. | 854,849. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,282,274. |
| f Grassroots lobbying expenditures | 35,014. | 50,458. | 33,700. | 56,363. | 175,535. |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | (a) | | (b) |
|--|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? If "Yes," describe in Part IV | | | |
| j Total. Add lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|---|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

| | | |
|---|-----------|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

GREATER BOSTON LEGAL SERVICES, INC.

Employer identification number

04-2103907

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? Yes 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? Yes 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).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part 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 ▶ \$ _____

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? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

| | Amount |
|---------------------------------|----------|
| c Beginning balance | 57,234. |
| d Additions during the year | 963,567. |
| e Distributions during the year | 912,191. |
| f Ending balance | 108,610. |

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

b If "Yes," explain the arrangement in Part XIV.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 4,598,653. | 3,944,400. | 5,265,943. | | |
| b Contributions | 15,000. | 2,130. | 13,588. | | |
| c Net investment earnings, gains, and losses | 655,959. | 900,994. | -1,165,751. | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 234,376. | -248,871. | -169,380. | | |
| f Administrative expenses | | | | | |
| g End of year balance | 5,035,236. | 4,598,653. | 3,944,400. | | |

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

- a Board designated or quasi-endowment 47.00 %
- b Permanent endowment 53.00 %
- c Term endowment %

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

| | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

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.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 418,000. | | 418,000. |
| b Buildings | | 5,514,996. | 1,876,294. | 3,638,702. |
| c Leasehold improvements | | | | |
| d Equipment | | 1,874,389. | 1,840,078. | 34,311. |
| e Other | | 145,507. | 145,507. | 0. |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 4,091,013.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I).

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1 through 10.

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 10.

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)

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

Table with 2 columns: (a) Description of liability, (b) Amount. Rows include Federal income taxes and rows 2 through 11.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

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

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 12,661,899. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 13,695,381. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | -1,033,482. |
| 4 | Net unrealized gains (losses) on investments | 4 | 574,319. |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | 574,319. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | -459,163. |

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

| | | | |
|---|---|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 20,078,403. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | 559,319. |
| b | Donated services and use of facilities | 2b | 6,850,194. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | 50,429. |
| e | Add lines 2a through 2d | 2e | 7,459,942. |
| 3 | Subtract line 2e from line 1 | 3 | 12,618,461. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 43,438. |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | 43,438. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 12,661,899. |

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

| | | | |
|---|--|----|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 20,552,566. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 6,850,194. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | 50,429. |
| e | Add lines 2a through 2d | 2e | 6,900,623. |
| 3 | Subtract line 2e from line 1 | 3 | 13,651,943. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 43,438. |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | 43,438. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 13,695,381. |

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.

PART IV, LINE 2B: FUNDS HELD FOR OTHERS - THE AGENCY MAINTAINS AND

ADMINISTERS CLIENT FUNDS RELATIVE TO CASES WHICH ARE CURRENTLY IN

LITIGATION. THE AMOUNTS ARE PAID OUT AS DIRECTED BY THE CLIENTS.

PART V, LINE 4: 5% OF THE THREE YEAR AVERAGE USED FOR PROGRAM

OPERATIONS IN ACCORDANCE WITH MGL SECTION 180.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

RENTAL EXPENSES NETTED WITH RENTAL INCOME

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED WITH RENTAL INCOME

THE AGENCY HAS ADOPTED THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES STANDARD WHICH REQUIRED THE AGENCY TO REPORT ANY UNCERTAIN TAX POSITIONS, RELATED INTEREST AND PENALTIES, AND TO ADJUST ITS FINANCIAL STATEMENTS FOR THE IMPACT THEREOF. AS OF DECEMBER 31, 2010, THE AGENCY DETERMINED THAT IT HAD NO TAX POSITIONS THAT DID NOT MEET THE "MORE LIKELY THAN NOT" THRESHOLD OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. THE AGENCY FILES TAX AND INFORMATION RETURNS IN THE UNITED STATES FEDERAL AND MASSACHUSETTS STATE JURISDICTIONS. THESE RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR THE LAST THREE YEARS.

