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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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. Internal Revenue Service A For the 2011 calendar year, or tax year beginning 07/01, 2011, and ending 06/30, 20 12 D Employer identification number C Name of organization B Check if applicable LEGAL MOMENTUM 23-7085442 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change (212) 413-7512 395 HUDSON STREET Initial return City or town, state or country, and ZIP + 4 Terminated Amended return G Gross receipts \$ 4,129,017. NEW YORK, NY 10014 H(a) is this a group return for affiliates? F Name and address of principal officer: ELIZABETH GRAYER, PRESIDENT Yes X No 395 HUDSON STREET NEW YORK, NY 10014 H(b) Are all affiliates included? Yes No X 501(c)(3) If "No," attach a list. (see instructions) 501(c) ( 4947(a)(1) or 527 Tax-exempt status: ) < (insert no.) Website: ► WWW.LEGALMOMENTUM.ORG H(c) Group exemption number Form of organization: | X | Corporation | Association Other > L Year of formation: 1970 M State of legal domicile: DC Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF LEGAL MOMENTUM, THE WOMEN'S LEGAL DEFENSE AND EDUCATION Governance FUND, IS TO ENSURE THE ECONOMIC AND PERSONAL SECURITY OF ALL WOMEN AND GIRLS, WHILE SAFEGUARDING AND EXPANDING WOMEN'S RIGHTS UNDER THE LAW. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 24. 23. Activities Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2011 (Part V, line 2a) 25. Total number of volunteers (estimate if necessary) 50. 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 0 Prior Year Current Year Contributions and grants (Part VIII, line 1h) 4,388,272. 3,515,516. Program service revenue (Part VIII, line 2g) PUBLIC INSPECTION COPY FOR 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 84,904. 43,033. 303,099. 367,059. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,776,275. 3,925,608. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4)  $\cap$ 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,806,493. 1,520,332. 16a Professional fundraising fees (Part IX, column (A), line 11e) 17,000 50,000. b Total fundraising expenses (Part IX, column (D), line 25) ▶ \_\_\_\_\_354,554. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2,096,838. 1,631,560. 3,920,331. 3,201,892. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 855,944. 723,716. 19 Revenue less expenses, Subtract line 18 from line 12 Beginning of Current Year End of Year Assets Balanc 4,169,498 4,773,695. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 582,263. 21 670,069. 22 Net assets or fund balances. Subtract line 21 from line 20. 3,499,429. 4,191,432. Part II Signature Block Under penalties of perjury, I declare that I have examined this return is little accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than office) is used all information of which preparer has any knowledge. Sign Date Signature of officer Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Date Check if MAR 1 8 2013 Paid employed > P00736879 Preparer ▶ 13-1639826 EISNERAMPER LLP Firm's name Use Only NY 10017-2703 750 THIRD AVENUE NEW YORK, 212-949-8700 Firm's address X Yes May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

23-7085442 LEGAL MOMENTUM

Form 99	90 (2011)	Page 2
Part	Statement of Program Service Accomplishments	·
	Check if Schedule O contains a response to any question in this Part III	<u> </u>
	iefly describe the organization's mission: E MISSION OF LEGAL MOMENTUM, THE WOMEN'S LEGAL DEFENSE AND	
	UCATION FUND, IS TO ENSURE THE ECONOMIC AND PERSONAL SECURITY OF	
	L WOMEN AND GIRLS, WHILE SAFEGUARDING AND EXPANDING WOMEN'S RIGHTS	
***************************************	DER THE LAW.	
pri		X No
3 Die	Yes," describe these new services on Schedule O.  d the organization cease conducting, or make significant changes in how it conducts, any program rvices?  Yes	X No
4 De	Yes," describe these changes on Schedule O. escribe the organization's program service accomplishments for each of its three largest program services, as measurements. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	ered by ount of
4a (C	ode:) (Expenses \$ <sub>786,924</sub> including grants of \$) (Revenue \$)	
GE	NDER EQUITY, GENDER BIAS - SEE SCHEDULE O	
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		***************************************
4b (C	ode:) (Expenses \$ <sub>786,924</sub> , including grants of \$) (Revenue \$)	
RI	GHTS, SERVICES, AND JUSTICE FOR VICTIMS OF VIOLENCE - SEE	
	CHEDULE O	••••••
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4c (C	ode: ) (Expenses \$ 548,390. including grants of \$) (Revenue \$)	
	OBS AND WORKPLACE - SEE SCHEDULE O	
90	DO TIVO WITH LEVEL VIII VOID VIII VOID VIII VOID VIII VIII	
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44.04	har program services (Describe in Schedule O.)	**************************************
	ther program services (Describe in Schedule O.)  xpenses \$ 458,677, including grants of \$ ) (Revenue \$ )	
4e To	otal program service expenses ► 2,580,915.	

" "	(Rev. 1-2012)		7	· No.	Page 2
			-i normalata anti Darti	I and about this box	
	are filing for an Additional (Not Automatic) 3-Mo				٠ ٠ اا
	ly complete Part II if you have already been gran			on a previously filed Form 8888	•
	are filing for an Automatic 3-Month Extension, o	complete o	nly Part I (on page 1).		
Part II	Additional (Not Automatic) 3-Month Ex	ctension o			
		, ,,		nter filer's identifying number, see	
	Name of exempt organization or other filer, see in	structions.		Employer identification numb	er (Elizi) or
Type or	1				
print	LEGAL MOMENTUM			X  23-7085442	
File by the	Number, street, and room or suite no. If a P.O. box	x, see instruc	ctions.	Social security number (SSN)	•
due date for					
filing your return. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.		
instructions.	NEW YORK, NY 10014				
Enter the	Return code for the return that this application	is for (file a	a separate application for e	ach return)	. 0 1
Applicati		Return	Application		Return
ls For		Code	is For		Code
Form 99	n	01			
Form 990		02	Form 1041-A		08
Form 990		01	Form 4720		09
Form 990		04	Form 5227		10
		05	Form 6069		11
~	O-T (sec. 401(a) or 408(a) trust)	06	Form 8870		12
	0-T (trust other than above) o not complete Part II if you were not already		<u> </u>	neign on a previously filed Form	L
		granted ar	i adiomatic o mionar exte	note in a proviously mount on	
• ine bo	ooks are in the care of ► DAVID LEVIN		FAX No. ▶ 212 226·	 -1066	
	none No. ▶ 212 413-7510				
	organization does not have an office or place of				<b>-</b>
	is for a Group Return, enter the organization's fo				
	hole group, check this box		art of the group, check this	box▶ and att	acn a
	he names and EINs of all members the extension			05/15 00 10	<u></u>
	quest an additional 3-month extension of time u			<u>05/15</u> , 20 <u>13</u> .	00 10
	calendar year, or other tax year beginn			nd ending $06/30$ ,	20 12 .
Γ	ne tax year entered in line 5 is for less than 12 m  Change in accounting period			Securior	
7 Sta	te in detail why you need the extension INFOR	RMATION	NECESSARY TO FILE	C A COMPETE AND	
ACC	CURATE RETURN IS NOT YET AVAILAB	LE.			
_					
8a If t	his application is for Form 990-BL, 990-PF, 99	90-T, 4720	), or 6069, enter the ter	ntative tax, less any	
nor	nrefundable credits. See instructions.			8a \$	
b If	this application is for Form 990-PF, 990-T,	4720, o	r 6069, enter any refu	ndable credits and	
est	imated tax payments made. Include any pr	ior year o	overpayment allowed as	a credit and any	
	ount paid previously with Form 8868.			8b \$	
	lance Due. Subtract line 8b from line 8a. Include	your payn	nent with this form, if requ	ired, by using EFTPS	
	ectronic Federal Tax Payment System). See instru			8c \$	
/	Signature and Verific		st be completed for		
	afties of perjury, I declare that I have examined this form, prrect, and complete, and that I am authorized to prepare this for	including ac			lge and belief,
			Maria.	n <b>.</b>	
Signature			Title >	Date ►	(Rev. 1-2012)
				roim 0000	(INEV. 1-2012)

