Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. OMB No. 1545-0047 Open to Public Inspection

Α	For the	e 2012 calendar year, or tax year beginning an	d ending		
В	Check if applicabl	C Name of organization		D Employer identif	ication number
X	Addre				
Ļ	Name chang	Doing Business As		06-1	.574889
	Initial return Terminated	Number and street (or P.O. box if mail is not delivered to street address) 59 ELM STREET	Room/sui		er 8239397
	Amen	City, town, or post office, state, and ZIP code	_	G Gross receipts \$	582,965.
	Application	NEW HAVEN, CT 06510		H(a) Is this a group r	eturn
	pendi	F Name and address of principal officer: CHRISTINA M STORM SAME AS C ABOVE		for affiliates? <b>H(b)</b> Are all affiliates in	Yes X No
$\overline{\Gamma}$	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(	1) or 5	<b>─</b>   ` ′	a list. (see instructions)
		te: WWW.LWOB.ORG	,	H(c) Group exemption	,
		organization: X Corporation	<b>∟</b> Ye		M State of legal domicile: CT
P	art I	Summary		•	
Governance		Briefly describe the organization's mission or most significant activities: TO SERVICES TO THE UNDERSERVED SECTORS OF	BRING SOCIE		BONO LEGAL
naı		Check this box if the organization discontinued its operations or disp			esets
Ve		Number of voting members of the governing body (Part VI, line 1a)			6
ဇ္		Number of independent voting members of the governing body (Part VI, line 1b			5
Activities &		Total number of individuals employed in calendar year 2012 (Part V, line 2a)			8
/itie	1	Total number of volunteers (estimate if necessary)	/		40
Çţ		Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, line 34			-
				Prior Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)	Г	324,530.	581,102.
ž		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		21.	36.
<u> </u>	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,094.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	)	326,645.	582,965.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		131,424.	
èus	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		147,707.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		279,131.	
- "	19	Revenue less expenses. Subtract line 18 from line 12		47,514.	
Net Assets or Fund Balances			<u> </u>	Beginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		106,749.	98,005.
et A	21	Total liabilities (Part X, line 26)		11,114.	29,976.
	22	Net assets or fund balances. Subtract line 21 from line 20		95,635.	68,029.
	art II	Signature Block	.1		and the second s
		Ities of perjury, I declare that I have examined this return, including accompanying schedu			ly knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	wnich prepa	rer nas any knowledge.	
٥.		Signature of officer		I Date	
Sig		CHRISTINA M STORM, EXECUTIVE DIRECTO	D	Duto	
He	re	Type or print name and title	K		
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	PAUL BALLASY		l if	
	u parer	Firm's name COHNREZNICK LLP		self-employ	22-1478099
	Only	Firm's address 180 GLASTONBURY BOULEVARD		I IIIII 3 LIIV	22 IIIO077
550	. Oy	GLASTONBURY, CT 06033		Phone no. (	860) 633-3000
N/a	v tha !!	RS discuss this return with the preparer shown above? (see instructions)		I none no. (	X Yes No
ivid	y u ie li	no discuss this return with the preparer shown above? (see instructions)			LAND IES LIND

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: TO PROTECT THE INTEGRITY OF THE LEGAL PROCESS, SERVE THE UNDERSERVED,
	AND PROMOTE THE CULTURE OF PRO BONO SERVICE IN THE LEGAL PROFESSION-
	ALL WITH A NEUTRAL ORIENTATION.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$331,114. including grants of \$) (Revenue \$)
	PROGRAM SERVES THE UNDERSERVED SECTORS OF SOCIETY, PROVIDING QUALITY
	PRO BONO LEGAL SERVICES. IN-KIND CONTRIBUTIONS OF SERVICES TOTALED
	\$4,618,867.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
	Other manufactor (Describe in Calendula O.)
4d	Other program services (Describe in Schedule O.)
10	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 331,114.
<u>4e</u>	Total program service expenses ► 331,114.