**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: **GREATER BOSTON LEGAL SERVICES, INC.** Employer identification number: **04-2103907**

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| BOSTON COLLEGE LEGAL ASSISTANCE BUREAU - 24 CRESCENT STREET, SUITE 202 - WALTHAM, MA 02154 | 04-2444477 | 501(C)(3) | 55,000. | 0. | | | LEGAL ASSISTANCE TO CLIENTS. |
| COMMUNITY LEGAL SERVICES AND COUNSELING CENTER - ONE WEST STREET - CAMBRIDGE, MA 02139 | 04-2470335 | 501(C)(3) | 71,595. | 0. | | | LEGAL ASSISTANCE. |
| LEGAL ADVOCACY RESEARCH CENTER 197 FRIEND STREET BOSTON, MA 02114 | 04-3443101 | 501(C)(3) | 37,000. | 0. | | | INTAKE SERVICES AND BRIEF ADVICE. |
| WESTERN MA LEGAL SERVICES ONE MONARCH PLACE, SUITE 400 SPRINGFIELD, MA 01144 | 04-2660744 | 501(C)(3) | 63,180. | 0. | | | STATE GRANT SUB CONTRACT |
| BOSTON CENTER FOR INDEPENDENT LIVING - 60 TEMPLE PLACE, 5TH FLOOR - BOSTON, MA 02211 | 04-2546595 | 501(C)(3) | 15,000. | 0. | | | ASSIST WITH LAW SUIT. |
| METROWEST LEGAL SERVICES 63 FOUNTAIN STREET FRAMINGHAM, MA 01702 | 04-3177488 | 501(C)(3) | 67,432. | 0. | | | LEGAL ASSISTANCE |

2 Enter total number of section 501(c)(3) and government organizations: **8.**

3 Enter total number of other organizations: **8.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2010)**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| MEREDITH & ASSOCIATES 150 CANAL STREET MARSHFIELD, MA 02050 | 04-2706706 | N/A | 6,560. | 0. | | LOBBYING | |
| SOUTH COASTAL COMMUNITY LEGAL SERVICES - 22 BEDFORD STREET - FALL RIVER, MA 02720 | 04-2607691 | 501(C)(3) | 9,422. | 0. | | LEGAL ASSISTANCE | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

SCHEDULE I, PART I, LINE 2: EACH ORGANIZATION IS CHOSEN TO HELP INCREASE THE LEGAL ASSISTANCE TO GBL'S' SERVICE AREA.

SCHEDULE I, PART I, LINE 2 - GBL'S MONITORS THE USE OF GRANT FUNDS THROUGH THE REVIEW OF ITEMIZED BILLS SUBMITTED BY THE GRANTEEES AS WELL AS PERIODIC CONVERSATIONS WITH GRANTEEES TO DETERMINE PROGRESS ON THE RELATED CONTRACTS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2010

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

Open to Public Inspection

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER BOSTON LEGAL SERVICES, INC.

Employer identification number

04-2103907

Part I Questions Regarding Compensation

| | | Yes | No |
|-----------|--|-----------|----------|
| 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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 | 1b | |
| 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? | 2 | |
| 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 type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" 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 | X |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | X |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | X |
| | 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 | X |
| b | Any related organization? | 5b | X |
| | 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 | X |
| b | Any related organization? | 6b | X |
| | 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 | 7 | X |
| 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 | 8 | X |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