### Form 8868

(Rev. January 2012)

# Appli ion for Extension of Time To Exempt Organization Return

e an

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

		<u>-</u>		· ·	. 1371				
	filing for an Automatic 3-Month Extension, c filing for an Additional (Not Automatic) 3-Mc				▶\X				
	lete Part II unless you have already been gran				868.				
a corporatior 8868 to req Return for T	ing (e-file). You can electronically file Form 8 in required to file Form 990-T), or an addition uest an extension of time to file any of the fransfers Associated With Certain Personal For more details on the electronic filing of the	ial (not aut forms liste I Benefit (	comatic) 3-month extented in Part I or Part II with Contracts, which must	ision of time. You can electroni ith the exception of Form 8870 t be sent to the IRS in pape	cally file Form 0, Information r format (see				
	comatic 3-Month Extension of Time. On				<u> </u>				
	n required to file Form 990-T and requesting								
Part I only . All other corp	porations (including 1120-C filers), partnersh								
to file income	e tax returns.  Name of exempt organization or other filer, see in:	etzuctione		Enter filer's identifying number Employer identification number					
Type or	invaling of exempt organization of other mer, see in	su uciions.		Employer identification fulfil	Jei (City) Oi				
print	LEGAL MOMENTUM			X 23-7085442					
File by the	Number, street, and room or suite no. If a P.O. box	x, see instruc	ctions.	Social security number (SSN	)				
due date for filing your	395 HUDSON STREET								
return. See instructions.	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.						
	NEW YORK, NY 10014								
Enter the Re	turn code for the return that this application i	is for (file a	a separate application fo	or each return)	0 1				
			T A						
Application		Return	Application Is For		Return Code				
ls For Form 990		Code 01	Form 990-T (corporat	tion)	07				
Form 990-BL		02	Form 1041-A						
Form 990-E2		01	Form 4720		08				
Form 990-PF		04	Form 5227						
	(sec. 401(a) or 408(a) trust)	05	Form 6069		11				
Form 990-T	(trust other than above)	06	Form 8870		12				
	s are in the care of ► DAVID LEVIN e No. ► 212 413-7510		FAX No. ▶ 212 22	6-1066					
	anization does not have an office or place of				<b>&gt;</b>				
	or a Group Return, enter the organizati <u>on'</u> s fo				f this is				
	e group, check this box				attach				
	e names and EINs of all members the extens								
until		•		0-T) extension of time e organization named above. Th	e extension is				
	organization's return for:								
X	calendar year 20 or tax year beginning 07/0	01 2013	l and ending	06/30 20 12					
التنا م	tax year beginning		, and onding	, 29	~ <i>'</i>				
	ax year entered in line 1 is for less than 12 m Change in accounting period	onths, che	ck reason: 🔲 Initial r	return Final return					
	application is for Form 990-BL, 990-PF, 99 undable credits. See instructions.	90-T, 4720	), or 6069, enter the	tentative tax, less any 3a \$					
b If this	application is for Form 990-PF, 990-T,	4720, o	r 6069, enter any r	efundable credits and					
	ted tax payments made. Include any prior yes								
	e due. Subtract line 3b from line 3a. Include		ent with this form, if re	1 1.					
(Electr	onic Federal Tax Payment System). See instru	ictions.	3	3c \$	0070 50 4				
	you are going to make an electronic fund	withdrawa	with this Form 8868	, see Form 8453-EO and Form	I 00/9-EU TOP				
payment ins	tructions.	ructione		Fam 88	68 (Rev. 1-2012)				

Form 990 (2011)

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		X
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	88		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
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		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			İ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	ļ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	Compress Correction by Farther than the Compress of the Compre	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, 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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	١		١,,
	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		17	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4-	1,7	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		\ \mathref{y}
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	^
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	200	(2011)

Part	IV Checklist of Required Schedules (continued)			r
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			ĺ
	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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	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 Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			1
	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		
25 a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
•	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	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		X
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	DEFAME.		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		TOTAL CONTRACTOR	The state of the s
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	<b></b>		
V	Schedule L, Part N	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			<u> </u>
•	was an officer, 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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
50	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	***************************************		
01	Part /	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
JZ	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
J-4	IV, and V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		<b></b>	T
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			T
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	***************************************	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		<del>                                     </del>	<b>1</b>
50	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	Х	
***************************************	10; NOCE THE CONTROL OF THE CONTROL	Form	<u> </u>	(2011)

23-7085442

LEGAL MOMENTUM

Form 990 (2011)

Par	Check if Schedule O contains a response to any question in this Part V			$\Box$
	Check it Schedule O contains a response to any question in this Part V		Yes	No
4.0	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	Х	et was entire stanta
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 25			
b	If 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 (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
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 Accounts.			
	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 transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			17
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	eh		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7 a	X	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Χ
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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	Zan a magnetiva re	Streetsberry
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a	Gross income from members or shareholders			
D	against amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	400000000000000000000000000000000000000	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		2000000
ч	Note. 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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 9	90 (2011) LEGAL MOMENTUM	23-7085	442	i	Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines "No" response to line 8a, 8b, or 10b below, describe the circumstances, proced. O. See instructions.	2 through 7b be sses, or change	elow, es in	and Sche	for a edule
	Check if Schedule O contains a response to any question in this Part VI				X
Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are • • • • • •	<b>1a</b> 24			
	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.	İ			
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 23	ELL PANTAL AND IN THE COLUMN TO THE COLUMN T		Andrew Company
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lationship with			
_	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or u				
v	supervision of officers, directors, or trustees, or key employees to a management company or other		3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was:		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to e				
ıa	one or more members of the governing body?		7 a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval				
b	stockholders, or persons other than the governing body?		7 b		X
	Did the organization contemporaneously document the meetings held or written actions und			Capacitation and the capacitation of the capac	21601542
8	*	eraken uumig			PAGE TO COLUMN
	the year by the following:		8a	X	therebenes mes
a	The governing body?		8b	Х	
þ	Each committee with authority to act on behalf of the governing body?		OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who canno the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Int	ernal Revenue (	Code	.)	·····
		•		Yes	No
10a	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 chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	urposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	iling the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	_			
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 to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the	olicy? If "Yes,"			
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and app				Principal page
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	- 1			2422012000
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization	1	15b	Х	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)				AND CONTRACTOR
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	ar arrangement	ALTONOMY OF THE PROPERTY OF		The state of the s
. vu	with a taxable entity during the year?	- 1	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	1		Service of the servic	
	participation in joint venture arrangements under applicable federal tax law, and take steps to	- 1			
	organization's exempt status with respect to such arrangements?	-	16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT	7			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and				
10	available for public inspection. Indicate how you made these available. Check all that apply.	230 . (2000010	(0)	, - 0	/
	Own website Another's website X Upon request				
10	Describe in Schedule O whether (and if so, how), the organization made its governing documents of the control o	mente conflict of	inte	oet r	olicy
19	and financial statements available to the public during the tax year.	nome, commet th	ii itei	ooi þ	oncy,
20	State the name, physical address, and telephone number of the person who possesses the book	and records of th			
20		413-7510	~		
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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for	box,	unle	Pos heck ss pe	erson	e than o	an	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-211099-WIGG)	organization and related organizations	
(1) LINDA A. WILLETT											
CHAIR	2.00	X		Х					0		0
(2) RALPH I. KNOWLES, JR.			<del> </del>								
FIRST VICE CHAIR	2.00	Х		Х				l c	0		0
(3) DEBORAH L. RHODE			1								
VICE CHAIR	2.00	Х	-	X					0		0
(4) SUJATHA A. SRINIVASAN											
TREASURER	2.00	Х		Х				C	) 0	1	0
(5) BRANDE STELLINGS											
SECRETARY	2.00	Х		Х				C	0		0
(6) JAY W. WAKS											
GENERAL COUNSEL	2.00	Х	<u> </u>	Х	ļ		<u> </u>	С	0		0
(7) ELIZABETH J. CABRASER									************		
DIRECTOR	2.00	X	ļ	ļ	L		<u> </u>	0	<u> </u>		0
(8) G. ELAINE WOOD									-		_
DIRECTOR	2.00	Х	<u> </u>	<u> </u>	_	ļ	_	0	0		0
(9) JENNIFER CHOE GROVES DIRECTOR	2,00	Х						(	0		0
(10) KIM GANDY							İ		***		
DIRECTOR	2.00	X	<u> </u>			ļ	<u> </u>	(	0		0
(11) LILLIAN E. KRAEMER											
VICE CHAIR	2.00	X	<u> </u>	Х	<u> </u>	L	<u> </u>	(	0		0
(12) LORRAINE S. MCGOWEN									***************************************		
DIRECTOR	2.00	X	<u> </u>		<u> </u>		<u> </u>		0		0
(13) MARISSA C. WESLEY DIRECTOR	2.00	Х					***************************************		) 0		0
(14) MICHELE COLEMAN MAYES	2 00										Λ

