

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No 1545-0047 2009

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

		For the 2009 calendar year, or tax year beginning , 2009, and ending											
			applicable	luar year,	C	iiiiiig	, 200	is, and enam	9	D Employ	er Identificatio	n Number	
				Please use	Southeast	Louisiana	Legal Servi	ices Corr	•	1	0877422		
		⊢	dress change	IRS label or print	P.O. Drawe		Legal Servi	rces corp	,	E Telepho			
		$\boldsymbol{\vdash}$	me change	or type. See	Hammond, I					· '		20	
		H	iai return	specific Instruc-	,					985	-345-21	30	
		Ter	mination	tions.						l _			
		Am	ended return		l		- <u></u> -			G Gross re		4,309,	
		App	olication pending		and address of principa	al officer				a group retur Laffiliates incl	n for affiliates?	₩ ```	X No
					As C Above	·					(see instructio	ns) Yes	∐ No .
	<u> </u>		exempt statu			(insert no)	4947(a)(1) or	527					
	<u>J</u>	Web	site: > Ww	<u>w.slls</u>				<u>_</u>		exemption nu			
	<u>K</u>		of organization	X Corpora	ation Trust	Association Of	her ►	L Year of Format	ion 197	8 M s	State of legal de	omicile LA	
	Pa	rt I	Summ										
•		1 8	Briefly descri	ibe the org	ganization's miss	sion or most signi	ficant activities: _	<u>Provide </u>	<u>legal</u>	<u>assist</u>	<u>ance in</u>		
	Ð	_	<u>nonçrimi</u>	<u>nal pr</u>	oceedings_	<u>or matters</u>	to persons	<u>financia</u>	<u>lly_u</u> r	<u>lable t</u>	o affor	<u>d_lega</u>	1
	and	_	assistar	ice_in_	Southeast .	Louisiana							
	Activities & Governance	_											
	30						s operations or dis	sposed of mo	re than 2	25% of its	1 _ (1 -
	8			•	_	rning body (Part	•	16)			3		15
	es				yees (Part V, In	_	g body (Part VI, III	ne ib)			5		15 90
	Ĭ				eers (estimate if						6		100
	Ac						olumn (C), line 12	2			7a		0.
						from Form 990-T					7b		0.
					. =:				F	rior Year		Current Ye	ear
		8 (Contributions	s and gran	its (Part VIII, line	e 1h)	CEIVED			4,911,1		4,289,	
S	Revenue				ue (Part VIII, line] ပ္ပ		<u> </u>			
26 2010	∢e					A), lines 3, 4 MA	¥7 63 2010	080-		29,3	342.	8,	,234.
9	Œ	11 (Other revenu	ıe (Part VI	II, column (A), li	nes 5 6d, 8c, 9c	, 10c, and 11e).	(O)					,784.
								4	4,940,485.		4,309,		
MAY		13 (63,0	00.	63,	<u>,000.</u>
≥.		14	Benefits paid to or for members (Part IX, column (A), line 4)										
	တ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)					3	3,766,3	100.	3,908,	<u>,695.</u>	
Щ	nse	16a l	Professional fundraising fees (Part IX, column (A), line 11e)										
SCANNED	Expenses	Ь	Total fundrai	sing expe	nses (Part IX, co	olumn (D), line 25) ►	14,671.					
8	ũ					nes 11a-11d, 11f				1,007,9	02.	793,	,272.
Ö			•				lumn (A), line 25)			4,837,2		4,764,	
O					sSubtract_line_	•			_	103,2			,360.
	58								Begi	nning of Y		End of Ye	
	Net Assets or Fund Balancos	20	Total assets	(Part X II	ne 16)					L,718,9		1,087,	
	A B	21	Total liabilitie			••				660,6			,123.
	Z Z	22 1		,	· •	line 21 from line 2	20		-	1,058,2	- t	•	,921.
	Pa	rt II		ure Blo		inie 21 nom mie 2	20			1,030,2	02.	002,	, ,,,,,,
	<u> </u>					avadinad this return in	cluding accompanying c	shodulos and sta	tomosts on	d in the best	of my knowledg	and ballat	
			true, correct	and complete	Declaration of prepa	mer (other than officer)	cluding accompanying s is based on all informati	on of which prepare	arer has any	knowledge	Ji my knowieut	je and bener,	11.15
	Sig	ın	► / }	unest	1/1/1/	NOUM			1	4/29	110		
	He	re	Signature	of officer	Jan Jan	2 00011			D:	ate	,		
		Brian D. Lenard, Executive Director, Program Type or print name and title							Core	okarc			
									1	رـــــــــــــــــــــــــــــــــــــ			
	Date						Date		heck if	Preparer	's identifying i	number	
	Pa	id			10 1	11			s	elf- mployed ►	(zee mizr	ructions)	
	Pre) -	Preparer's signature	> <	4/4/4	CH		4-28-201			□ _{N/A}		
		rer's	Firm's name (or J	tia J. Scar	nlan, CPA,	LLC						
	Us On		yours if self- employed),	478		Ave.				in ► N	/A		
	UII	ı y	address, and ZIP + 4	ν <u> </u>		LA 70122						288-005	0
	Mav	the IF				r shown above? (see instructions)				X		No
							the separate instr	uctions.		TEEA0113L		Form 99 0	

