Form 99	0
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⁶ Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)



Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.						
_			endar year, or tax year beginning and ending		Inspection	
B	Check if	0	C Name of organization	D Employer identific	ation number	
8	pplicabi	use IRS				
	_Addres	9 print or	District 1199C Legal Services Plan		00000	
	Name Chang	e type.	Doing Business As		.88968	
		See Specific	Number and street (or P.O. box if mail is not delivered to street address) Room/su		90-0081	
	ated Ameno	Instruc-	1319 Locust Street		999,072.	
-	_lreturn]Appilc		City or town, state or country, and ZIP + 4 Philadelphia, PA 19107	G Gross receipts \$ H(a) Is this a group ref		
<u>د</u>	_ltión pendir	for affiliates?				
		131	ne and address of principal officer: DEJUANA WIGGINS 9 LOCUST STREET, PHILADELPHIA, PA 1910			
<u> </u>	Tax-exe		us: X 501(c) (9) ◀ (insert no.) 4947(a)(1) or 527		st. (see instructions)	
		e: 🕨 N/	Α	H(c) Group exemption		
KI	orm of	organizatio	n Corporation Trust X Association Other 🕨 🛛 L Y	ear of formation: 1980 M	State of legal domicile: PA	
P	art I	Summ	ary		· · · · · · · · · · · · · · · · · · ·	
9	1	Briefly de	scribe the organization's mission or most significant activities: LEGAL SE	RVICES PLAN		
Activities & Governance						
/err	_	Check thi	•		ets. 7	
ĝ			f voting members of the governing body (Part VI, line 1a)		<u>.</u>	
چ چ			ber of employees (Part V, line 2a)		3	
ritie	1		ber of volunteers (estimate if necessary)		0	
ctin	1		s unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
<	Ь	Net unrela	ated business taxable income from Form 990-T, line 34	7b	0.	
				Prior Year	Current Year	
ģ.	₽ 8		ions and grants (Part VIII, line 1h)	007 560	024 250	
Вечерня	9	-	service revenue (Part VIII, line 2g)	807,562.	834,358. 41,345.	
Ŕ	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)	-198,311.	123,369.	
ଟ	¥		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	655,901.	999,072.	
-1	+ +		nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) d similar amounts paid (Part IX, column (A), lines 1-3)			
=	7		baid to or for members (Part IX, column (A), line 4)	574,016.	563,504.	
E B	2	•	other compensation, employee benefits (Part IX, column (A), lines.5-10)	169,623.	179,489.	
APPENSES	16a		nal fundraising fees (Part IX, column (A), Imp [19] [1/]			
	Ь	Total fund	traising expenses (Part IX, column (D), line 25)		100 606	
Ē	17	Other exp	renses (Part IX, column (A), lines $11a+1d$, $11f-24f$)	80,563.	103,606.	
v,	1.0		enses. Add lines 13-17 (must equal Part IX, column (A) tine 25)	824,202. -168,301.	846,599.	
	19	Revenue	less expenses. Subtract line 18 from the 12			
Fund Balances	00		I OGDEN, UL	Beginning of Current Year 1, 307, 490.	<u>End of Year</u> 1,469,549.	
Asse	20 21		Intries (Part X, line 26)	11,831.	21,417.	
Net	22		s or fund balances. Subtract line 21 from line 20.	1,295,659.	1,448,132.	
P	art II		ture Block			
		Under pena	ities of penury. I dectare that I have examined this return, including accompanying schedules and stateme the Deciaration of preparemother than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowledge doe.	and bellef, it is true, correct,	
				15-7-		
Sig	n			0 (-		
He	'e	l' 7°		Date		
			JUANA WIGGINS, FUND COORDINATOR			
				Check if Preparer	's identifying number	
Pal	t	Preparer's signature	All Bate	self- employed	P00285259	
	parer's	Firm's nam			821138	
Use	Only	yours if self-employ	🕬 📐 3993 HUNTINGDON PIKE SUITE 201			
_		address, ar ZIP + 4	HUNTINGDON VALLEY, PA 19006	Phone no. 🕨 (2	15)947-5474	
Ma	y the li		s this return with the preparer shown above? (see instructions)		Yes No	
9320	01 02-0	4-10 LH	A For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions.	Form 990 (2009)	