232002 12-10-12

#### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	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, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	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	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	40-	х	
<b>L</b>	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	Λ	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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		X
b				
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	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, Parts III and IV	16		X
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
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? 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			
	Schedule J	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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			Х
<b>L</b>	Schedule K. If "No", go to line 25	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	· · · · · · · · · · · · · · · · · · ·	24c		
А	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	270		
	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, highest 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
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		Х
24	contributions? If "Yes," complete Schedule M	30		
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	31		
<b>52</b>	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, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? 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 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

### Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	15			
	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 re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
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	2a	8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A					37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		-
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<b>C</b> -		х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contribut			6a		
D			-	6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).			UD		
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		х
	If "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					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tim	e during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	.0.0				
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10413	>	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		44-		Х
				14a		_^
O	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	<del>,</del> U		14b Form	990	(2012)

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management					
			1	-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a				
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			_		
b	Enter the number of voting members included in line 1a, above, who are independent	1b		2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoin	t one or			
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real					l
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	re Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		77
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly bef	ore filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					37
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done			12c		7
13	Did the organization have a written whistleblower policy?			13		X
14	Did 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 approve		ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			4-		х
	The organization's CEO, Executive Director, or top management official			15a		X
D	Other officers or key employees of the organization			15b		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange.	mont	with a			
ioa	Associates and the desire of the consequence			160		х
<b>L</b>	taxable entity during the year?  If "Yes " did the organization follow a written policy or precedure requiring the organization to evaluate the organization follows as written policy or precedure requiring the organization to evaluate the organization follows as written policy or precedure requiring the organization to evaluate the organization follows as written policy or precedure requiring the organization follows as written policy or precedure requiring the organization follows as written policy or precedure requiring the organization follows as written policy or precedure requiring the organization follows as written policy or precedure requiring the organization follows as written policy or precedure requiring the organization follows as written policy or precedure requiring the organization follows as written policy or precedure requiring the organization follows as written policy or precedure requiring the organization follows as written policy or precedure requiring the organization follows as written policy or precedure requiring the organization of the precedure requirement of the precedu			16a		- 25
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation in joint venture arrangements under applicable federal tax law, and take stops to safeguard the organization.		•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			16h		
Sec	exempt status with respect to such arrangements? tion C. Disclosure			16b	L	<u> </u>
	List the states with which a copy of this Form 990 is required to be filed CT					
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990.	Γ (\$^^	tion 501(c)(3)s only	availak	مام	
10	for public inspection. Indicate how you made these available. Check all that apply.	, (380	aon oo nogojs only)	availal	,iC	
	Own website Another's website X Upon request Other (explain	in Sc	hedule (1)			
10	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co		,	nd fina	ncial	
19	statements available to the public during the tax year.	JIIIICT	or interest policy, a	iu iinal	icial	
20	State the name, physical address, and telephone number of the person who possesses the books a	nd ro	cords of the organi-	ation:		
20	CHRISTINA M. STORM - (203) 823-9397	iiu rec	Lorus or the organiz	ation.	_	
	59 ELM STREET, SUITE 105, NEW HAVEN, CT 06510					

232006 12-10-12

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

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- 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 Pos	C)			(D)	(E)	(F)		
Name and Title	Average hours per	(do	not c	heck	more	l than is bot	one h an	Reportable compensation	Reportable compensation	Estimated amount of		
	week	offic	cer an	d a d	irecto	or/trus	tee)	from	from related	other		
	(list any hours for	lirector						the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	tee or (	nstee			ensate		(W-2/1099-MISC)	(** 2, 1000 1/1100)	organization		
	organizations below	nal trus	onal tr		key employee	Highest compensated employee Former				and related		
	line)	h stift.		Officer	Key em Highes		Former			organizations		
(1) CHRISTINA M. STORM, ESQ	40.00								_			
EXECUTIVE DIRECTOR, PRESID	1 00	Х		X				58,769.	0.	9,614.		
(2) EDWARD TURNER, ESQ	1.00											
DIRECTOR, CHAIRMAN	1 00	Х		Х				0.	0.	0.		
(3) JAMES ROLLINS, ESQ DIRECTOR	1.00	v						0.	0.	0.		
(4) STEVEN WADE	1.00	X				Y		0.	0.	0.		
DIRECTOR	1.00	х				ľ		0.	0.	0.		
(5) MARY BETH KISSANE	1.00											
DIRECTOR		X						0.	0.	0.		
(6) ANNE RUDMAN, ESQ	1.00											
DIRECTOR		X						0.	0.	0.		
(7) PRISCILLA PAPPADIA, ESQ	1.00											
TREASURER	1 00			Х				0.	0.	0.		
(8) HOUSTON PUTNAM LOWRY, ESQ	1.00			х				0.	0.	_		
SECRETARY				Λ				0.	0.	0.		
		-										
		1										
						<u> </u>						
		-										
							$\vdash$					
						1		1				