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form	n 990 '(2009) ' Southeast Louisiana Legal Services Corp	72-087742	2	Р	age 2
Par	t III Statement of Program Service Accomplishments				
1	Briefly describe the organization's mission:				
	Provide legal assistance in noncriminal proceedings or matters to	persons fi	<u>nanc</u> i	<u>[all</u>	.y
	unable to afford legal assistance in Southeast Louisiana.				
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	لــا			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	uces?	Yes	X	No
,	If 'Yes,' describe these changes on Schedule O.		.03	<u></u>	
4		by avanances Sag	stion 50	1/6\/	21
4	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	l allocations to oth	ers, the	e tota	ارد اا
	expenses, and revenue, if any, for each program service reported.				
	(O-1- (C-1-C-1-C-1-C-1-C-1-C-1-C-1-C-1-C-1-C-1		4 201	27	2 \
4 a	a (Code.) (Expenses \$ 4,403,344. including grants of \$ 63,000.) (F				<u>3.</u>)
	Provides legal assistance to non-criminal proceedings to persons	<u>rinancially</u>	_nuar	πē'-	
	to afford legal assistance. The corporation served approximately 9			<u>_ tr</u>	<u>re</u>
	year ended December 31, 2009.	_			
			-		
4 b	(Code: (Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
40	c (Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
	, (- · - · · - · · · · · · · · · · · · · ·			
		·	- 		
		· -			
		·			
			. -		
		- 			
			. _		
			-		
			. 		
					-
40	d Other program services (Describe in Schedule O.)				
	(Expenses \$ including grants of \$) (Revenue \$)	,	
4 e	e Total program service expenses ► 4,403,344.				

	The state of the s	_		
			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	X	
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		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III .	8		х
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		x
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		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	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			
•	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			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		х
	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12 AX_			
	-Is-the-organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? .	14a		X
ł	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? If 'Yes,' complete Schedule F, Part I	14b		Х
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, Part II</i>	15		х
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? If 'Yes,' complete Schedule F, Part III	16		Х
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? If 'Yes,' complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
Z Ū	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	L	X

Part IV Checklist of Required Schedules (continued) Yes No 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? If 'Yes,' complete Schedule I, Parts I and II 21 Х 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° 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 and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 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? If 'Yes,' complete Schedule L. Part I 25a Х 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? If 'Yes,' complete Schedule L. Part I 25b Х 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? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Х Schedule L. Part III 27 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete

	contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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		Х

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? If 'Yes,' complete Schedule R, Part VI

c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M

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

Form 990 (2009)

37

38

Х

28b

28c

29

Х

Х

Х

Schedúle L, Part IV

	TV Otto Ito Ito			
	ı ı F		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable			
t	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	: Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		- -	
	(gambling) winnings to prize winners?	1 c	Х	
2 a	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 2a 90			
2 b	olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3 <i>a</i>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		Х
ŧ	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3ь		
4 a	and tany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
t	olf '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.			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
t	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		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?	5с		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
ŀ	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
2	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services -			
	provided to the payor?	7a		X
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
•	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ŀ	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		
	_Sponsoring organizations maintaining donor advised funds	<u> </u>		
	a Did the organization make any taxable distributions under section 4966?	9a 9b		
	Did the organization make any distribution to a donor, donor advisor, or related person?	90		
	Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			
	o Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from other members or shareholders			
	Gross income from other hembers of shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12:	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