	990 (2009) District	1199C_Legal_Services	Plan 23-21	88968 Page 2
1	Briefly describe the organization's mission: LEGAL SERVICES PLAN			
2	Did the organization undertake any significan the prior Form 990 or 990-EZ?		n were not listed on	
	If "Yes," describe these new services on Sch			
3	Did the organization cease conducting, or ma If "Yes," describe these changes on Schedule		ts, any program services?	Yes X No
4	Describe the exempt purpose achievements i Section 501(c)(3) and 501(c)(4) organizations allocations to others, the total expenses, and	for each of the organization's three large and section 4947(a)(1) trusts are require	d to report the amount of grants and	
4a	(Code:) (Expenses \$ LEGAL SERVICES PLAN FOR ESTABLISHED BY THEIR CO)
4b	(Code:) (Expenses \$	Including grants of \$) (Revenue \$)
			· · · · · · · · · · · · · · · · · · ·	
		······	· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·	
				····
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		······	······································	
				-#-=
		······································	······································	
4d	Other program services. (Describe in Schedul (Expenses \$ including		evenue \$)	
4 e	Total program service expenses >\$	563,504.		Farm 000 (0000)
93200 02-04-		-		Form 990 (2009)
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Form	990	(2009)	

Form 990 (2009) District 1199C Legal Services Plan Part IV Checklist of Required Schedules

_____23-2188968_ Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11	<u>X</u>	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
٠	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 167 If "Yes," complete Schedule D, Part VII.			
٠	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total	• :		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
٠	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	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? If "Yes," complete Schedule D, Part X.	ŀ		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		<u>X</u>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			v
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	х
20		19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		

Form **990** (2009)

932003 02-04-10

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		T	Yes	No
04	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		103	NU
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24.2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
ç		24c		
	any tax-exempt bonds?	24d		
		2.40		
25a	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
•	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	230		
Ь	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25ь		
26	Schedule L, Part I	2.50		
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
~1	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	~ /		
20	Instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
L	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
51	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
~	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
30	Note. All Form 990 filers are required to complete Schedule O.	38	x	
		00		_

Form 990 (2009)

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,	District	1199C	Legal	Services	Plan

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			Į
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	-		}
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this retum?	3a		X
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3Ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	4a		X
b	If 'Yes,' enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible?	6a		<u>X</u>
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7.		x
	provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/0		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x
A	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			ſ
	benefit contract?	7e		
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	79		-
9 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
•	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь		
10	Section 501(c)(7) organizations. Enter:			ł
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ŀ
11	Section 501(c)(12) organizations. Enter:			l
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against			ł
	amounts due or received from them.)			ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
		Form	990 ((2009)

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Form 990 (2009)

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Form 990 (2	2009)	District	1199C	Legal_	Services	Plan	23-218896	8 Page
Part VI	Governance,	Management, a	and Disclo	Sure For e	each "Yes" respo	nse 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.			
Sec	tion A. Governing Body and Management		Vee	
		7	Yes	No
1a	Enter the number of voting members of the governing body	7		l
Ь		4		Į.
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2	5	x
~	officer, director, trustee, or key employee?	-		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		x
	of officers, directors or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
5		6		X
6 70	Does the organization have members or stockholders, or other persons who may elect one or more members of the			
7a	governing body?	7a		x
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			<u> </u>
Û	by the following:			
а	The governing body?	8a	x	
ь Б	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
0	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion 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?	10a		X
	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?	10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ĩ		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	Ĺ.
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			ł
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ļ		Ĺ
а	The organization's CEO, Executive Director, or top management official	15a		X
ь	Other officers or key employees of the organization	15b		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?	16a		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			t
	exempt status with respect to such arrangements?	16b_		L
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	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 organiza LEGAL SERVICES PLAN - 215-790-0081			
	1319 LOCUST STREET, PHILADELPHIA, PA 19107			
		Form	990 (2009)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. Use Schedule J-2 if additional space is needed.