Form 990 (2011)

DIRECTOR

2.00

	art VII Section A. Officers, Directors, Tru (A)  Name and title	(B) Average hours per week (describe	Position (do not check more than on box, unless person is both a officer and a director/truste						(D)  Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	able on from id tions	(F) Estimated amount of other compensation
		hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	from the organization and related organizations
15	) ROBERT M KAUFMAN DIRECTOR	2.00	Х			<u> </u>			(	)		
16					<b> </b>							
	DIRECTOR	2.00	X	ļ	<u> </u>		ļ		ļ	)	0	
17	) STEPHANIE GEORGE DIRECTOR	2.00	Х	***************************************						ו	0	
18	) SUSAN B. LINDENAUER	2.00			ļ		<b></b>	-		<u></u>		
	DIRECTOR	2.00	Х	ļ						)	0	
19	) SUSAN J. KOHLMANN								-		^	
20	DIRECTOR ) MATTHEW S. KAHN	2.00	Х	-						<del> </del>	U	
20	DIRECTOR	2.00	Х								С	
21	) STEPHANIE A. SHERIDAN DIRECTOR	2.00	Х								C	1
22	) LAURA A. WILKINSON											
	DIRECTOR	2.00	Х	├	ļ	<u> </u>		<u> </u>		<u> </u>	C	
23	) LORIA B. YEADON DIRECTOR	2.00	Х						(		C	:
24	) ELIZABETH GRAYER		1	<del> </del>				-		1		
	PRESIDENT	35.00	<u> </u>	<u> </u>	Х				172,889.		С	28,094
25	) DAVID LEVIN DIRECTOR OF FINANCE AND ADMIN	35.00			Х				14,189.		C	2,412
	b Sub-total							•	(	1	<u>C</u>	50.506
	c Total from continuation sheets to Part VII, S	-						<b>&gt;</b>	441,146.	<u> </u>	ر ر	72,586 72,586
	d Total (add lines 1b and 1c)	limited to t	hose					o re		\$100,000	of	12,500
3		er, directo	or, or	trı								Yes No
4	organization and related organizations grindividual	eater thar	1 \$15 	50,0	007	? //	"Ye:	5,"	complete Schedu	ıle J for	such • • •	4 X
5	for services rendered to the organization? If "Y	es," comple	te Sci	hedu	ule J	J for	such	per	son			5 X
1	ection B. Independent Contractors  Complete this table for your five highest com	pensated i	ndep	end	ent	con	tracto	rs f	that received more	e than \$100	0,000	of
	compensation from the organization. Report of year.	compensati	on fo	r the	e ca	len	dar ye	are	ending with or wit	hin the orga	anizatio	on's tax
	<b>(A)</b> Name and business add	dress							(B) Description of se	ervices	(	<b>(C)</b> Compensation
P	TTACHMENT 2											
								+				
								+-		***************************************		
												WHOOGWANDATED
2	Total number of independent contractors (i more than \$100,000 in compensation from the				nite	d to	tho:	se I	isted above) who	received		
	THOSE CHASE A CONTOON HI COMPANISATION IS	. U U GUIILA	vi~:1	··								

Page	8

Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (describe	(do r box, office	not ch unles	Pos neck ss pe	C) sition more erson lirect	than o is both or/trust	ne an ee)	(D)  Reportable compensation from the	(E) Reporta compensati relate organiza	able on from d tions	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	from the organization and related organizations
26) LESLYE ORLOFF	25 00			********	<u> </u>	Х		105,780.		0	17,983
VP -IWP 27) LYNN SCHAFRAN VP - NJEP	35.00 35.00					Х		148,288.		0	24,097
											weeken was a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a s
		1									
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .  limited to t	· · ·			 	 	▶ ▶ > re	eceived more than	\$100,000	of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler.	er, directo	or, or	tru	uste	ee,	key e	emp	oloyee, or highes	t compens	ated	Yes No
For any individual listed on line 1a, is the sorganization and related organizations graindividual	sum of repeater than	oortab 1 \$15	ale c 50,0	om 00?	per?	satio	n a s,"	nd other compens	sation from le <i>J for</i>	the such	4 X
Did any person listed on line 1a receive or for services rendered to the organization? If "You Section B. Independent Contractors	accrue co	mpen	sati	on	fron	n any	un	related organizati	on or indiv	idual	5 X
Complete this table for your five highest communication from the organization. Report of year.	pensated i compensati	ndepo on for	ende the	ent ca	con Ilen	tracto dar ye	rs t	that received more ending with or with	than \$100 nin the orga	0,000 d anizatio	of n's tax
(A) Name and business add	Iress							(B) Description of se	ervices	(	(C) Compensation
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)	ncluding b	ut no	t lin	nite	d to	thos	se l	isted above) who	received		

- aı	t VIII	Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 51
and Other Similar Amounts	d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions)	1b 1c 1d	1,002,198.				
and Othe	g g	All other contributions, gifts, grants and similar amounts not included a Noncash contributions included in	bove . 1f lines 1a-1f. \$					
	h	Total. Add lines 1a-1f	<del></del>	Business Code	3,515,516.			
Program Service Revenue	2a b c d e f	All other program service rever	nue					
Pr	9	Total. Add lines 2a-2f		<u> &gt;</u>	0			
A fr	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	x-exempt bond p	roceeds ►	34,162. 0			34,162
	6a b	Gross rents	(i) Real 277,199. 277,199.	(ii) Personal				
	d 7a b	Ret rental income or (loss).  Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities 20,208.	(ii) Other	277,199.			277,19
	c d	and sales expenses			8,871.			8,87
Other Kevenue	8a	Gross income from fundrais events (not including \$1/0 of contributions reported on lin See Part IV, line 18	002,198. ne 1c).	192,072.				
her	b	Less: direct expenses						
5	С	Net income or (loss) from fund	fraising events .		0			
	9a	Gross income from gaming ac See Part IV, line 19	a					
	b	Less: direct expenses Net income or (loss) from gam			^			
	10a	Gross sales of inventor returns and allowances	y, less					
	b c	Less: cost of goods sold Net income or (loss) from sale	b s of inventory, .	<u>.</u>	0			
	<u> </u>	Miscellaneous Revenu	e 	Business Code				
	11a b	MISC. INCOME		900099	89,860.			89,86
	C	All ather access						
	d e	All other revenue Total. Add lines 11a-11d			89,860.			
	12	Total revenue. See instruction			3,925,608.			410,09