LHA 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 DANIEL MANNING | (i) 134,183. | 0. | 0. | 0. | 23,645. | 157,828. | 0. |
| | (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 2 | (i) | | | | | | |
| | (ii) | | | | | | |
| 3 | (i) | | | | | | |
| | (ii) | | | | | | |
| 4 | (i) | | | | | | |
| | (ii) | | | | | | |
| 5 | (i) | | | | | | |
| | (ii) | | | | | | |
| 6 | (i) | | | | | | |
| | (ii) | | | | | | |
| 7 | (i) | | | | | | |
| | (ii) | | | | | | |
| 8 | (i) | | | | | | |
| | (ii) | | | | | | |
| 9 | (i) | | | | | | |
| | (ii) | | | | | | |
| 10 | (i) | | | | | | |
| | (ii) | | | | | | |
| 11 | (i) | | | | | | |
| | (ii) | | | | | | |
| 12 | (i) | | | | | | |
| | (ii) | | | | | | |
| 13 | (i) | | | | | | |
| | (ii) | | | | | | |
| 14 | (i) | | | | | | |
| | (ii) | | | | | | |
| 15 | (i) | | | | | | |
| | (ii) | | | | | | |
| 16 | (i) | | | | | | |
| | (ii) | | | | | | |

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization **GREATER BOSTON LEGAL SERVICES, INC.** Employer identification number **04-2103907**

| Part I | Types of Property | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--------|---|----------------------------|---|--|---|
| 1 | Art - Works of art | | | | |
| 2 | Art - Historical treasures | | | | |
| 3 | Art - Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities - Publicly traded | X | 5 | 36,595. | MARKET VALUE |
| 10 | Securities - Closely held stock | | | | |
| 11 | Securities - Partnership, LLC, or trust interests | | | | |
| 12 | Securities - Miscellaneous | | | | |
| 13 | Qualified conservation contribution - Historic structures | | | | |
| 14 | Qualified conservation contribution - Other | | | | |
| 15 | Real estate - Residential | | | | |
| 16 | Real estate - Commercial | | | | |
| 17 | Real estate - Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ▶ (_____) | | | | |
| 26 | Other ▶ (_____) | | | | |
| 27 | Other ▶ (_____) | | | | |
| 28 | Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) (2010)

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

GREATER BOSTON LEGAL SERVICES, INC.

Employer identification number

04-2103907

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NECESSITIES OF LIFE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

**OUR CLIENTS ARE HOMELESS FAMILIES SEEKING ACCESS TO EMERGENCY SHELTER
OR PERMANENT HOUSING , WOMEN AND CHILDREN ESCAPING ABUSE, FAMILIES
FACING DESTITUTION, POOR INDIVIDUALS AND FAMILIES FACING ILLEGAL OR
INAPPROPRIATE EVICTION, LOW-INCOME HOMEOWNERS EXPLOITED BY MORTGAGE
SCAMS, ELDERS INAPPROPRIATELY DENIED MEDICAL AND PRESCRIPTION DRUG
BENEFITS, DISABLED INDIVIDUALS DENIED CRITICAL BENEFITS, LOW-WAGE
WORKERS ILLEGALLY DENIED EARNED WAGES AND VICTIMS OF TORTURE AND
PERSECUTION SEEKING ASYLUM.**

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

**IN 2010, GBLS PROVIDED LEGAL ASSISTANCE FOR MORE THAN 16,000 LEGAL
MATTERS FOR ITS LOW-INCOME CLIENTS. ASSISTANCE RANGED FROM BRIEF
SERVICE AND ADVICE TO FULL REPRESENTATION, BASED ON THE NEEDS OF THE
CASE. THOUSANDS OF ADDITIONAL POOR INDIVIDUALS AND FAMILIES WHO WERE
NOT GBLS' CLIENTS ALSO BENEFITED FROM GBLS' WORK THROUGH COMMUNITY
LEGAL EDUCATION PROGRAMS AND IMPACT ADVOCACY EFFORTS SUCH AS CLASS
ACTION SUITS, LEGISLATIVE AND ADMINISTRATIVE ADVOCACY, ALL OF WHICH
BRING ABOUT SYSTEMIC CHANGE.**

**GBLS CONDUCTS SPECIAL OUTREACH PROJECTS TO SPECIFIC POPULATIONS WHICH
FACE BARRIERS TO ACCESS LEGAL ASSISTANCE. SUCH EFFORTS INCLUDE GBLS'**