• 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. 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.

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average			Pos	itior	ı		Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	oly)	compensation	compensation	amount of
	per	Ę						from	from related	other
	week	f	_			B	1	the organization	organizations (W-2/1099-MISC)	compensation from the
		1 A	1 AS			Gensa	ŀ	(W-2/1099-MISC)	(11-2) 1055-11130)	organization
			a l		Se la	E g		(,		and related
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
RANDY MCLAUGHLIN		-	-	0	×		<u>۳</u>			
CO-CHAIRPERSON	2.00		x					0.	0.	0.
STEVE SIMMONS	2.00		^						0.	<u> </u>
	2.00		x					0.	0.	0.
TRUSTEE DONNA FORD	2.00		^				<u> </u>		· · · ·	<u> </u>
TRUSTEE	2.00		x				ľ	0.	0.	0.
GWENDOLYN JOHNSON	2.00		^					· · · ·	0.	
	2.00		x]			0.	0.	0.
TRUSTEE GWEN PARTLOVE	2.00		^		┣—	├		· · ·	· · ·	
	2.00	[x			[0.	0.	0
TRUSTEE HENRY NICHOLAS	2.00		^		<u> </u>			· · · ·	0.	0.
PRESIDENT	2.00			x				0.	0.	0.
MARGUERITE STANFORD	2.00	<u> </u>		^			_	<u> </u>	<u> </u>	<u> </u>
	2.00			x				0.	0.	0
TREASURER	2.00			<u> </u>					U.	0.
					<u> </u>					
						<u> </u>				
							1			
						-				
										<u></u>
							├			
							-			
···		<u> </u>			<u> </u>		-	·		
932007 02-04-10	<u> </u>		L		L	L		I		Form 990 (2009)

932007 02-04-10

	990 (2009) District									23-218	896	5 <mark>8 F</mark>	2age 8
Par	VII Section A. Officers, Directors, Tr		mple	byee			ligh	est				<u> </u>	
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average hours	6		Pos		app	b)	Reportable compensation	Reportable compensation		Estimat	
		per					app T	<u>, , , , , , , , , , , , , , , , , , , </u>	from	from related		other	
		week	Liecto						the	organizations	C (ompens	ation
			8	Į.					organization	(W-2/1099-MISC)		from th	
			ast 1	a di		8	20 La		(W-2/1099-MISC)			organiza	
			Individual trustee or director	Institutional trustee	R	Key employee	Highest compensated employee	g				and rela	
			E.	ŝ	et et	Ð.	물흉	2 E				ganza	
										· · · · ·			
										_			
			-	<u> </u>	<u> </u>				· · · · - · · · · · · · · · · · · · · ·		_{		
						Ì							
			\vdash		ļ								
			[:				
			-		<u> </u>								
									0.				0.
<u>15</u> 2	Total			liete		·	-				<u>•</u>]		
2	compensation from the organization		1030	11310			5) 111						0
												Yes	No
3	Did the organization list any former officer	, director or tru	stee	, ke	y en	ploy	yee,	or h	nighest compensated er	nployee on			
	line 1a? If "Yes," complete Schedule J for				•		•	•••••			3	<u> </u>	X
4	For any individual listed on line 1a, is the s									the organization	F.		x
F	and related organizations greater than \$15 Did any person listed on line 1a receive or									· · · · · ·	4	<u>}</u>	^
5	the organization? If "Yes," complete Sched										5	;	x
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	ompensated in	depe	ende	ent c	ontr	racto	ors t	hat received more than	\$100,000 of compe	nsatio	on from	
	the organization. NONE												
	(A) Name and business	s address							(B) Description of s	ervices	Com	(C) pensatio	n
				_									
								Ţ				_	
								_				<u>_</u>	
								+			<u> </u>		<u>.</u>
								Ţ				_	
2	Total number of independent contractors (\$100,000 in compensation from the organ		ot li	mite	d to		se lis)	sted	above) who received m	iore than			
	Trousous in compensation from the organ						-			E	For	m 990	(2009)
													-