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Page 10

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response		~~~~~~	(C)	· · · · · · · · · · · · · · · · · · ·
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	0	1	And the state of t	
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments,				Pinny in higher when your lives of the control of t
organizations, and individuals outside the	T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-			
United States. See Part IV, lines 15 and 16	0	ļ į		The second secon
4 Benefits paid to or for members	0			A CONTROL OF THE PROPERTY OF T
5 Compensation of current officers, directors,		1		
trustees, and key employees	504,960.	434,960.	50,000.	20,000
6 Compensation not included above, to disqualified	******			
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	713,250.	516,255.	71,714.	125,281
8 Pension plan accruals and contributions (include section				
401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	201,082.	153,571.	19,152.	28,359
10 Payroll taxes	101,040.	79,517.	9,801.	11,722
11 Fees for services (non-employees):				
a Management	115,295.	57,022.	40,406.	17,867
b Legal	0			
c Accounting	40,000.	31,200.	4,400.	4,400
d Lobbying	25,479.	25,479.	Andrea Antreg (Company Company	
e Professional fundraising services. See Part IV, line 17	50,000.			50,000
f Investment management fees	0			w
g Other	382,064.	382,064.		
12 Advertising and promotion	0		1 000	^^ ^1^
13 Office expenses	99,509.	75,458.	1,833.	22,218
14 Information technology	49,614.	41,378.	3,870.	4,366
15 Royalties	0			
16 Occupancy	772,030.	663,047.	54,510.	54,473
17 Travel	31,580.	29,670.	598.	1,312
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	4,953.	4,953.		
20 Interest	0			
21 Payments to affiliates	0 (53	CE 050	7 207	7 207
22 Depreciation, depletion, and amortization	80,653.	65,859.	7,397.	7,397
23 Insurance	17,436.	13,790.	1,823.	1,823
24 Other expenses, Itemize expenses not covered	And the second s	Control of the Contro	Andrew Antonia I may be a supplied to the supp	
above (List miscellaneous expenses in line 24e. If	The Angle of Common of the Com			
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)	10 047	6 602	010	5,336
a OTHER EXPENSES	12,947.	6,692.	919.	3,330
b				
C				
d				
e All other expenses	2 201 000	2 500 015	266 422	3EV EEV
<ul> <li>25 Total functional expenses. Add lines 1 through 24e</li> <li>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here</li> </ul>	3,201,892.	2,580,915.	266,423.	354,554
following SOP 98-2 (ASC 958-720)	0			Form <b>990</b> (2011

JSA 1E1052 1.000

Page 11 Form 990 (2011)

Pa	tΧ	Balance Sheet					
	•				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			699,920.	1	336,335.
	2	Savings and temporary cash investments	1,206,964.	2	1,118,640.		
	3	Pledges and grants receivable, net	1,100,201.	3	2,248,384.		
	4	Accounts receivable, net		<i></i>	120,893.	4	47,107.
	5	Receivables from current and former officers,	oles from current and former officers, directors, trustees, key				A NEW YORK OF THE PROPERTY OF
		employees, and highest compensated employe	es. (	Complete Part II of			
ø	6	Schedule L Receivables from other disqualified persons (a 4958(f)(1)), persons described in section 4958(employers and sponsoring organizations of se employees' beneficiary organizations (see instruct	0	5 6			
Assets	7	Notes and loans receivable, net			0	7	0
Ass	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges	1		46,916.	9	37,377.
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	1,755,732.			
		Less: accumulated depreciation			227,022.		148,369.
	11				741,073.		810,974.
	12	Investments - other securities. See Part IV, line 11				12	0
	13	Investments - program-related. See Part IV, line 11		l i		13	0
	14	Intangible assets	26,509.	14			
	15	Other assets. See Part IV, line 11			4,169,498.		26,509. 4,773,695.
	16	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses			367,953.		364,471.
	17 18		307,933.		0 0 0		
	19	Grants payable		19	0		
	20	Tax-exempt bond liabilities				20	0
w	21	Escrow or custodial account liability. Complete	 Parl	IV of Schedule D	0	21	0
Liabilities	22	Payables to current and former officers,		ŗ			A STATE OF THE STA
Q		employees, highest compensated employees,				22.22.22.22.22.22.22.22.22.22.22.22.22.	And the second s
Ľ		Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelat	ed thir	d parties	0	23	0
	24	Unsecured notes and loans payable to unrelated			0	24	0
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24	). Complete Part X			
		of Schedule D			302,116.	25	217,792.
	26	Total liabilities. Add lines 17 through 25			670,069.	26	582,263.
ses		Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.	<b>▶</b> [	X and complete			Ambient of the control of the contro
anc	27	Unrestricted net assets			2,194,828.	27	2,089,734.
Bal	28	Temporarily restricted net assets			1,104,601.	28	1,901,698.
Fund Balances	29	Permanently restricted net assets,			200,000.	29	200,000.
or Fu		Organizations that do not follow SFAS 117, che complete lines 30 through 34.	ck he	re ▶ and			The state of the s
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building, or equ				31	
t Ä	32	Retained earnings, endowment, accumulated inc		or other funds		32	
Net	33	Total net assets or fund balances			3,499,429.	33	4,191,432.
	34	Total liabilities and net assets/fund balances			4,169,498.	34	4,773,695.

Form **990** (2011)

23-7085442 LEGAL MOMENTUM

For	n 990 (2011)			Pag	e 12
Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,9	25,6	08.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,2	01,8	92.
3	Revenue less expenses. Subtract line 2 from line 1	3	7	23,7	16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,4	99,4	29.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	_	31,7	13.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	4,1	91,4	32.
Pa	rt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
1 2a	, , ,		. 2a		X
þ	Were the organization's financial statements audited by an independent accountant?			X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for		ŧ		
	of the audit, review, or compilation of its financial statements and selection of an independent accounta		. 2c	X	CARLO CARLOS
	If the organization changed either its oversight process or selection process during the tax year, e	xplain ii	n E	ANALYSIA A	
	Schedule O.		150 (100 (100 (100 (100 (100 (100 (100 (	200000000000000000000000000000000000000	Participants of the control of the c
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year.	ear wer	S Santa Sant		
	issued on a separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis		The second secon	Cornellando con Cornel	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i			
	the Single Audit Act and OMB Circular A-133?		. 3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	;	3b	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.