Name of the organization

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ASIAN OUTREACH UNIT CONDUCTING REGULAR INTAKE HOURS IN BOSTON'S CHINATOWN; ELDERLY UNIT STAFF MAKING HOME VISITS, ENGAGING IN OUTREACH AT NURSING HOMES AND PROVIDING COMMUNITY LEGAL EDUCATION PROGRAMS AT SCORES OF ELDERLY SITES; EMPLOYMENT UNIT STAFF CONDUCTING REGULAR OUTREACH EFFORTS TO LOW-WAGE WORKERS; AND FAMILY LAW STAFF CONDUCTING REGULAR OUTREACH EFFORTS IN CHELSEA FOR ABUSED WOMEN, AS WELL AS CONTINUING A UNIQUE ON-SITE PROGRAM AT BOTH MIDDLESEX AND SUFFOLK PROBATE COURT TO ASSIST ABUSED WOMEN WHO COME TO THE COURT PRO SE SEEKING A RESTRAINING ORDER.

GBLS' CONSUMER UNIT CONTINUED TO FOCUS ON THE FORECLOSURE CRISIS BY ASSISTING LOW-INCOME HOMEOWNERS WHO WERE VICTIMS OF PREDATORY OR UNSCRUPULOUS LENDING PRACTICES AS WELL AS INNOCENT TENANTS WHO HAVE BEEN PAYING RENT BUT FACE EVICTION FOR NO CAUSE FROM FORECLOSED BUILDINGS AS THE LENDERS WANT TO SELL THESE BUILDINGS VACANT. IMPACT EFFORTS HELPED RESULT IN A NUMBER OF LENDERS CEASING TO EVICT FAULTLESS TENANTS.

GBLS' HEALTH AND DISABILITY UNIT, CONTINUED ITS CHILDREN'S DISABILITY PROJECT TO ASSIST DISABLED CHILDREN AND THEIR PARENTS GAIN CRITICAL BENEFITS. UNIT STAFF CONTINUED A SCREENING PROGRAM TO IDENTIFY UNINSURED CALLERS AND ASSIST WITH ELIGIBILITY FOR COMMONWEALTH CARE OR MASSHEALTH INSURANCE PROGRAMS. THE UNIT CONTINUED ITS MAJOR INITIATIVE, HEALTH CARE ACCESS FOR PEOPLE WITH DISABILITIES PROJECT TO OVERCOME BARRIERS FOR INDIVIDUALS WITH DISABILITIES TO ACCESSIBLE, HIGH-QUALITY HEALTH CARE AT MAJOR BOSTON AREA MEDICAL FACILITIES.

GBLS' WELFARE UNIT ADVOCATES, IN ADDITION TO ASSISTING CLIENTS TO OBTAIN OR RETAIN CRITICAL BENEFITS TO KEEP THEIR FAMILIES FROM

Name of the organization

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DESTITUTION, CONTINUED THE WORK OF A MAJOR CLASS ACTION SUIT AGAINST THE MASSACHUSETTS DEPARTMENT OF TRANSITIONAL ASSISTANCE FOR ITS FAILURE TO APPROPRIATELY ASSIST ITS DISABLED CLIENTS IN A NUMBER OF MAJOR AREAS WHICH RESULTED IN THE DENIAL OF LIFE SUSTAINING BENEFITS.

GBLS' EMPLOYMENT UNIT ATTORNEYS CONTINUED REPRESENTING LOW-WAGE WORKERS ILLEGALLY OR INAPPROPRIATELY DENIED WAGES AND BENEFITS. IN ADDITION, ATTORNEYS CONTINUED TO WORK ON THE PAID SICK DAY CAMPAIGN TO SECURE MANDATED PAID SICK DAYS. (NO STATE IN THE COUNTRY REQUIRES PAID SICK DAYS). AT THE REQUEST OF THE TAX COURT JUDGE, UNIT ATTORNEYS CONTINUED TO BE PRESENT ON THE FIRST DAY OF EACH TAX COURT SESSION IN BOSTON TO ASSIST PRO SE LITIGANTS IN THEIR NEGOTIATIONS WITH IRS ATTORNEYS OVER THE LOW-INCOME TAXPAYER CREDIT. MOST LITIGANTS, MANY OF WHOM DO NOT SPEAK ENGLISH AS A FIRST LANGUAGE, ARE UNREPRESENTED. THE UNIT ALSO CONTINUED ITS REENTRY PROJECT TO ASSIST FORMER PRISONERS IN OVERCOMING BARRIERS THAT PREVENT THEM FROM SUCCESSFULLY REENTERING SOCIETY.