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	t VII	Statement of Rever						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded fror tax under sections 512 513, or 514
nts	1 a	Federated campaigns	1a					
	Ь	Membership dues	16					
an ts		Fundraising events	. <u>1c</u>					
<u>P</u>		Related organizations	. <u>1d</u>					
Sim		Government grants (contribut						
ž į	т	All other contributions, gifts, grant similar amounts not included above						
Ē	-	-						
Contributions, gifts, grants and other similar amounts	-	Noncesh contributions included in lines Total. Add lines 1a-1f	18-17 \$					
-			<u> </u>	Business Code			*****	
<u>9</u>	2 a	CONTRIBUTIONS B			834,358.	834,358.		
ž.	þ							
Program Service Revenue	c							
	d							
δ 2	е							
<u>م</u>	f	All other program service reve	nue .		004 050			
	9	Total. Add lines 2a-2f		•	834,358.			
	3	Investment income (including	dividends, intere		41 245	41 245		
		•			41,345.	41,345.		
	4	Income from investment of tax	x-exempt bond p	roceeds				
	5	Royalties	(i) Real	(ii) Personal				
	e .	Gross Rents		(ii) reisonai				
		Less: rental expenses				4		
		Rental income or (loss)				· I		
		Net rental income or (loss)	· ··	►				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses				[
	С	Gain or (loss)						
		Net gain or (loss)		· · · · •				
9	8 a	Gross income from fundraising						
Ne l		including \$						
å		contributions reported on line						
Other Revenue	ь	Part IV, line 18 Less: direct expenses	a					
δ		Net income or (loss) from func				Ĩ		
		Gross income from gaming ac						
Í			a					
	ь	Less: direct expenses	. b					
	с	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
		Less: cost of goods sold						
L	C	Net income or (loss) from sale		<u></u>				
L		Miscellaneous Revenu		Business Code	100.000	122.200		
	11 a	NET DEPRECIATIO			123,369.	123,369.		
	b	<u> </u>						
	С							
	d	All other revenue Total. Add lines 11a-11d		•	123,369.	· · · · · · · · · · · · · · · · · · ·		

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District 1199C Legal Services Plan

23-2188968 Page 10

	Section 501(c)(3) All other organizations must compl		tions must complete al not required to comple		(D).
	not include amounts reported on lines 6b, 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				
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	563,504.	563,504.		
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	100 070		100 070	······
7	Other salaries and wages	120,873.		120,873.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)			·	<u> </u>
9	Other employee benefits	<u> </u>		58,616.	
10	Payroll taxes	58,616.		50,010.	
11	Fees for services (non-employees):				
	Management	9,348.		9,348.	
b		9,600.		9,600.	
c				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
d					
e	Professional fundraising services See Part IV, line 17	5,492.		5,492.	
f _	Investment management fees				
10	Other				
12 13		18,447.		18,447.	
13					
15	Royalties				
16	Occupancy	27,916.		27,916.	·
17	Travel				· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,490.		3,490.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	830.		830.	
23	Insurance	7,930.		7,930.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	10.051		10 051	
a	REPAIRS AND MAINTENANCE	12,051.		12,051.	
b	EQUIPMENT RENTAL AND RE	4,458.		4,458.	
C	TELEPHONE	3,551.		3,551.	
d	PRINTING	493.		493.	· · · · ·
е					
f	All other expenses	046 500			
25	Total functional expenses. Add lines 1 through 24f	846,599.	563,504.	283,095.	0.
26	Joint costs. Check here 🕨 🛄 if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				Form 990 (2009)
93201	0 02-04-10				FUILI 334 (2009)

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Form 990 (2009)	
Part X	Balance	Sheet

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District 1199C Legal Services Plan 23-2188968 Page 11