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, and	iH b	ighe	st (	Compensated Employe	es (continued)				
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one box, unless person is both an						Reportable	Reportable			imate	
		hours per week			ss per ıd a di				compensation from	compensation from related			ount ( other	of
		(list any	tor						the	organizations		comp		tion
		hours for	ordirector				pe:		organization	(W-2/1099-MISC			m the	
		related	stee o	rustee			oensat		(W-2/1099-MISC)			•	nizati	
		organizations below	ual tru	ional t		ployee	tcom						relate	
		line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgai	nizatio	0115
			=	=	0	~	T 60	ш.			_			
			1											
							-		<u> </u>		_			
								Z						
											+			
							4							
						7								
	Sub-total		_		$\vdash$	7	K	_	58,769.		0.	C	, 6	14.
C	Sub-total Total from continuation sheets to Part VI	I Section A			·		5		0.		0.		,, .	0.
	Total (add lines 1b and 1c)								58,769.		0.	9	7,6	
2	Total number of individuals (including but n		$\overline{}$		_		e) wl	no r	eceived more than \$100	0,000 of reportable				
	compensation from the organization		ę		V							- 1	V I	0
•	B: 1.11												Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>													Х
4	For any individual listed on line 1a, is the su								hor componentian from			3		
7	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	•				•			•		[	5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated ind	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of comp	ensat	tion fr	om	
	the organization. Report compensation for	the calendar y	ear	endi	ng w	/ith	or w	ithi	n the organization's tax	year.				
	<b>(A)</b> Name and business	address	NO	ONE	3				<b>(B)</b> Description of s	services	Co	( <b>C</b> ) mpen		n
								_						
2	Total number of independent contractors (i	•	ot li	mite	d to		se li: 0	stec	d above) who received r	nore than				

· u	L VII		e to any question i	n this Part VIII			
		Check if Schedule O contains a respons	o to any quoditon	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) 1e  All other contributions, gifts, grants, and	250,596.				
d tip	-	similar amounts not included above	330,406.				
Con	g h	Total. Add lines 1a-1f	<b>&gt;</b>	581,102.			
			Business Code	·			
ice	2 a						
Program Service Revenue	b						-
m S	С.						
gra Re	d						+
P.	e f	All other program service revenue					
	g g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, inte					
		other similar amounts)		36.			36.
	4	Income from investment of tax-exempt bond					
	5	Royalties					
	6 a	(i) Real	(ii) Personal				
	o a b						
	c	<b>5</b>					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses  Gain or (loss)  Net gain or (loss)					
e l	8 a	Gross income from fundraising events (not					
Other Revenu		including \$ of contributions reported on line 1c). See Part IV, line 18					
the	b	Less: direct expenses	Ğ				
0		Net income or (loss) from fundraising events	<u></u>				
		Gross income from gaming activities. See					
		Part IV, line 19	a				
		1	b				
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances					
	h		b				
		Net income or (loss) from sales of inventory					
l		Miscellaneous Revenue	Business Code				
	11 a	OMITED THEOME	900099	1,827.	1,827.		
	b						
	C		.				-
	d	***************************************		1,827.			
	12	Total. Add lines 11a-11d  Total revenue. See instructions.		582,965.	1,827.	0.	36.
23200 12-10-					= , =		Form <b>990</b> (2012)