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

OMB No. 1545-0047
2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

LEGA	L MOMENTUM								23-	7085442
Part	Reason for Pub	lic Charity Statu	s (All organizations mu	st con	nplete	this pa	art.) Se	e instru	uctions.	
The or	ganization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough :	11, che	ck only	one box	x.)		
1	A church, convention	on of churches, or	association of churches of	describ	ed in <b>s</b>	ection	170(b)(	1)(A)(i)		
2	A school described	l in section 170(b)	(1)(A)(ii). (Attach Schedul	e E.)						
3			ervice organization descri							
4	A medical researd	h organization op	erated in conjunction wi	th a h	ospita	l descr	ibed in	sectio	n 170(b	)(1)(A)(iii). Enter the
_	hospital's name, cit	y, and state:								
5	An organization of	perated for the be	nefit of a college or univ	ersity (	owned	or ope	erated t	y a go	vernme	ntal unit described in
	section 170(b)(1)(									
6	A federal, state, or	local government	or governmental unit des	cribed	in sect	ion 170	(b)(1)(	A)(v).		
7	An organization th	at normally receive	es a substantial part of it	s supp	ort fro	m a go	vernme	ental un	it or fro	m the general public
-	described in section	on 170(b)(1)(A)(vi).	. (Complete Part II.)							
8	A community trust	described in secti	on 170(b)(1)(A)(vi). (Com	plete F	art II.)					
9	An organization th	at normally receive	es: (1) more than 331/3%	of its	suppo	rt from	contrib	utions,	membe	ership fees, and gross
-	receipts from activ	ities related to its	exempt functions - subj	ect to	certai	n exce	otions,	and (2)	no mo	re than 331/3% of its
	support from gros	s investment inco	ome and unrelated busi	ness ta	axable	incom	e (less	section	n 511 <sup>-</sup>	tax) from businesses
	acquired by the org	ganization after Jur	ne 30, 1975. See section	509(a)	)( <mark>2)</mark> . (C	Complet	e Part I	II.)		
10	An organization or	ganized and opera	ted exclusively to test for	public :	safety.	See se	ction 5	09(a)(4	).	·
11	An organization o	rganized and ope	rated exclusively for the	bene	fit of,	to perf	orm th	e funct	ions of,	or to carry out the
	purposes of one o	r more publicly su	ipported organizations de	scribe	d in s	ection 6	509(a)(ʻ	1) or se	ection 5	09(a)(2). See section
	509(a)(3). Check the	he box that describ	es the type of supporting	organ	ization	and co	mplete	lines 11	le th <u>rou</u>	igh 11ħ.
	a Type I	<b>b</b> Type	II c Type	III - Fu	ınction	ally inte	grated		d	Type III - Other
е	By checking this	box, I certify that	the organization is not	contr	olled d	directly	or ind	irectly i	by one	or more disqualified
	persons other than	n foundation mana	gers and other than one	or mo	re pub	licly su	pported	d organ	izations	described in section
	509(a)(1) or sectio	n 509(a)(2).								
f	If the organization	received a writte	n determination from th	e IRS	that it	is a T	ype I, T	ype II,	or Type	e III supporting
	organization, check	this box								
g	Since August 17, 2	006, has the orga	nization accepted any gift	or co	ntributi	on from	any of	the		
_	following persons?									
	(i) A person who	directly or indire	ectly controls, either alor	ne or t	ogethe	er with	person	s desc	ribed in	(ii) Yes No
	and (iii) below	, the governing boo	dy of the supported organ	ization	?					11g(i)
	(ii) A family mem	ber of a person de	scribed in (i) above?							11g(ii)
	(iii) A 35% control	led entity of a pers	son described in (i) or (ii) a	bove?						11g(iii)
h	Provide the following	ng information abo	ut the supported organiza	ation(s)	).					
(i	) Name of supported	(ii) EIN	(iii) Type of organization	(iv)	is the		ou notify		s the	(vii) Amount of
	organization	***************************************	(described on lines 1-9 above or IRC section	col. (i)	zation in Histed in		anization . (i) of		zation in rganized	support
			(see instructions))		overning ment?		upport?		Ŭ.S.?	
				Yes	No	Yes	No	Yes	No	
/ A \										
(A)										
/D)										
(B)										
(C)										
(C)										
(D)									] ]	
(D)						<u></u>		ļ		
/E\										
(E)						<u> </u>				
			Control of the Contro		According to the second of the		A CONTRACTOR OF THE PROPERTY O	Administration of the control of the	minimum vide in the	
Total		The state of the s	Charles and the control of the contr	Marie Sales (Augusta	100 page 100	Area Parada				

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Schedule A (Form 990 or 990-EZ) 2011

23-7085442

Page 2

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

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

Sec	Section A. Public Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,288,577.	4,534,824.	4,812,937.	4,388,272.	4,210,951.	23,235,561.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	5,288,577.	4,534,824.	4,812,937.	4,388,272.	4,210,951.	23,235,561.	
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)						662,101.	
6	Public support. Subtract line 5 from line 4.						22,573,460.	
	tion B. Total Support	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
	ndar year (or fiscal year beginning in)	5,288,577.	4,534,824.	4,812,937.	4,388,272.	4,210,951.	23,235,561.	
8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	60,448.	39,011.	64,859.	84,904.		292,255.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	120,426.	208,406.	425,398.	303,099.	367,059.	1,424,388.	
11	Total support. Add lines 7 through 10					40	24,952,204.	
12	Gross receipts from related activities, etc. (						F04( )(0)	
13	First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup							
				44		44	90.47%	
14	Public support percentage for 2011 (li Public support percentage from 2010	ne o, column (r. Sabadula A. Ba	) aivided by lifte	r i, column (i))		15	91.54%	
15	331/3% support test - 2011. If the c	outeuule A, Fa	not check the	hov on line 13	and line 14 is	331/3% or moi		
iva	this box and <b>stop here</b> . The organizati							
b	331/3% support test - 2010. If the							
~	check this box and stop here. The org	-					n i	
17a	10%-facts-and-circumstances test -							
	10% or more, and if the organization							
	Part IV how the organization meets							
	organization						▶∟	
b	10%-facts-and-circumstances test -							
	15 is 10% or more, and if the org.							
	Explain in Part IV how the organization				-	•		
18	supported organization Private foundation. If the organization	did not check a	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	, ,	
	instructions						<u></u> ▶∟⊥	

Page 3

### 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.)

Sec	Section A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities			****				
	furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							
4	Tax revenues levied for the							
•	organization's benefit and either paid							
	to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the			-			}	
	organization without charge			***************************************				
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and 3							
	received from disqualified persons			WIII			İ	
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.)							
Sec	tion B. Total Support						<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar			***************************************				
	sources							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses						***************************************	
	acquired after June 30, 1975							
c	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b,						And the second s	
	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.)				THE PROPERTY OF THE PROPERTY O			
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501	(c)(3)	
	organization, check this box and stop here						<u></u> ▶	
Sec	tion C. Computation of Public Sup			<del> </del>		, , , , , , , , , , , , , , , , , , , ,		
15	Public support percentage for 2011 (line 8	, column (f) divide	ed by line 13, colu	mn (f))		15	%	
16	Public support percentage from 2010 Scho	edule A, Part III, lir	ne 15			16	%	
Sec	tion D. Computation of Investme	nt Income Per	centage	,				
17	Investment income percentage for 2011 (li					17	%	
18	Investment income percentage from 2010					18	%	
19a	331/3% support tests - 2011. If the or					e than 331/3%,	and line	
	17 is not more than 331/3%, check th	is box and <b>stor</b>	here. The org	anization qualifie	s as a publicly	supported organ	ization 🕨 🔝	
b	331/3% support tests - 2010. If the orga	anization did not	check a box on	line 14 or line 19	9a, and line 16 is	more than 331/	3 %, and	
		فم لمستم ينجيه مثباها	on hore The or		and the second state of		:	
	line 18 is not more than 331/3%, check	this box and si	op nere. The or	ganızation qualifi	es as a publicly	supported organ	ization -	

Page 4

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

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No. 1545-0047

201

Name of the organization		Employer identification number
LEGAL MOMENTUM		00 7007440
Out and it and it and it and it and it		23-7085442
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private fou	Indation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundate	tion
	501(c)(3) taxable private foundation	
		•
instructions.  General Rule  For an organization f property) from any o	(8), or (10) organization can check boxes for both the General Rule and a Silling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 one contributor. Complete Parts I and II.	or more (in money or
under sections 509(a	(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support to (1) and 170(b)(1)(A)(vi) and received from any one contributor, during the 000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form III.	e year, a contribution of
during the year, total	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from a contributions of more than \$1,000 for use <i>exclusively</i> for religious, charita ses, or the prevention of cruelty to children or animals. Complete Parts I, II,	ble, scientific, literary,
during the year, cont not total to more tha year for an <i>exclusivel</i> applies to this organ	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from a ributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but then \$1,000. If this box is checked, enter here the total contributions that were y religious, charitable, etc., purpose. Do not complete any of the parts unlest zation because it received nonexclusively religious, charitable, etc., contributions.	ese contributions did e received during the ss the <b>General Rule</b> butions of \$5,000 or
990-EZ, or 990-PF), but it mus	s not covered by the General Rule and/or the Special Rules does not file S t answer "No" on Part IV, line 2, of its Form 990; or check the box on line H PF, to certify that it does not meet the filing requirements of Schedule B (For	of its Form 990-EZ or on

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) (2011)

Employer identification number 23-7085442

		•	23-7085442
PartI	Contributors (see instructions). Use duplicate copies of Part	I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$500,000.	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
2_		\$123,954.	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.)
(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.)
(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.)