					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			189,192.	1	155,680.
	2	Cash - non-interest-bearing				2	
	3	Pledges and grants receivable, net		··· ··· ··· •		3	
	4	Accounts receivable, net			101,256.	4	87,185.
	+ 5	Receivables from current and former officers, di		~~			· · · · · · · · · · · · · · · · · · ·
	5	employees, and highest compensated employees					
		of Schedule L				5	r
	6	Receivables from other disqualified persons (as	 definer	d under section			,
	Ű	4958(f)(1)) and persons described in section 495					
		Part II of Schedule L	,0(0)(0)			6	
6	7	Notes and loans receivable, net	•			7	
Assets	8	Inventories for sale or use	•			8	· · · · · · · · · · · · · · · · · · ·
Asi	9	Prepaid expenses and deferred charges	•		4,873.	9	50,824.
	-		<u>ن</u> ا				·····
	100	basis. Complete Part VI of Schedule D	10a	58,810.			-
	ь		10b	<u>58,810.</u> 51,043.	8,598.	10c	7,767. 1,168,093.
	11				1,003,571.	11	1,168,093.
	12	Investments - other securities. See Part IV, line 1			· ·	12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			1,307,490.	16	1,469,549.
	17	Accounts payable and accrued expenses			7,675.	17	16,852.
	18	Grants payable	•			18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ŝ	21	Escrow or custodial account liability. Complete I		of Schedule D		21	
litie	22	Payables to current and former officers, director					
Liabilities		highest compensated employees, and disqualifi					
ב		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities. Complete Part X of Schedule D			4,156.	25	4,565.
	26	Total liabilities. Add lines 17 through 25	<u>.</u>		11,831.	26	21,417.
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
S		lines 27 through 29, and lines 33 and 34.					
č	27	Unrestricted net assets			1,295,659.	27	1,448,132.
Jala	28	Temporanly restricted net assets				28	
p	29	Permanently restricted net assets				29	
Ë.		Organizations that do not follow SFAS 117, cl	heck h	ere 🕨 🛄 and 🔤			~
5		complete lines 30 through 34.					r
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or eq	uipme	nt fund		31	- <u></u>
et J	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
z	33	Total net assets or fund balances			1,295,659.	33	1,448,132.
	34	Total liabilities and net assets/fund balances	<u>.</u> .	<u></u>	1,307,490.	34	1,469,549.

Form **990** (2009)

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Form 990 (2009)	. District	1199C	Legal	Services	Plan
Part XI Financial S	tatements and Re	eporting			

			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a		2a		X
b		2ь	X	
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?	2c		x
d	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both: X 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-1337	. 3a		x
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.	. Зь		
		Form	990 (2009)

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		m 990. 🕨 See separate instructions.			Inspecti	Public ion
			1		identificatio	
	District 1199C Le				3-21889	
organization		ed Funds or Other Similar Fund	ds or Acc	counts.	Complete if the	he
	answered "Yes" to Form 990, Part IV, I	(a) Donor advised funds	(b)	Funds and	d other accou	unts
1 Total number at end	of year					
2 Aggregate contribut						
3 Aggregate grants fr	om (during year)					
4 Aggregate value at	end of year					
-		n writing that the assets held in donor adv	/Ised funds			<u> </u>
-	's property, subject to the organization	-		. 	Yes	
-	-	advisors in writing that grant funds can b or donor advisor, or for any other purpos				
impermissible privat		of donor advisor, or for any other purpos	e comenni	J	Yes	
	· · · · · · · · · · · · · · · · · · ·	organization answered "Yes" to Form 990	Part IV, Im	<u></u> в 7.		
	rvation easements held by the organization					
	f land for public use (e.g., recreation or		ustorically u	mportant	and area	
Protection of	natural habitat	Preservation of a ce	ertified histo	ric structi	Ire	
L Preservation						
•	rough 2d if the organization held a qua	alified conservation contribution in the for	n of a cons	ervation e	asement on t	he last
day of the tax year.			E	Hold	at the End of th	a Tan Yoa
a Total number of cor	servation easements			a		e lak tea
	ted by conservation easements			b		
-	tion easements on a certified historic s	tructure included in (a)	· –	c		
	tion easements included in (c) acquired		· ·· · ⊢-	d		
		released, extinguished, or terminated by t	he organiza	tion durin	g the tax	
year 🕨			-			
4 Number of states w	nere property subject to conservation e	asement is located 🕨	-			
5 Does the organization	n have a written policy regarding the p	eriodic monitoring, inspection, handling o	f		_	_
	cement of the conservation easements				Yes	
		g, and enforcing conservation easements				
		d enforcing conservation easements durin		► \$	<u> </u>	-
		ove satisfy the requirements of section 17	'O(h)(4)(B)(i)			
and section 170(h)(4	• • • •				Yes	No
	•	ation easements in its revenue and expen ation's financial statements that describe				
conservation easer	· •	ation's financial statements that describe	s the organ	ization s a	Iccounting to	I
		of Art, Historical Treasures, or	Other Sir	nilar As	sets.	
	ne organization answered "Yes" to Forr					
·						
1a If the organization e	ected, as permitted under SFAS 116, n	not to report in its revenue statement and	balance sh	eet works	of art, histori	cal
treasures, or other s	imilar assets held for public exhibition,	education, or research in furtherance of p	ublic servic	e, provide	, in Part XIV,	the text of
the footnote to its fi	ancial statements that describes these	e items.				
b If the organization e	ected, as permitted under SFAS 116, t	o report in its revenue statement and bala	ince sheet v	works of a	rt, historical t	reasures
	ts held for public exhibition, education,	or research in furtherance of public service	ce, provide	the follow	ing amounts	relating t
these items:						
	ed in Form 990, Part VIII, line 1			► \$		
(ii) Assets included				▶ \$		
-		reasures, or other similar assets for financ	iai gain, pro	9DIV		
	ts required to be reported under SFAS		•	• *		
		· · · · · · · · · · · · · ·	· · ··· · P	• • ► \$		
b Assets included in h	UIII 990, FOLA		• • • • •	Ψ		
	Paperwork Reduction Act Notice, se	ee the Instructions for Form 990.		Sched	ule D (Form	990) 2001
INA FUI PRIVACV ACT AN						