ATTORNEYS IN THE FAMILY LAW UNIT FOCUSED ITS WORK ON ASSISTING VICTIMS OF DOMESTIC VIOLENCE TO SECURE INDEPENDENT LIVES FREE OF ABUSE. AS PART OF THIS WORK, THE UNIT CONTINUED THE FIRST IN THE NATION RELOCATION PROJECT THAT PROVIDES ADVICE ON LEGAL ISSUES RELATED TO THE RELOCATION OF VICTIMS OF DOMESTIC VIOLENCE AND IS NOW PROVIDING TRAINING AND ADVICE ON THE NATIONAL LEVEL THROUGH A NEW PROGRAM RUN IN PARTNERSHIP WITH THE NATIONAL NETWORK TO END DOMESTIC VIOLENCE.

ATTORNEYS IN THE HOUSING UNIT CONTINUED TO PROVIDE REPRESENTATION TO LOW-INCOME TENANTS IN EFFORTS TO OBTAIN OR RETAIN AFFORDABLE HOUSING AND FOR HOMELESS FAMILIES TO OBTAIN OR RETAIN EMERGENCY SHELTER OR

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PRIORITY FOR PERMANENT HOUSING. THE UNIT ALSO REPRESENTED LOW-INCOME TENANT GROUPS TO ENSURE THE LONG-TERM PRESERVATION OF MORE THAN 700 AT-RISK AFFORDABLE HOUSING UNITS. HOUSING UNIT ATTORNEYS ALSO SUCCEEDED IN HELPING TO SECURE PASSAGE OF LEGISLATION THAT PROVIDES NEW PROTECTIONS FOR TENANTS AGAINST NO-FAULT EVICTION FROM FORECLOSED BUILDING. GBL'S HOUSING ATTORNEYS ALSO HELPED ESTABLISH A NEW COLLABORATIVE PROJECT WITH BOSON COMMUNITY CAPITAL BANK IN WHICH LOW-INCOME VICTIMS OF PREDATORY LENDING ARE ABLE TO REPURCHASE THEIR FORECLOSED HOMES WITH A NEW AFFORDABLE MORTGAGE. UNIT STAFF ALSO CONTINUED ADVOCACY EFFORTS TO EXPAND HOUSING SUBSIDIES AND FUNDING MECHANISM TO BUILD MORE UNITS OF AFFORDABLE HOUSING.

GBL'S IMMIGRATION UNIT, WITH FUNDING FROM THE UNITED NATIONS VOLUNTARY FUND FOR VICTIMS OF TORTURE, CONTINUED A COLLABORATIVE PROJECT TO PROVIDE VICTIMS OF TORTURE SEEKING ASYLUM IN THE U.S. WITH LEGAL ASSISTANCE AS WELL AS PSYCHOLOGICAL COUNSELING AND MEDICAL CARE. THE UNIT ALSO CONTINUED ITS WOMEN REFUGEES PROJECT WHICH CONTINUES TO ASSIST IMMIGRANT WOMEN GAIN RESIDENT STATUS BASED ON GENDER CLAIMS, ITS BATTERED IMMIGRANT WOMEN'S PROJECT THAT ASSISTS BATTERED IMMIGRANT WOMEN IN ESTABLISHING LEGAL U.S. STATUS INDEPENDENT OF THEIR ABUSERS AND ITS UNACCOMPANIED MINORS PROJECT WHICH PROVIDES REPRESENTATION TO CHILDREN UNDER THE AGE OF EIGHTEEN WHO HAVE ENTERED THE UNITED STATES WITHOUT THEIR PARENTS.