Form 990 (2009) Southeast Louisiana Legal Services Corp 72-0877422 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. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body 1 a 15 **b** Enter the number of voting members that are independent 1 h 15 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee or key employee? 2 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 organizational documents 4 since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 Х 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? See Schedule O governing body? Х 7 a X **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? 8ь Х Is there any officer, director or 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 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х 10a Does the organization have local chapters, branches, or affiliates? 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? 10b 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? X 11 11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13. X 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done Х 12c 13 Does the organization have a written whistleblower policy? 13 Х X 14 Does the organization have a written document retention and destruction policy? 14 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 Х 15a Х **b** Other officers of key employees of the organization See Schedule O 15b 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 exempt status with respect to such arrangements? 16_b Section C. Disclosures List the states with which a copy of this Form 990 is required to be filed ► None 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. Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial 19 See Schedule O statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization

►Brian Lenard 1200 Derek Drive, Hammond, La. 70404 985-345-2130

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees.'
- 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.

(A)	(B) (c)						(D)	(E)	(F)	
Name and Title	Average hours					hat app		Reportable compensation from	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Mary Barrios	•									
President	0	Х	<u> </u>	Х				0.	0.	0.
Raymond Steib 2nd Vice-Presid	0	х		Х				0.	0.	0.
Stephen Herman	0	Х						0.	0.	0.
Brandt Lorio Secretary	0	Х		Х				0.	0.	0.
Ozzie Magee	0	Х						0.	0.	0.
Warren P. Mckenna, III	0	х						0.	0.	0.
Frenzella Johnson	0	Х						0.	0.	0.
Regina Joseph										
	0	Х	<u> </u>					0.	0.	0.
Christopher Ralston	0	х	:					0.	0.	0.
Joel Miller Asst Treasurer	0	X		X				0.	0.	0.
Patrick Vance	0	Х						0.	0.	0.
Coleman Douglas Ridley, Jr	0	Х						0.	0.	0.
Paul A. Tabary Treasurer	0	X		Х				0.	0.	0.
Judith Watson 1st Vice-Presid	0	х		Х				0.	0.	0.
Brian Lenard Dir of Prog Sup	40				x			63,640.	0.	0 .
Mark Moreau Dir of Prog Svs	40				Х			70,604.	0.	0 .

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

Pa	rt 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 . 1 a b Membership dues 1 b 1 c 1 c 1 c 1 c 1 c 1 c 1 c 1 c 1 c				
NO ON	g Noncash contribns included in lns 1a-1f: \$	4 000 500			
	h Total. Add lines 1a-1f	4,289,589.			
PROGRAM SERVICE REVENUE	Business Code b c d e f All other program service revenue				
-	g Total. Add liftes 2a-21			 	
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 	8,234.	8,234.		
	6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				
OTHER REVENUE	8a 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 b Less. direct expenses b				
	c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code 11 a Miscellaneous income b c	11,784.	11,784.		
	d All other revenue				
	e Total. Add lines 11a-11d	11,784.			
	12 Total revenue. See instructions	4,309,607.	20,018.	0.	0.

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 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	63,000.	63,000.		
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	F				
5	Compensation of current officers, directors, trustees, and key employees.	134,244.	57,118.	67,122.	10,004.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	3,000,881.	2,823,094.	177,787.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	78,459.	71,650.	6,542.	267.
9	Other employee benefits	443,304.	404,745.	37,045.	1,514.
10	Payroll taxes	251,807.	249,403.	1,578.	826.
11	Fees for services (non-employees)				
	a Management				
	Legal				
	Accounting	11,450.	10,437.	973.	40.
	Lobbying				
	Prof fundraising svcs. See Part IV, In 17				
	Investment management fees				
	g Other Advertising and promotion	5,028.	4,584.	427.	17.
13	Office expenses	3,020.	4,304.	421.	<u> </u>
14	Information technology			-	
15	Royalties		-		
16	Occupancy	257,911.	235,094.	21,922.	895.
17	Travel	33,972.	30,966.	2,888.	118.
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		7,726.	7,042.	657.	27.
	Insurance 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.)	34,525.	33,533.	953.	39.
	Equipment rental and maintenan	101,785.	92,780.	8,652.	353.
	Contracted services	64,702.	64,702.		
	Library expense	45,429.	45,429.		
	Supplies	40,914.	37,294.	3,478.	142.
	Dues and fees	33,007.	33,007.	16 000	400
	All other expenses	156,823. 4,764,967.	139,466. 4,403,344.	16,928. 346,952.	429.
<u>25</u> 26		4,704,907.	4,403,344.	346,932.	14,671.
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
BAA	ı.				Form 990 (2009)

Part X Balance Sheet

BAA

Form **990** (2009)