Employer identification number

23-7085442

Part II	Ioncash Property (see instructions). Use duplicate copies	of Part II if additional space is nee	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
н		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	Wassachard and an annual an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual an annual an annual an annual an annual an annual an annual an an
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(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>	
			<u>. I </u>

Name of organization LEGAL MOMENTUM

Employer identification number

23-7085442

	Exclusively religious, charitable, etc., that total more than \$1,000 for the year.	ear. Complete columns	s (a) through (e)	and the following line entry.					
	For organizations completing Part III, e contributions of \$1,000 or less for the	inter the total of <i>exclusi</i> ivear. (Enter this inforn	<i>vely</i> religious, c nation once. Se	haritable, etc., e instructions.) ►\$					
	Use duplicate copies of Part III if addition								
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held					
		(e) Transfer o	f gift						
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held					
····									
	(e) Transfer of gift								
	Transferee's name, address, a	nship of transferor to transferee							
(a) No									
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held					
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee					
(a) No									
(a) No. from Part I	(b) Purpose of gift	(c) Use of (	gift	(d) Description of how gift is held					
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
		(a) Transfor	of aift						
	Transferee's name, address, a	(e) Transfer of gift							
	rransieree 5 ffame, audress, a	na sali / T	Neiatto	nship of transferor to transferee					

### **SCHEDULE C**

(Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

➤ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

> See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

► Complete if the organization is described below.

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

	e organization answered "Yes" Section 501(c)(4), (5), or (6) orga	to Form 990, Part IV, line 5 (Proxy Ta	x) or Form 990-EZ, Par	t V, line 35c (Proxy Tax), th	en
	section 50 (c)(4), (5), or (6) organization	anizations. Complete Fait III.		Employer identif	ication number
	· ·			23-708	
	AL MOMENTUM		seties E01/a) as i		
		rganization is exempt under s	***************************************		izativii.
1		organization's direct and indirect p			
2					
3	Volunteer hours				
Par		rganization is exempt under s			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 ▶ \$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under section	on 4955 🕨 \$	
3	-	a section 4955 tax, did it file Form	-		
	Was a correction made? If "Yes," describe in Part IV.				Yes No
Par	Complete if the o	rganization is exempt under	section 501(c), ex	cept section 501(c)(3)	) <u>.</u>
1		xpended by the filing organization			
•				·	
2	Enter the amount of the filin	ng organization's funds contributed	to other organization	ons for section	
		es			
3	Total exempt function expe	enditures. Add lines 1 and 2. En	ter here and on Fo	orm 1120-POL,	
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5		and employer identification numb			
	organization made payment	s. For each organization listed, en	ter the amount paid	from the filing organiz	ation's funds. Also enter
		ributions received that were prom			
	as a separate segregated fur	nd or a political action committee	(PAC). If additional s	space is needed, provide	information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(6) / 150	(-,	(-,	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization. If
					none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)				***************************************	
·					
(6)		L		****	

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

Schedule C (Form 990 or 990-EZ) 2011

Pa	art II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elect	tion under					
A	Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's								
В	name, address, EIN, expenses, and share of excess lobbying expenditures).  Check  if the filing organization checked box A and "limited control" provisions apply.								
	Limits on Lobb	(a) Filing	(b) Affiliated						
	(The term "expenditures" m	eans amounts paid or incurred.)	organization's totals	group totals					
1 a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)	4,754.						
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)	20,725.						
C	Total lobbying expenditures (add lines 1	a and 1b)	25,479.						
d	Other exempt purpose expenditures	,	3,176,414.						
е	Total exempt purpose expenditures (add	d lines 1c and 1d),	3,201,893.						
f	Lobbying nontaxable amount. Enter the	amount from the following table in both							
	columns.		310,095.						
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		The state of the s					
	Not over \$500,000	20% of the amount on line 1e.	Change and the Change						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.							
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		A THE PROPERTY OF THE PROPERTY					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.							
	Over \$17,000,000	\$1,000,000.		The second secon					
g	Grassroots nontaxable amount (enter 25	5% of line 1f)	77,524.						
h	Subtract line 1g from line 1a. If zero or k	ess, enter -0-	0	0					
į	Subtract line 1f from line 1c. If zero or le	0	0						
j	If there is an amount other than zero on	either line 1h or line 1i, did the organization file	Form 4720	·					
	reporting section 4911 tax for this year?			Yes No					
		1-Year Averaging Period Under Section 501(h)							

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

	Lobbying Expend	itures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) Total
2 a Lobbying nontaxable amount	438,743.	401,838.	346,016.	310,095.	1,496,692.
b Lobbying ceiling amount (150% of line 2a, column (e))					2,245,038.
c Total lobbying expenditures	47,068.	35,534.	33,440.	25,479	141,521.
d Grassroots nontaxable amount	109,686.	100,460.	86,504.	77,524	374,174.
e Grassroots ceiling amount (150% of line 2d, column (e))					561,261.
f Grassroots lobbying expenditures	15,647.	1,347.	1,663.	4,754	23,411.

Schedule C (Form 990 or 990-EZ) 2011

t. m/-	(election under section 501(h)).	1			(t	.)	
r eacn "ye the lobbyir	s" response to lines 1a through 1i below, provide in Part IV a detailed description g activity.	Yes	a) No		Amo	************	
During legislati	he year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or dum, through the use of:		Control of the contro			A CONTROL OF THE PROPERTY OF T	I principal in the control of the co
Volunte						TANAN MANANA MANANAN MANANAN MANANAN MANANAN	
Paid sta	ff or management (include compensation in expenses reported on lines 1c through 1i)?		<b></b>	Total Company			
	dvertisements?	***					
I Mailing:	to members, legislators, or the public?						
			ļ				_
Grants 1	o other organizations for lobbying purposes?	ļ	ļ				
	ontact with legislators, their staffs, government officials, or a legislative body?		ļ	ļ			
	demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<b> </b>				
	ctivities?	nije programa (n. ) na naje programa (n. ) na			,		
Total. A	dd lines 1c through 1i	54(50(19))					2010
	activities in line 1 cause the organization to be not described in section 501(c)(3)?	30000		AND STREET, ST			100
	enter the amount of any tax incurred under section 4912	The state of the s				·····	
	enter the amount of any tax incurred by organization managers under section 4912 ing organization incurred a section 4912 tax, did it file Form 4720 for this year?	AROUSEROR					
art III-A	Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5	). or s	section	1 1	(6120-C\$17615245)	725
alle ssava	501(c)(6).		,,				
						Yes	1
Were s	ubstantially all (90% or more) dues received nondeductible by members?				1		1
Did the	organization make only in-house lobbying expenditures of \$2,000 or less?				2		Ļ
Did the	organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501		• • •		3		L
Dues, a	answered "Yes." seessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amounts)	 unts	 of	1			
	expenses for which the section 527(f) tax was paid).			Parantal and a second			
•	year			2a			_
	er from last year			<u>2b</u>			
: Total				2c			
Aggreg	ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es		3			
If notice	es were sent and the amount on line 2c exceeds the amount on line 3, what portion	n of t	he	The state of the s			
	does the organization agree to carryover to the reasonable estimate of nondeductible l	obby	ng	Charles and the con- complete and the con- complete and the con- complete and the con- complete and the con- complete and the con-			
	itical expenditure next year?			4			
and pol	At 14 to 1 to 1 to 1 to 1 to 1 to 1 to 1			<del> </del>			
and pol	amount of lobbying and political expenditures (see instructions)	• • •	· · ·	5			

Schedule C (Form 990 or 990-EZ) 2011

Page 4

Part IV Supplemental Information (continued)

### **SCHEDULE D** (Form 990)

### **Supplemental Financial Statements**

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► 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.