# Form 990 (2012) LAWYERS WITHO Part IX | Statement of Functional Expenses

	t IX Statement of Functional Expens										
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).											
	Check if Schedule O contains a respon	nse to any question in th			<u></u>						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to governments and										
	organizations in the United States. See Part IV, line 21										
2	Grants and other assistance to individuals in										
	the United States. See Part IV, line 22										
3	Grants and other assistance to governments,										
	organizations, and individuals outside the										
_	United States. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	68,383.		68,383.							
6	trustees, and key employees  Compensation not included above, to disqualified	00,303.		00,303.							
U	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	163,210.	135,956.	27,254.							
8	Pension plan accruals and contributions (include	, == • •		, = = = =							
_	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits	1,695.		1,695.							
10	Payroll taxes	21,340.	14,254.	7,086.							
11	Fees for services (non-employees):										
а	Management										
b	Legal	4,048.		4,048.							
С	Accounting	8,650.		8,650.							
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25,	22 422	10 061	4 221							
	column (A) amount, list line 11g expenses on Sch O.)	22,482.	18,261.	4,221.							
12	Advertising and promotion	80,050.	58,519.	21,531.							
13	Office expenses	80,030.	30,319.	21,331.							
14	Information technology										
15 16	Royalties	61,165.		61,165.							
16 17	Occupancy	67,056.	48,800.	18,256.							
17 18	Payments of travel or entertainment expenses	0170301	10,000	20/2300							
10	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	1,363.		1,363.							
23	Insurance	997.		997.							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)										
	amount, list line 24e expenses on Schedule 0.)	61,374.	22 644	27,730.							
	MISC MOVING EXPENES	25,313.	33,644.	25,313.							
b	PROJECT EXPENSE	12,009.	12,009.	43,313.							
q	TRANSLATION	9,409.	9,409.								
d		2,027.	262.	1,765.							
	All other expenses	610,571.	331,114.	279,457.	0.						
25 26	Joint costs. Complete this line only if the organization	010,011•	JJI, 114•	2//, 40/•	· ·						
20	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										
			1								

Form 990 (2012)
Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response to any question in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	89,398	. 1	74,517
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complet	e		
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined u			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contri			
	employers and sponsoring organizations of section 501(c)(9) voluntary	<u> </u>		
	employees' beneficiary organizations (see instr). Complete Part II of Sch I		6	
Assets 7	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	9,167
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 24,	614.		
ь	Less: accumulated depreciation 10b 21,	775. 4,202	10c	2,839
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	11,482
16	Total assets. Add lines 1 through 15 (must equal line 34)	100 710	16	98,005
17	Accounts payable and accrued expenses		• 17	29,976
18	Grants payable	•	18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
ဖ္က 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<u> </u>	Loans and other payables to current and former officers, directors, truste			
21   22   22   22   22   23   23   23	key employees, highest compensated employees, and disqualified perso	ns.		
-	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	of		
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25		- 26	29,976
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X	and		
မွ	complete lines 27 through 29, and lines 33 and 34.			
을   27	Unrestricted net assets		• 27	68,029
g 28	Temporarily restricted net assets		28	
면 29	Permanently restricted net assets		29	
로	Organizations that do not follow SFAS 117 (ASC 958), check here			
ğ	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
წ   31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances 2 2 2 3 3 1 3 2 3 3 3 3 3 3 3 3 3 3 3 3	Retained earnings, endowment, accumulated income, or other funds		32	<u> </u>
33	Total net assets or fund balances	1 100 710		68,029
34	Total liabilities and net assets/fund balances	106,749	• 34	98,005

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LAWYERS WITHOUT BORDERS, INC.

Employer identification number 06-1574889

Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	ructions.					
Γhe	organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)						
1				s, or association of chur										
2		A school des	cribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)									
3				tal service organization			170(b)(1)	(A)(iii).						
4		•		operated in conjunction					(b)(1)(A)(ii	i). Enter t	the h	nospita	l's nam	ne,
		city, and stat	•	•						•		•		•
5		An organizati	ion operated for the	benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental un	t describ	ed ir	n		
		_	<b>(b)(1)(A)(iv).</b> (Comple	_	,	·	,	Ü						
6				ent or governmental uni	t describe	d in <b>sectio</b>	n 170(b)(	1)(A)(v).						
7	X	•		•					or from the	general	nubl	lic desc	cribed i	in
		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from												
•		ŭ	•	nctions - subject to certa						•	_		•	
				axable income (less sect										
			<b>509(a)(2).</b> (Complete			ory month be	.0	aoquii ou a	y and orga		u.co.	· oano	00, 101	0.
10				perated exclusively to te	st for publ	ic safety \$	See sectio	n 509(a)(4	1).					
11	一			perated exclusively for the						v out the	nur	noses	of one	or
•				ations described in section										0.
			• • •	organization and compl				-,		-,(-,-				
		a Type I			ype III - Fu				Typ	e III - Nor	n-fur	nctiona	llv inted	arated
е				at the organization is not			-		• •					-
Ī				han one or more publicly										
f				tten determination from						(4)(1) 0.			· ().	
•			rganization, check th											
g				organization accepted ar										
9				lirectly controls, either al									Yes	No
				upported organization?							г	11g(i)	+	
		ŭ	,	n described in (i) above?							г	11g(ii)		
				person described in (i) o							г	11g(iii)		
h				about the supported or							L	9()	/1	<u> </u>
		Trovido aro i	onowing intermation	about the supported of	gameanom	(0).								
/i)	Nama	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did vo	u notify the	(vi) Is	the	(vii)	Amoun	t of mo	notany
(1)		or supported Inization	(11) E114	(described on lines 1-9		sted in your	. ,	ion in col.	Lorganizáti	nn in col I	(VII)	Amoun) Sur	port	letary
	orge	mzadon		above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U.S	.?		oup	эрогс	
				(see instructions))	Yes	No	Yes	No	Yes	No				
						-								
[nta														