			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	744,171.	1	178, 128.
	2	Savings and temporary cash investments	301,915.	2	261,868.
	3	Pledges and grants receivable, net	503,163.	3	552,401.
	4	Accounts receivable, net	35,091.	4	14,505.
	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))			
		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
A S S E T S	7	Notes and loans receivable, net		7	
Ē	8	Inventories for sale or use .		8	
\$	9	Prepaid expenses and deferred charges	102,606.	9	55,851.
	10 a	Land, buildings, and equipment cost or other basis. 10a 190,760.			
		Complete Part VI of Schedule D			
	b	Less: accumulated depreciation. 10b 166, 469.	32,017.	10 c	24,291.
	11	Investments – publicly-traded securities.		11	•
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34).	1,718,963.	16	1,087,044.
	17	Accounts payable and accrued expenses	453,178.	17	452,387.
	18	Grants payable	· · · · · · · · · · · · · · · · · · ·	18	
	19	Deferred revenue .	168,869.	19	
Ļ	20	Tax-exempt bond liabilities		20	
Å B	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Ļ	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
Ţ		of Schedule L		22	
E S	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	38,634.	25	31,736.
	26	Total liabilities. Add lines 17 through 25	660,681.	26	484,123.
Ñ		Organizations that follow SFAS 117, check here ► X and complete lines			
N E T	}	27 through 29 and lines 33 and 34.			
ASSE	27	Unrestricted net assets .	628,309.	27	371,518.
т	28	Temporarily restricted net assets	429,973.	28	231,403.
Ś	29	Permanently_restricted_net_assets		_29	
R		Organizations that do not follow SFAS 117, check here ▶ □ and complete			
Ę		lines 30 through 34.		l	
FUZD	30	Capital stock or trust principal, or current funds .		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ê	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALAZCES	33	Total net assets or fund balances	1,058,282.	33	602,921.
5	34	Total liabilities and net assets/fund balances	1,718,963.	34	1,087,044.

	-0877422	P	age 12		
Part XI Financial Statements and Reporting					
		Yes	No		
1 Accounting method used to prepare the Form 990: Cash X 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?	2 2	1	X		
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 review, or compilation of its financial statements and selection of an independent accountant?	the audit,	X			
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 iss consolidated basis, separate basis, or both:	ued on a				
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 Audit Act and OMB Circular A-133?	e Single	X			
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the record audits, explain why in Schedule O and describe any steps taken to undergo such audits.	quired audit	X			

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number Louisiana Legal Services Corp 72-0877422 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) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) 7 X 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 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) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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. 11 Type II Type III- Other Type III — Functionally integrated 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations (III) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify the organization in col (i) of your support? (ii) EIN (i) Name of Supported Organization (IV) is the (vi) Is the (vii) Amount of Support organization in col (i) organized in the US? rganization in col governing document? No. Yes. Yes-Yes

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule **A** (Form 990 or 990-EZ) 2009

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

18

BAA

	(Complete only if you che	_	ne 9 of Part I)						
	tion A. Public Support	T		 -					
	dar year (or fiscal yr beginning in) A Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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								
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the								
	year								
	Add lines 7a and 7b					<u> </u>	ļ		
8	Public support (Subtract line			<u></u>	ļ				
	7c from line 6.)	l		L					
	tion B. Total Support	1			T				
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total	
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b -Net-income-from-unrelated-business					:			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
13 14	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth,	or fifth tax year as	s a section 5	501(c)(3	3) ▶□	
	tion C. Computation of Pu								
15	Public support percentage for 20	009 (line 8, colum	n (f) divided by lir	ne 13, column (f)).		15	%	
16	Public support percentage from	2008 Schedule A,	Part III, line 15				16	%	
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	e					
17	Investment income percentage f	or 2009 (line 10c,	column (f) divide	d by line 13, colu	ımn (f))		17	%	
18	Investment income percentage f	rom 2008 Schedu	le A, Part III, line	17	٨		18	%	
	33-1/3 support tests — 2009. If the more than 33-1/3%, check this b	oox and stop here	. The organization	n qualifies as a pi	ublicly supported	organization		▶ [_]	
	33-1/3 support tests – 2008. If this not more than 33-1/3%, check							and line 18	
	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