Employer identification number

2	3-	7	0	8	5	4	4	2	

TEC.	GAL MOMENTUM			23-7083442
Pai	Organizations Maintaining Donor Advisorganization answered "Yes" to Form 99	sed Funds or Other Simi 90. Part IV, line 6.	lar Funds or	Accounts. Complete if the
		(a) Donor advised fur	nds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a	dvisors in writing that the	assets held in	donor advised
	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, and			
U	only for charitable purposes and not for the benefit			
	conferring impermissible private benefit?			1 1 1 1
ar)		the organization answers	d "Ves" to F	
4	Conservation Easements. Complete if Purpose(s) of conservation easements held by the			omi ooo, rarriv, mio r.
1	r	<u> </u>		of an historically important land area
	Preservation of land for public use (e.g., recre	· • • • • • • • • • • • • • • • • • • •		of an historically important land area
	Protection of natural habitat		reservation o	of a certified historic structure
_	Preservation of open space	tal a laura riger 3 de	and a desired to the second	the form of a common of a
2	Complete lines 2a through 2d if the organization he	id a qualified conservation	contribution in	the form of a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
				00000000000
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			
¢	Number of conservation easements on a certified h			2c
d	Number of conservation easements included in (c)			And the state of t
	historic structure listed in the National Register			
3	Number of conservation easements modified, trans	ferred, released, extinguist	hed, or termin	ated by the organization during the
	tax year ►			
4	Number of states where property subject to conser	vation easement is located 1	<b>&gt;</b>	
5	Does the organization have a written policy regardi	ng the periodic monitoring,	inspection, ha	andling of
	violations, and enforcement of the conservation eas	sements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, in:	specting, and enforcing cor	nservation eas	sements during the year
	<b></b>			
7	Amount of expenses incurred in monitoring, inspect	ting, and enforcing conserva	ation easeme	nts during the year
	<b>S</b>			
8	Does each conservation easement reported on line	2(d) above satisfy the requ	uirements of se	ection 170(h)(4)(B)
•	(i) and section 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization reports	conservation easements in	its revenue an	d expense statement, and
-	balance sheet, and include, if applicable, the text of	f the footnote to the organiz	zation's financ	ial statements that describes the
	organization's accounting for conservation easemer			
Pa	rt III Organizations Maintaining Collections		res, or Othe	r Similar Assets.
	Complete if the organization answered	"Yes" to Form 990, Part I	V, line 8.	
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to	report in its	revenue statement and balance sheet
	If the organization elected, as permitted under SF works of art, historical treasures, or other simila public service, provide, in Part XIV, the text of the fo	r assets held for public e	xhibition, edu	ication, or research in furtherance of
b	If the organization elected, as permitted under S works of art, historical treasures, or other simila	r assets held for public e	eport in its r xhibition, edu	evenue statement and balance sneed acation, or research in furtherance of
	public service, provide the following amounts relating			<b>»</b> . A
	(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 ar			
	following amounts required to be reported under SI			
а	Revenues included in Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			<b></b> \$

	~
206	Z

Par	rt III Organizations Maintaining Collec	tions of Art, H	istorical Tre	easures, c	or Other	Similar Ass	ets (co	ntinue	d)	
3	Using the organization's acquisition, accessical collection items (check all that apply):	on, and other r	ecords, chec	k any of t	he follow	ing that are	a signifi	cant us	se of its	5
а	Public exhibition	d	Loa	an or excha	ange prog	rams				
b	Scholarly research	е	Oth	ner						
Ç			L							
4	Provide a description of the organization's c	ollections and e	explain how	thev furthe	er the ord	anization's e	exempt of	ourpose	in Par	t
_	XIV.							•		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained a	s part of the	organizatio	n's collec	tion? • • • •		Yes	□ N	0_
Par	rt IV Escrow and Custodial Arrangeme line 9, or reported an amount on F			nization a	nswered	"Yes" to Fo	rm 990,	Part l'	√, 	
1 a	Is the organization an agent, trustee, custodia included on Form 990, Part X?							Yes	□ N	0
h	If "Yes," explain the arrangement in Part XIV a						<del></del>			
~	the 100, oxplain the arrangement are a		- remaining m			Amo	ount			_
С	Beginning balance			1	_					_
	Additions during the year									
u	Distributions during the year									-
f	Did the organization include an amount on Fo	em aga Part Y	lina 212		<u> </u>			Yes	N	~~~
	If "Yes," explain the arrangement in Part XIV.	iiii 990, Fait A,	m36 Z 1: , .				• • —	] 163		
$\overline{}$		oo organizatio	a prewarad	"Voc" to E	Form 00/	) Part IV lir	o 10			*****
F GI	rt V Endowment Funds. Complete if the (a) Curre		) Prior year	(c) Two ye		(d) Three year	chack /	a) Four	ears back	_
4 -			200,000.	·	0,000.	200,		<b>e</b> ) i oui y	Gara Daci	222
1a		0,000.	200,000.	20	0,000.	200,	000.			1200
α	Contributions			ļ			- 1888 - 1881			200
С	Net investment earnings, gains,						300 300 300 300 300	eria e		
_	and losses			<u> </u>						
	Grants or scholarships						Jacobs Jacobs	enter this time		
е	Other expenditures for facilities .						100			
	and programs					***************************************	5			
f	Administrative expenses						32		Antonia Antonia India da Antonia Anton	=
g		0,000.	200,000.		0,000.	200,	000.			
2	Provide the estimated percentage of the curre	ent year end bal	ance (line 1g	, column (a	i)) held as	:				
а	Board designated or quasi-endowment	%								
b	Permanent endowment > 100.0000 %									
C	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	d equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the orga	anization that	are held a	and admir	istered for the	е			
	organization by:							Y	es No	)
	(i) unrelated organizations							3a(i)	X	
	(ii) related organizations							3a(ii)	X	
b	Talan and a Talan and a second as a	listed as require	d on Schedul	e R?			[	3b		
4	Describe in Part XIV the intended uses of the						•		***************************************	
Par	rt VI Land, Buildings, and Equipment.									
	Description of property	(a) Cost or other ba (investment)	sis (b) Cost	or other basis other)		umulated eciation	(d) I	3ook valu	e	
1 a	Land				The has been been been been been been been bee	gart had a flow - 3 complex assemble for the c				_
b								,		_
c	, , , , , , , , , , , , , , , , , , ,			994,053	. 8	53,401.		14	0,652	-
ď				475,674		68,078.			7,596	_
	Other			286,005	<del></del>	85,884.			121	
	al. Add lines 1a through 1e. (Column (d) must e	aual Form 990						14	8,369	
	an rice into the enough for potenting of most o	7.20					Schedule	·····	n 990) 20	