THE ASIAN OUTREACH UNIT CONTINUED ITS WORK AS A MODEL COMMUNITY LAWYERING PROGRAM THAT IN ADDITION TO ASSISTING INDIVIDUAL LOW-INCOME ASIANS WHO ENCOUNTER BARRIERS TO SECURING LEGAL ASSISTANCE, HELPS EMPOWER A DISENFRANCHISED COMMUNITY. THE ASIAN BATTERED WOMEN'S

Name of the organization

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PROJECT CONTINUED TO PROVIDE CRITICAL LEGAL REPRESENTATION TO ASIAN VICTIMS OF DOMESTIC VIOLENCE.

GBLS' ELDERLY UNIT ATTORNEYS ASSISTED THOUSANDS OF INDIVIDUAL CLIENTS WHILE MONITORING IMPLEMENTATION OF NEW GUARDIANSHIP PROTECTIONS FOR VULNERABLE ELDERS AGAINST UNWARRANTED LOSS OF CONTROL OVER THEIR LIVES.

FORM 990, PART VI, SECTION A, LINE 6: IN ACCORDANCE WITH THE BY-LAWS OF GREATER BOSTON LEGAL SERVICES, THERE ARE MEMBERS OF THE CORPORATION. THERE ARE NO QUALIFICATIONS FOR MEMBERSHIP EXCEPT THAT NO MEMBER SHALL BE A SITTING JUSTICE OF THE MASSACHUSETTS OR FEDERAL JUDICIARY.

FORM 990, PART VI, SECTION A, LINE 7A: IN ACCORDANCE WITH THE BY-LAWS OF GREATER BOSTON LEGAL SERVICES, THE MEMBERS OF THE CORPORATION ANNUALLY ELECT THE MEMBERS OF THE CORPORATION, AS WELL AS THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE OF THE BOARD THAT APPROVES THE 990 ON BEHALF OF THE BOARD. THE 990 IS THEN PRESENTED TO THE BOARD OF DIRECTORS BY THE CFO.

FORM 990, PART VI, SECTION B, LINE 12C: THE EXECUTIVE DIRECTOR AND CFO ARE CONSTANTLY MONITORING TRANSACTIONS FOR CONFLICT OF INTEREST. GBLS REQUIRES ALL BOARD OF DIRECTORS TO COMPLETE AN ANNUAL CONFLICT OF INTEREST SIGNOFF. THE BOARD OF GOVERNANCE COMMITTEE MONITORS AND UPDATED THE POLICY ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF ANY OFFICER AND KEY EMPLOYEES. GREATER BOSTON LEGAL SERVICES, INC.'S BUDGET AND COMPARATIVE SALARIES OF SIMILAR ORGANIZATIONS

Name of the organization

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ARE TAKEN INTO CONSIDERATION WHEN DETERMINING THE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 18: GREATER BOSTON LEGAL SERVICE INC.'S 990 IS OPEN FOR PUBLIC INSPECTION UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: THE CONFLICT OF INTEREST POLICY IS MADE AVAILABLE TO THE PUBLIC THROUGH GREATER BOSTON LEGAL SERVICES, INC.'S WEBSITE. THE ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT THE MASSACHUSETTS ATTORNEY GENERAL'S OFFICE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 574,319.

PART XII, LINE 2C

THE FINANCE COMMITTEE IS CHARGED WITH THE OVERSIGHT AND GOVERNANCE OF THE AUDIT.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|--|---|---|
| Type or print | Name of exempt organization GREATER BOSTON LEGAL SERVICES, INC. | Employer identification number 04-2103907 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 197 FRIEND STREET | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02114 | |

Enter the Return code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 03 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

JOHN B. WARD

- The books are in the care of ▶ **197 FRIEND STREET - BOSTON, MA 02114**
 Telephone No. ▶ **(617) 371-1234** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2010** or
 ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|--|-----------|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 1-2011)