Schedule A Part IV	(Form 990	or 990-E	Z) 2009	South	east	Lou	isiana	. Lega	1 Se	rvices	Corp	72-087	7422	Page 4
Part IV	Supplen	nental li	nformat	i on. Con	nplete	this p	art to p	orovide	the e	xplanat	ions rec	uired by	Part II, lii	ne 10;
	Part II, I	ine 17a	or 17b;	and Par	rt III, li	ne 12	. Provi	de any	other	additio	nal info	rmation. S	See ınstru	uctions.
						•	•							
				·										
	. 				_ _									
	- 						- -							
	-			_ 										
				- -										
					-				 -					
	- -													
													-	
											. .			
	. 											. _		
	- 				 _						- 			
														
		-											_ 	
						-								
														
	-		- -								- -			-
					-									
				- -										
														-

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047 2009

Open to Public Inspection Employer Identification number

So	utheast Louisiana Legal Servi	ces Corp		72-0877422	
Pa	rt I Organizations Maintaining Dono	r Advised Funds or Other Simils	r Funds or Asse		
1 4	the organization answered 'Yes' t	o Form 990. Part IV. line 6.	ar Fullus of Acco	Junes Complete	; 11
		(a) Donor advised funds	(b) Fi	unds and other acc	ounte
1	Total number at end of year	(a) Donor advised funds	(6)11	and other acc	ounts
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
Δ	Aggregate value at end of year				
_	3	L			
5	Did the organization inform all donors and doi funds are the organization's property, subject	nor advisors in writing that the assets he to the organization's exclusive legal con	eld in donor advised itrol?	Yes	No No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor advisor	ant funds may be r or for any other	∏Yes	□No
Pai	rt II Conservation Easements Comple		'Yes' to Form 99		
1	_		162 10 1 01111 99	o, raitiv, iiie	/ ·
'	Preservation of land for public use (e.g., r		vation of an historica	ally important land	0100
	Protection of natural habitat	H	vation of an historica	-	area
	Preservation of open space	Freser	vation of certified his	ionic structure	
2	Complete lines 2a through 2d if the organizati	on hold a qualified concentation contribu	ition in the form of a	conconvotion coss	mont on the
2	last day of the tax year	on held a quaimed conservation continut	duon in the form of a	conservation ease	ement on the
				Held at the End of	f the Year
á	a Total number of conservation easements		2a		
ı	Total acreage restricted by conservation ease	ments.	2b		
	Number of conservation easements on a certi	fied historic structure included in (a)	2c	_	
	Number of conservation easements included i	n (c) acquired after 8/17/06	2d	-	
	Number of conservation easements modified,		erminated by the org	anization during th	e tax
	year ►		, ,	J	
4	Number of states where property subject to co	enservation easement is located >			
5		garding the periodic monitoring, inspect	ion, handling of viola		□
6	and enforcement of the conservation easemer Staff and volunteer hours devoted to monitorin during the year ▶		on easements	∐ Yes	∐ No
7	Amount of expenses incurred in monitoring, in	specting and enforcing conservation ea	——————————————————————————————————————		_
•	during the year ►	ispecting, and emoreing conservation et	\$	_	
_8-	Does each conservation easement reported or	line 2(d) above satisfy the requirement	ts of section		
۰	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			Yes	☐ No
9	in Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements				
Pai	rt III Organizations Maintaining Colle	ctions of Art, Historical Treasur	es, or Other Sim	ilar Assets	
	Complete if the organization ans	wered 'Yes' to Form 990, Part IV	/, line 8.		
1 a	a If the organization elected, as permitted under treasures, or other similar assets held for pub the text of the footnote to its financial stateme	lic exhibition, education, or research in f	statement and balan furtherance of public	ice sheet works of a service, provide, in	art, historical n Part XIV,
ŀ	o If the organization elected, as permitted under treasures, or other similar assets held for pub amounts relating to these items.	r SFAS 116, to report in its revenue stat lic exhibition, education, or research in f	ement and balance s furtherance of public	sheet works of art, service, provide th	historical le following
	(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 a amounts required to be reported under SFAS	rt, historical treasures, or other similar a 116 relating to these items:	assets for financial ga		
ā	Revenues included in Form 990, Part VIII, line	:1		► \$	
	Assets included in Form 990, Part X			- \$	