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-1

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	152,407.	176,010.	294,144.	324,530.	581,102.	1528193.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	152,407.	176,010.	294,144.	324,530.	581,102.	1528193.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						1528193.
_	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012 581,102.	(f) Total
7	Amounts from line 4	152,407.	176,010.	294,144.	324,530.	581,102.	1528193.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	0.0		2.5		2.5	005
	and income from similar sources	80.	32.	36.	21.	36.	205.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital				0 004	1 000	2 001
	assets (Explain in Part IV.)				2,094.	1,827.	3,921.
	<b>Total support.</b> Add lines 7 through 10						1532319.
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	-			-		. $\Box$
804	organization, check this box and stor						<u></u>
	ction C. Computation of Publ			. (0)			99.73 %
	Public support percentage for 2012 (					15	<u> </u>
	Public support percentage from 2011						
108	33 1/3% support test - 2012. If the c	-					
h	stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
179	and stop here. The organization qualifies as a publicly supported organization						
170	7a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
h	10% -facts-and-circumstances tes						
~	more, and if the organization meets the	-					
	organization meets the "facts-and-circ		•		•		
18							
.0	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support	ow, picace comp	oloto i art II.,				
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and	, ,	, ,	, ,	` ,	, ,	,,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ► 🔼	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for t	he organization's	L e firet eacond thir	d fourth or fifth to	l v vear as a sectio	n 501(c)(3) organiz	ration
check this box and <b>stop here</b>	ŭ		•	•	. , . ,	
Section C. Computation of Public						
15 Public support percentage for 2012 (lin			column (f))		15	%
16 Public support percentage from 2011 S					16	
Section D. Computation of Invest						70
17 Investment income percentage for 201			ne 13 column (f))		17	%
18 Investment income percentage for 201					18	
19a 33 1/3% support tests - 2012. If the o						
• •	· ·		•		*	
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2011. If the c	· ·			•	•	
line 18 is not more than 33 1/3%, chec			•		ŭ	
20 Private foundation. If the organization	aid not check a	box on line 14, 19	a, or 19b, check th	ns box and see in	structions	<b>P</b>

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Internal Revenue Service

or 990-PF)
Department of the Treasury

#### Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization **Employer identification number** 06-1574889 LAWYERS WITHOUT BORDERS, INC. Organization type (check one): Filers of Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

### LAWYERS WITHOUT BORDERS, INC.

06-1574889

LAWYE	RS WITHOUT BORDERS, INC.	06	-15/4889
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ll space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MCDERRMOTT WILL & EMERY FOUNDATION  2049 CENTURY PARK E. 38TH FLOOR  LOS ANGELES, CA 900673218	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	REED SMITH, LLP  20 PRIMROSE STREET  LONDON, UNITED KINGDOM EC2A2RS	\$ 15,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	KIRKLAND & ELLIS FOUNDATION  300 NORTH LASALLE ST  CHICAGO, IL 60654	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JONES DAY FOUNDATION  901 LAKESIDE AVE  CLEVELAND, OH 44114	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	PFIZER, INC.  6730 LENOX CENTER CT  MEMPHIS, TN 38115	\$ 25,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	VIRTUE FOUNDATION  1040 FIRST AVE. SUITE 116  NEW YORK, NY 10022	\$ 25,000.	Person X Payroll