09.03050 District 1199C 20 С

Sche	dule D (Form 990) 2009 Distric	t 1199C	Legal	<u>Servi</u>	ces Pla	an	23-2	188968 Page 2
Par	t III Organizations Maintaining C	ollections of	of Art, H	istorical 1	freasures,	or Oth	er Similar As	sets (continued)
3	Using the organization's acquisition, access	on, and other r	ecords, ch	eck any of th	e following th	nat are a s	ignificant use of	ts collection items
	(check all that apply):			_				
а	Public exhibition		d 🗌	Loan or e	kchange prog	Irams		
ь	Scholarly research		e 🗌	Other				
с	Preservation for future generations						-	
4	Provide a description of the organization's c	ollections and e	xplain hov	v they further	r the organiza	tion's exe	mpt purpose in F	Part XIV.
5	During the year, did the organization solicit o							
	to be sold to raise funds rather than to be ma							Yes No
Par	tiv Escrow and Custodial Arran reported an amount on Form 990, Pa		omplete if	organization	answered "Y	es" to Fo	rm 990, Part IV, III	ne 9, or
1a	Is the organization an agent, trustee, custod	ian or other inte	ormediary f	or contribute	ons or other a	assets not	t included	
	on Form 990, Part X?						!	🛄 Yes 📃 No
Ь	If "Yes," explain the arrangement in Part XIV	and complete t	he followir	ng table:				
								Amount
с	Beginning balance						1c	
d	Additions during the year						1d	
e	Distributions during the year						1e	
1	Ending balance						1f	
	Did the organization include an amount on F	orm 990. Part X	. line 21?	• •	· ·		· · · · · · · · · · · · · · · · · · ·	Yes No
	If "Yes," explain the arrangement in Part XIV.			•				
	t V Endowment Funds. Complete		on answer	ed "Yes" to F	orm 990, Pa	rt IV, line [·]	10.	
L.S		(a) Current ye) Prior year				ck (e) Four years back
1a	Beginning of year balance							
ь	Contributions						·····	
-	Net investment earnings, gains, and losses							
	Grants or scholarships						********	
	Other expenditures for facilities							
e	and programs							
f	Administrative expenses							
						•••••	****	
	End of year balance	r and halanga k			I			
2	Provide the estimated percentage of the yea	r end balance i						
a	Board designated or quasi-endowment	0/	%					
Ь	Permanent endowment	% %						
				46 - 4 6 - 1 - 1 - 1				
38	Are there endowment funds not in the posse	ssion of the org	ganization	that are neio	and adminis	lered for t	ne organization	Yes No.
	by:							Yes No
	(i) unrelated organizations					•		3a(i)
	(ii) related organizations					• •		3a(ii)
Ь	If "Yes" to 3a(ii), are the related organizations							. <u>3b</u>
4	Describe in Part XIV the intended uses of the							•
Par							·····	
	Description of investment		t or other		st or other		ccumulated	(d) Book value
		Dasis (in	vestment)	Dasi	s (other)	de	preciation	
1a	Land							· · ·· ··
Ь	Buildings	·	2 0 6 7 7					
c	Leasehold improvements		3,867			_	6,397.	7,470.
d	Equipment	. 4	4,943	•		_	44,646.	297.
e	Other							
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990,	Part X, co	lumn (B), line	<u>10(c).)</u>	.	<u></u>	7,767.
							Schedu	ile D (Form 990) 2009