Schedule D (Form 990) 2009 South						72-087			Page 2
Part III Organizations Mainta	ining Colle	ctions	of Art, Histo	orical T	reasures, or	Other Similar Ass	sets (c	ontinu	ıed)
3 Using the organization's acquisition (check all that apply):	ion accession	and oth	ner records, che	ck any of	the following t	hat are a significant us	e of its	collect	on
a Public exhibition			d Loan (or exchar	nge programs				
b Scholarly research			e 🗌 Other						
c Preservation for future gener									
4 Provide a description of the orga Part XIV.							se in		
5 During the year, did the organiza assets to be sold to raise funds r	ather than to	be mail	donations of an ntained as part o	t, nistoric	ai treasures, o janization's coll	r other similar lection?	Yes	Г	No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangen	ients (Complete if o	organiza			90, Pa	art IV,	line
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodia	n, or otl	ner intermediary	for contr	ributions or oth	er assets not	Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV a	ind com	plete the followi	ing table:					
							Amoun	t	
c Beginning balance						1 c		.	
d Additions during the year			•			1 d		-	
e Distributions during the year						1e			
f Ending balance		000	Dark V I 213	,		1f	□ v	—-г	٦
2a Did the organization include an a		m 990,	Part X, line 21?	•			∐ Yes	L	No
b If 'Yes,' explain the arrangement Part V Endowment Funds Co		rganiz	ation answer	ed 'Yes	' to Form 90	0 Part IV line 10			
Part V Lindownient I dinds Co	(a) Current		(b) Prior year		(c) Two years back		1	Four year	rs hack
1 a Beginning of year balance	(a) ourient	ycai	(b) The year	<u>' </u>	(c) Two years back	(u) Three years back	(6)	rour your	3 Duck
b Contributions									$\overline{}$
 c Net Investment earnings, gains, and losses 									
d Grants or scholarships									
 Other expenditures for facilities and programs 									
f Administrative expenses									
g End of year balance			<u> </u>						
2 Provide the estimated percentage	-	end bal							
a Board designated or quasi-endov			——8						
b Permanent endowment	[*]								
c Term endowment	¥								
3a Are there endowment funds not a organization by	n the possess	sion of t	he organization	that are	held and admir	nistered for the		Yes	No
(i) unrelated organizations							3a(i)	103	
(ii) _related_organizations			<u> </u>				3a(ii)		
b If 'Yes' to 3a(II), are the related of			s required on Sc	chedule F	??		3b		
4 Describe in Part XIV the intended	-								
Part VI Investments-Land, B						, line 10.			
Description of investment		(a) Cos	t or other basis evestment)	(b) Co	ost or other is (other)	(c) Accumulated Depreciation	(d)	Book V	alue
1 a Land .									
b Buildings .									
c Leasehold improvements									
d Equipment .					190,760.	166,469.		24	<u>,291.</u>
e Other		L			l				
Total. Add lines 1a through 1e (Column	ın (d) must eg	ual For	m 990, Part X, c	column (E	3), line 10(c))	•			<u>,291.</u>
BAA						Sche	dule D (i	Form 99	90) 2009

Schedule [(Form 990) 2009	Southeast Louisi	ana Legal	Services		72-087	7422 Page 3
		-Other Securities See F			2. N/A		
	(a) Description of (including na	security or category ime of security)	(b) Book	value	Cos	(c) Method of valua st or end-of-year mark	tion ket value
Financial o			·		 .		
- ·	ld equity interests						
Other			+				
			_				
						•	
							<u> </u>
	_ 						
=====			-				
		m 990 Part X, col (B) line 12)		Part V line	12\ \		
Part VIII		-Program Related (See of investment type	(b) Book		13) 1	(c) Method of valua	hon
	(a) Description (or investment type	(b) Book	value	Co	st or end-of-year marl	ket value
	<u>-</u> :						
			 				
-							
Total (Colum	nn (b) must equal Form	990, Part X, Col (B) line 13.)					
Part IX	Other Assets	(See Form 990, Part X	, line 15)	N/A			
		(a) D	escription				(b) Book value
						-	
		··· ·· · · · · · · · · · · · · · ·					
							-
							·
		ual Form 990, Part X, col.(B),				<u> </u>	
Part X		ies (See Form 990, Par		A	1		
Federal Inc	come Taxes	ption of Liability	(6)	Amount			
	court costs	s advances		31,736.	1		
<u> </u>	COULT COUC	3 444411000		0277001	1		
]		
-							
					-		
					-		
Total (Colur	nn (h) must aqual Form	n 990, Part X, col (B) line 25) ►		31,736.	1		
		(IV provide the text of the for					