Name of organization

Employer identification number

### LAWYERS WITHOUT BORDERS, INC.

06-1574889

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	LINKLATERS CHARITIES AID FOUNDATION  1 SICK STREET  LONDON, UNITED KINGDOM EC2Y-8HQ	\$35,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	SHEARMAN & STERLING LLP  599 LEXINGTON AVENUE  NEW YORK, NY 10022	\$ 35,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	WHITE & CASE  155 AVENUE OF AMERICAS  NEW YORK, NY 10036	\$35,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	FALCON FOUNDATION, INC.  400 WEST MAIN STREET  WYCKOFF, NJ 07481-1420	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)		

Name of organization **Employer identification number** 

#### LAWYERS WITHOUT BORDERS, INC.

06-1574889

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>¢</b>	
23453 12-21-	-12	Schedule B (Form	 990, 990-EZ, or 990-PF) (

Name of organization Employer identification number LAWYERS WITHOUT BORDERS INC. 06-1574889 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

LAWYERS WITHOUT BORDERS, INC.

 $\begin{array}{c} \text{Employer identification number} \\ 0.6-1.574889 \end{array}$ 

Pai	τl	Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	s or Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2		egate contributions to (during year)		
3	Aggre	egate grants from (during year)		
4	Aggre	egate value at end of year		
5		e organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed funds
	are th	e organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did th	e organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	e used only
	for ch	aritable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferring
	imper	missible private benefit?		Yes No_
Pai	t II	Conservation Easements. Complete if the orga	anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpo	ose(s) of conservation easements held by the organization		
	Ш	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of an hi	storically important land area
	Ш	Protection of natural habitat	Preservation of a cer	tified historic structure
		Preservation of open space		
2	Comp	olete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	n of a conservation easement on the last
	day o	f the tax year.		
				Held at the End of the Tax Year
а		number of conservation easements		
b		acreage restricted by conservation easements		
С		per of conservation easements on a certified historic stru		
d		per of conservation easements included in (c) acquired a		ture
		in the National Register		2d
3	Numb	per of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	ne organization during the tax
	year			
4		per of states where property subject to conservation eas		
5		the organization have a written policy regarding the peri		
		ons, and enforcement of the conservation easements it		
6		and volunteer hours devoted to monitoring, inspecting, a		
7		int of expenses incurred in monitoring, inspecting, and e		
8		each conservation easement reported on line 2(d) above		
		ection 170(h)(4)(B)(ii)?		
9		t XIII, describe how the organization reports conservation	·	
		le, if applicable, the text of the footnote to the organizati	on's financial statements that describes	s the organization's accounting for
Dai		ervation easements.	Art Historical Transcripts on C	Othor Circilar Assats
Pai	τIII	Organizations Maintaining Collections of		other Similar Assets.
		Complete if the organization answered "Yes" to Form 9		
1a		organization elected, as permitted under SFAS 116 (ASC		
		ical treasures, or other similar assets held for public exhi		ance of public service, provide, in Part XIII,
		xt of the footnote to its financial statements that describ		
b		organization elected, as permitted under SFAS 116 (ASC		
		ures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of po	ublic service, provide the following amounts
		ng to these items:		<b>.</b>
		evenues included in Form 990, Part VIII, line 1		
_				
2		organization received or held works of art, historical trea		al gain, provide
		llowing amounts required to be reported under SFAS 11		<b>.</b>
а		nues included in Form 990, Part VIII, line 1		
b	Asset	s included in Form 990, Part X		\$

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Schedule D (Form 990) 2012

		WITHOUT B			Otto	06-15		3 -
	t III   Organizations Maintaining C							
3	Using the organization's acquisition, accessi	ion, and other record	ls, check any of the	e following tha	t are a sig	nificant use of its	collectio	n items
	(check all that apply):							
а	Public exhibition	d		change progra				
b	Scholarly research	е	U Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	•	•	•			rt XIII.	
5	During the year, did the organization solicit o						_	
	to be sold to raise funds rather than to be ma						<b>∐</b> Yes	└── No
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered "	'Yes" to F	orm 990, Part IV,	line 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod						_	
	on Form 990, Part X?					L	<b>∐</b> Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
							Amoun	:
	Beginning balance							
	Additions during the year							
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?			L	<b>∐</b> Yes	├ No
_	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete i	f the organization an						
		(a) Current year	(b) Prior year	(c) Two year	s back (c	<b>ı)</b> Three years back	(e) Four	years back
	Beginning of year balance			4				
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships			7				
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr		e (line 1g, column	(a)) held as:				
	Board designated or quasi-endowment		_%					
	Permanent endowment	%						
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c shou	·						
3а	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administe	red for the	e organization	г	
	by:							Yes No
	(i) unrelated organizations						. 3a(i)	
							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations						. 3b	
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm					<del> </del>		
	Description of property	(a) Cost or o		t or other		cumulated	( <b>d</b> ) Boo	k value
		basis (investr	neni) Dasis	s (other)	depr	eciation		
	Land							
	Buildings							
	Leasehold improvements		<del>-   .</del>	) / 61 /		01 775		2 020
	Equipment		<del></del>	24,614.	•	21,775.		2,839.
	Other		V / (2) "	10(-) )				2 020
Total	I. Add lines 1a through 1e. (Column (d) must e	equai ⊦orm 990, Part	x, column (B), line	1U(C).)		🕨 📗		2,839.