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Schedule D (Form 990) 2009	District				Plan
Part VII Investments - C	ther Securities.	See Form	990, Part X,	line 12.	

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(including name of security)	(b) Book value		c) Method of valuation: or end-of-year market value
	1		
	· · · · · · · · · · · · · · · · · · ·		
Closely-held equity interests			
Other			
	· · ·		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) 🕨		-	
Part VIII Investments - Program Related. S	See Form 990 Part X J	ne 13	
rais sing myestments - Frogram Neiated. S	1		
(a) Description of investment type	(b) Book value		c) Method of valuation:
		Cost	or end-of-year market value
	+		
			······································
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) 🕨			
Part IX Other Assets. See Form 990, Part X, line	∋15.		
	Description		(b) Book value
			(0,000,0000
			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		<u> </u>	
· · · · · · · · · · · · · · · · · · ·			
rotal. (Column (b) must equal Form 990, Part X, col (B) lin	e 15.)		
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. See Form 990, Part X	e 15.)		
otal. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. See Form 990, Part X,	e 15.)	(b) Amount	
otal. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. See Form 990, Part X, col (B) lin . (a) Description of liability	e 15.)	(b) Amount	
Fotal. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. See Form 990, Part X. . (a) Description of liability Federal income taxes	e 15.) line 25.	(b) Amount	
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. See Form 990, Part X . (a) Description of liability Federal Income taxes DUE TO BROKER FOR SECURITIES	e 15.) line 25.		
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. See Form 990, Part X . (a) Description of liability Federal Income taxes DUE TO BROKER FOR SECURITIES	e 15.) line 25.	(b) Amount 4,565.	
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. See Form 990, Part X . (a) Description of liability . (a) Description of liability . . <td>e 15.) line 25.</td> <td></td> <td></td>	e 15.) line 25.		
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Sche	Jule D (Form 990) 2009 District 1199C Legal Services Plan		23-21	88968 Page 4
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		999,072.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		846,599.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		152,473.
4	Net unrealized gains (losses) on investments	4		
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		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		152,473.
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return				
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments			
b	Donated services and use of facilities	.		
c	Recoveries of prior year grants		ł	
d	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		с .	
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)		[
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u></u>	5	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements			<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
Þ	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	•	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
Þ	Other (Describe in Part XIV.)		[
c	Add lines 4a and 4b	•••	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u></u>	5	
<u>unuuu</u>	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.

Schedule D (Form 990) 2009

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SCHEDULE O (Form 990)

Department of the Treasury

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Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990. OMB No 1545-0047 2009 Open to Public Inspection

Internal Revenue Service ______ Name of the organization

District 1199C Legal Services Plan

Employer identification number 23-2188968

Form 990, Part VI, Section B, line 11: REVIEW BY MANAGEMENT

Form 990, Part VI, Section B, Line 12c: ANNUAL STATEMENT TO BE PREPARED BY

BOARD MEMBERS

Form 990, Part VI, Section C, Line 19: UPON REQUEST

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10 Schedule O (Form 990) 2009

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