Sche	edule D (Form 990) 2009	Southeast	Louisiana Legal Sen	rvices Corp	72-0877422	Page 4
			Net Assets from Form 9			
1	Total revenue (Form 99					
2	Total expenses (Form 9					
3	Excess or (deficit) for th					
4	Net unrealized gains (lo	-				
5	Donated services and u					
6	Investment expenses					
7	Prior period adjustment	S				
8	Other (Describe in Part					
9	Total adjustments (net).	•	ah 8			
10			financial statements. Combine	e lines 3 and 9		
			er Audited Financial Sta		ue per Return N/A	
			er audited financial statements		1	 -
			rm 990, Part VIII, line 12:			
	Net unrealized gains on			2a		
	Donated services and u		·	2b		
	Recoveries of prior year			2c		
	Other (Describe in Part	_		2d		
	Add lines 2a through 2d				2e	
	Subtract line 2e from lin				3	
			line 12, but not on line 1	1 1		
	Investments expenses r			4a		
	Other (Describe in Part		in 990, rait viii, line 70	4b		
	Add lines 4a and 4b	A(V)		101	4c	
		and Ac (This i	must equal Form 990, Part I, Iır	. 12)	5	
			per Audited Financial St			
	Total expenses and loss			atements With Expe	1	·
	Amounts included on lir	•			- ' - · · · · · · · · · · · · · · · · · ·	
	Donated services and u		111 990, 1 att 12, line 25	2a		
	Prior year adjustments	se of facilities		2b		
	Other losses			2c		
		VIVA	•	2d		
	I Other (Describe in Part Add lines 2a through 2d			_ <u>Zu</u>		
	Subtract line 2e from lin				2e 3	
			ine 25, but not on line 1:	1 1	3	
	Investments expenses r			4.5		
	Other (Describe in Part		ini 990, Fait VIII, line 76	4a 4b		
	Add lines 4a and 4b	AIV)		40		
		on 2 and 4n (Thin	must sound Form 000 Dort I le	no 10 \	4c	
	t XIV Supplementa		must equal Form 990, Part I, I			
Com line	plete this part to provide	the descriptions re	equired for Part II, lines 3, 5, aines 2d and 4b; and Part XIII, li	nd 9, Part III, lines 1a and nes 2d and 4b Also comp	d 4, Part IV, lines 1b and 2 plete this part to provide ar	b, Part V, ny additional
					·	
-					· 	

Schedule D	(Form 990) 2009 Supplemental	Southeast	Louisiana	Legal	Services	Corp	72-0877422	Page 5
Part XIV	Supplemental	Information	(continued)					
					 .			
								<u>-</u>
-		-						
				-				
			- -					
-								
					. – – – – –			
					· 			
								
				-				
-					. 			
					· 			
		 -			. 			
					·			
	 -							
		- 					. 	_
				-				
							- 	
								
						 		

SCHEDULE I

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, lines 21 or 22.

2009

OMB No 1545-0047

Open to Public Inspection

٨

Comply with LSC grant condtions **≗** □ (h) Purpose of grant or assistance Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form X Yes Employer identification number 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. Use 72-0877422 (g) Description of non-cash 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? (f) Method of valuation (book, FMV, appraisal, other) See Part IV ö (e) Amount of non-cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 63,000 (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section of applicable 72-1194167 | 501 (C) (3)Part I General Information on Grants and Assistance Southeast Louisiana Legal Services Corp (P) EIN 1 (a) Name and address of organization or government 615 Baronne Street New Orleans, La 70113 The Pro Bono Project Name of the organization

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance I, line 2, and any other additional information. 72-0877422 (e) Method of valuation (book, FMV, appraisal, other) Financial reports and audit reports are reviewed by management to assure compliance Part IV Supplemental Information. Complete this part to provide the information required in Part I (d) Amount of non-cash assistance Southeast Louisiana Legal Services Corp (c) Amount of cash grant ___Part I, Line 2 - Grantmaker's Description of How Grants are Used (b) Number of recipients with grant_conditions. (a) Type of grant or assistance Schedule I (Form 990) 2009 Part III BAA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Name of the organization Southeast Louisiana Legal Services Corp	72-0877422
Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Bod	·
Nine (9) of the board members have the power to select one memb	er.
Form 990, Part VI, Line 11 - Form 990 Review Process	
The Form 990 is reviewed by management before filing, and subse	quently approved by
the Board of Directors.	
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers	s & Key Employees
A wage comparability study is conducted approximately every fiv	re years to assure the
salaries are in alignment with other non-profit organizations of	f similar size.The
Board of Directors determine the executive salaries upon review	of the comparability
study.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Financial statements are forwarded to the Louisiana Legislative	auditor for review
and posting on its website. Governing documents and polices are	available to the
public upon request.	
	·