Schedule D (Form 990) 2012

	U leave the costs. Others Consulting of			- 00	1374007 Page
	Investments - Other Securities. Securition of security or category (including name of security)	e Form 990, Part X, li <b>(b)</b> Book value		valuation: Cost or end	of year market value
		(b) Book value	(C) Method of	valuation. Cost of end	or-year market value
	cial derivatives				
	ly-held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
<u>(H)</u>					
(I)	(h) must squal Form 000 Port V sol (P) line 10 )				
Dart VI	. (b) must equal Form 990, Part X, col. (B) line 12.) ► IIII Investments - Program Related. Se	- F 000 D-+V	line 40		
Part V	(a) Description of investment type	(b) Book value		valuation: Cost or end	of year market value
(4)	(a) Description of investment type	(b) Book value	(C) Welliod of	valuation. Cost of end	-or-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)	(h) march a mark Farma 000 Part V and (D) line 40 \				
	(b) must equal Form 990, Part X, col. (B) line 13.)	15	<u> </u>		
Part IX		15. Description			(b) Book value
	THER RECEIVABLES	Description			
	ECURITY DEPOSITS				7,732 3,750
	ECORITI DEFOSITS				3,730
(3)					
(4)					
(5)					
<u>(6)</u>					
(7)					
(8)					
(9)					
(10)	durant (b) must a surel Farms 000 Part V and (D) line	- 15 )			11,482
Part X	Other Liabilities. See Form 990, Part X, col. (B) line			<b>&gt;</b>	11,402
	(a) Description of liability	ine 25.	(b) Pook volue		
1.	** *		(b) Book value	_	
	ederal income taxes			_	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					

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

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

X

Schedule D (Form 990) 2012

(10)

· ui	Treconomication of Nevertae per Addition 1 manifold of determines with Nevertae	o poi motam	•
1	Total revenue, gains, and other support per audited financial statements	1	5,201,832.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities	,867.	
	Recoveries of prior year grants		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	4,618,867.
3	Subtract line <b>2e</b> from line <b>1</b>		582,965.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)		
	Add lines <b>4a</b> and <b>4b</b>	4c	0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	582,965.
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense		irn
1	Total expenses and losses per audited financial statements	1	5,229,438.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 4,618	,867.	
	Prior year adjustments 2b		
С			
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	4,618,867.
3	Subtract line 2e from line 1		610,571.
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		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	610,571.
Pai	rt XIII Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III,	IV, lines 1b and	2b; Part V, line 4; Part
	ne 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additiona		
PAI	RT X, LINE 2: THE ORGANIZATION HAS NO UNRECOGNIZED TAX	X BENEFI	TS AT
DEC	CEMBER 31, 2012. THE ORGANIZATION'S FEDERAL INFORMATION	ON RETUR	NS PRIOR TO
CAI	LENDAR YEAR 2009 ARE CLOSED AND MANAGEMENT CONTINUALLY	Y EVALUA	TES
EXI	PIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETT	LEMENTS,	CHANGES IN
TΑΣ	X LAW AND NEW AUTHORITATIVE RULINGS.		

Schedule D (Form 990) 2012

# SCHEDULE O

## Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization  LAWYERS WITHOUT BORDERS, INC.	Employer identification number 06-1574889
FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWE	D BY THE
EXECUTIVE DIRECTOR BEFORE IT IS FILED.	
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENT	S AND FINANCIAL
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
THERE HAVE BEEN NO CHANGES TO THE ORGANIZATION'S OVERSIGH	T OR SELECTION
PROCESSES DURING THE TAX YEAR.	
	_
	_