TEEA4901L 07/17/09

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number 72-0877422 Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. P See separate instructions. Southeast Louisiana Legal Services Corp Name of the organization

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
	i		-		
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during	tions (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had during the tax year.)	ganization answere	d 'Yes' to Form 990), Part IV, line 34 b	ecause it had
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
New Orleans Legal Assistance Corporation 1010 Common Street	Provide legal services to the				
New Orleans, LA 70112 72-0646443	poor and indident.	LA	501 (c) (3)	Charitable	Common

Schedule R (Form 990) (2009)

TEEA5001L 02/05/10

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

Page 2 Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 72-0877422 Southeast Louisiana Legal Services Corp Schedule R (Form 990) 2009 PartIII

Schedule R (Form 990) (2009) General or managing partner? Percentage ownership £ Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Yes Code V-UBI amount in box 20 of Schedule K-1 (G) Share of end-of-year assets (Form 1065) (H)
Disproportionate
allocations? ž (F) Share of total income Yes Share of total income Share of end-of-year assets (b)
Direct
Controlling entity (C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year.) TEEA5002L 02/05/10 Predominant income (related, unrelated, excluded from tax under sections 512-514) (C)
Legal domicile
(state or foreign c Primary Activity controlling entity Direct e (C)
Legal
domicile
(state or
foreign (A) (A) Name, address, and EIN of related organization (B) Primary Activity (A)
Name, address, and EIN of related organization Part IV 1 BAA Page 3

72-0877422

Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

S No		×	×	×	X	X	 ×	×	×	×	×	×	×	×	X	-	×	×	-	× :	×		olved							(2009)
Yes		1a	1 b	1c	1d	1e	16	19	14	1i	1j	ᆂ	1	1m	1n	-	10	1 _p	1	19	-		(C) Amount involved							rm 990
L				_																		olds.	Amo							e R (Fo
	÷																					s and transaction thresho	(B) Transaction type (a-r)							Schedule R (Form 990) (2009)
or IV of this schedule	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV·	rom a controlled entity		(s)						janization(s)	organization(s)	licitations for other organization(s)	licitations by other organization(s)	ets								nons for information on who must complete this line, including covered relationships and transaction thresholds	(A) Name of other organization							TEEA5003L 02/05/10
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	1 During the tax year did the organization engage in any of	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	b Gift, grant, or capital contribution to other organization(s)	c Gift, grant, or capital contribution from other organization(s)	d Loans or loan guarantees to or for other organization(s)	e Loans or loan guarantees by other organization(s)	f Sale of assets to other organization(s)	g Purchase of assets from other organization(s)	h Exchange of assets	i Lease of facilities, equipment, or other assets to other organization(s)	j Lease of facilities, equipment, or other assets from other organization(s)	k Performance of services or membership or fundraising solicitations for other organization(s)	I Performance of services or membership or fundraising solicitations by other organization(s)	m Sharing of facilities, equipment, mailing lists, or other assets	n Sharing of paid employees		 Reimbursement paid to other organization for expenses 	p Reimbursement paid by other organization for expenses		q Other transfer of cash or property to other organization(s)	<u>.</u> l	2 If the answer to any of the above is 'Yes,' see the instructions for	Nam	(1)	(2)	(3)	(4)	(5)	(9)	BAA

72-0877422

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions' regarding exclusion for certain investment partnerships

(B) (C) (C) (A) Name, address, and EIN of entity Name, address, and EIN of entity (State or foreign 501(c)(3 country) organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	al or ging er?
			Yes No		Yes No	,	Yes	2
			-					
				:				
	1							
	 							
	1							
	Ī				-			
	1							
	1				_			
	Ţ					-		
	1							
	1							
	1							
	1							
	1							
	-T			_				
	Ī							
	Į				-		-	
	Ī							
ВАА		TEEA5004L 02/05/10		:		Schedule R (Form 990) (2009)	n 990) (5003
						•		

009 Schedule	A, Part IV	- Supplem	ental Inform	nation	Page
	Southeast Loui	siana Legal Se	ervices Corp		72-08774
Part II, Line 10 - Other Income					
Nature and Source	2009	2008	2007	2006	2005
Miscellaneous income Insurance proceeds Total $\underline{\underline{\$}}$	11,784.		1,134.	67,389. 305,464.	5,040.
Total <u>\$</u>	11,784.	0. \$	1,134. \$	305,464. 372,853. \$	5,040.

. .