~	-	·	0001	0044
Schedule	W.	l rorm	990	2011

	LEGAL MOMENTU	IM		23-	-7085442
	Form 990) 2011				Page 3
Part VII	Investments - Other Securities. See I  (a) Description of security or category		), Part X, line look value	12. (c) Method of valua	etion:
	(including name of security)	(5) 5	Jook value	Cost or end-of-year mar	ket value
	ial derivatives ,				
	/-held equity interests				
<u>(B)</u>					
<u>(C)</u>					
(D) (E)					
<u>\</u> (F)		<del></del>	<del>-</del>		
(G)		-			
<u>\</u> (H)		<u> </u>			
(i)					
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>	i		And the second s
Part VIII	Investments - Program Related. See	Form 99	0, Part X, line	13.	
	(a) Description of investment type	(b) E	Book value	(c) Method of valua Cost or end-of-year mar	
(1)					
(2)					
(3)					***************************************
(4)		_			
(5)					
(6) (7)					
(8)					
(9)					
(10)					
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 13.)	>			
Part IX	Other Assets. See Form 990, Part X,	line 15.			<b></b>
	(	a) Descripti	on	WHAT THE RESERVE T	(b) Book value
(1)					
(2)					
(3)					
(4) (5)					
(6)					
(7)					
(8)					
(9)			· · · · · · · · · · · · · · · · · · ·		
(10)					
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 15.)			<u>,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Part X	Other Liabilities. See Form 990, Part	X, line 25	5.	770000000000000000000000000000000000000	
1.	(a) Description of liability		(b) Book value		
	eral income taxes		~ 4 = -		
	ERRED RENT		217,7		
(3)					
(4)		<del></del>			
(5)					
(6) (7)					
(8)					

217,792.

(10) (11)

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

<sup>2.</sup> FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedule D (Form 990)

	LEGAL MOMENTUM	23	-7085442
Schedul	e D (Form 990) 2011		Page <b>4</b>
Part	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	3
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,925,608.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,201,892.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	723 <b>,</b> 716.
4	Net unrealized gains (losses) on investments	4	-31,713.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-31,713.
10		10	692,003.
Part	Total revenue, gains, and other support per audited financial statements		1 4,210,951.
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	No. of the control of
2	1 1	3	And Andrew Services
a		·····	A Project Control of the Control of
b	20110104 00771000 0110 0111 1111 1111 111	V •	And the second s
C	Recoveries of prior year grants	10 mg	And the state of t
d	Other (Describe in Part XIV.)	a-to	<b>2e</b> 285,343.
е	Add lines 2a through 2d	. •	
3	Subtract line 2e from line 1	-	<b>3</b> 3,925,608.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	120	And Andreas An
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	20 m 20 m 20 m 20 m 20 m 20 m 20 m 20 m	WWW Separation of the Control of the
b	Other (Describe in Part XIV.)	(54) (45) (45)	And Andrew (1) and the second of the second
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u>5</u> 3,925,608.
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	etur	<u>n</u>
1	Total expenses and losses per audited financial statements		<b>1</b> 3,518,948.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		AND BE THE MET OF THE SECOND S
а	Donated services and use of facilities 2a 317,05	6.	
b	Prior year adjustments 2b	120	The state of the s
c	*************************	18588	
d	Other losses Other (Describe in Part XIV.)	100	A PORT A
e	Add lines 2a through 2d		2e 317,056.
3	Subtract line 2e from line 1		3 3,201,892.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	933	To America III and Committee Committ
a	Investment expenses not included on Form 990, Part VIII, line 7b	5572	And of the secon
	41.		2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	Other (Describe in Part XIV.) Add lines 4a and 4b		4c
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	٠ ٠	5 3,201,892.
5		• •	3   0/201/035
Part	XIV Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII, lines 1a and 4; Part III, lines 1a and 4; Part III	arf IV	lines 1h and 2h
Comp	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	lete	this part to provide
	iditional information.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SEE	PAGE 5		
		_	
			Schedule D (Form 990) 2011

UNCERTAIN TAX POSITIONS

SCHEDULE D PART X ITEM 2

THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD'S ACCOUNTING STANDARDS CODIFICATION ("ASC") 740-10-05 RELATING TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. BECAUSE OF THE ORGANIZATION'S GENERAL TAX-EXEMPT STATUS, THE ADOPTION OF ASC 740-10-05 HAS NOT HAD, AND IS NOT EXPECTED TO HAVE, A MATERIAL IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.

USE OF ENDOWMENT FUNDS

PART V, LINE 4

THE ORGANIZATION'S ENDOWMENT CONSISTS OF AN INDIVIDUAL FUND WHERE THE INVESTMENT EARNINGS ARE USED FOR THE PURPOSE OF ADVANCING THE RIGHTS OF WOMEN AND GIRLS.

### **SCHEDULE G** (Form 990 or 990-EZ)

### **Supplemental Information Regarding** Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 23-7085442 LEGAL MOMENTUM Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Solicitation of non-government grants Mail solicitations а Х Solicitation of government grants Internet and email solicitations Х f b X Special fundraising events X Phone solicitations C X In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser have (iv) Gross receipts (or retained by) (i) Name and address of individual custody or control of (or retained by) (ii) Activity fundraiser listed in from activity or entity (fundraiser) contributions? organization col. (i) Yes No FUNDRAISING 1 50,000 Χ PROJECT PLUS, INC. 4 5 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

Schedule G (Form 990 or 990-EZ) 2011

		rm 990 or 990-EZ) 2011 <b>Fundraising Events.</b> Complete	o if the organization and	wered "Ves" to Form 90	0 Part IV line 18 or i	Page <b>2</b>
		than \$15,000 of fundraising ever gross receipts greater than \$5,0	nt contributions and gros	ss income on Form 990	-EZ, lines 1 and 6b. L	ist events with
			(a) Event #1 AIMING HIGH	(b) Event #2 WOMEN OF ACHIE	(c) Other Events	(d) Total events (add col. (a) through col. (c))
a.			(event type)	(event type)	(total number)	COI. (C)/
Revenue	1	s receipts	662,800.	278,350.	253,120.	1,194,270.
ď	cont	: Charitable ributions	570,155.	242,402.	189,641.	1,002,198.
	ł	s income (line 1 minus 2)	92,645.	35,948.	63,479.	192,072.
	4 Cash	n prizes				
	5 None	cash prizes				
enses	6 Ren	t/facility costs				
Direct Expenses	7 Food	and beverages				
Dire	8 Ente	rtainment				
	9 Othe	r direct expenses	92,645.	35,948.	63,479.	192,072
		ct expense summary. Add lines income summary. Combine line				( 192,072.)
Pa	rt III	Gaming. Complete if the org than \$15,000 on Form 990-I	anization answered "\			rted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gros	ss revenue				
ses	2 Casi	n prizes				
Expenses	3 Non-	cash prizes				
Direct	4 Ren	t/facility costs				
	5 Othe	er direct expenses			<b>1</b>	walled the second secon
	6 Volu	nteer labor	Yes 9	Yes %	Yes% No	Annual state of the state of th
	7 Dire	ct expense summary. Add lines	2 through 5 in column (d	)		<u>(                                    </u>
	8 Net	gaming income summary. Comb	oine line 1, column d, an	d line 7		
		ne state(s) in which the organiza organization licensed to operate explain:		of these states?		Yes No
	a Were a bolf "Yes,	nny of the organization's gaming " explain:	licenses revoked, susp			

23-7085442 LEGAL MOMENTUM

Sched	ule G (Form 990 or 990-EZ) 2011 Page <b>3</b>
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
_	amount of gaming revenue retained by the third party ▶ \$  If "Yes," enter name and address of the third party:
C	if tes, effer fiathe and address of the tillid party.
	Name ►
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶\$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year 🕨 \$
Par	Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
	part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2011

### SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

**Compensation Information** 

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2011

Employer identification number

Open to Public Inspection

23-7085442 LEGAL MOMENTUM **Questions Regarding Compensation** Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. X Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X Receive a severance payment or change-of-control payment? X 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Χ c Participate in, or receive payment from, an equity-based compensation arrangement? 4 c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a Χ a The organization? Χ 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X 6a a The organization? Х 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 X Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe X 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2011

Page 2

LEGAL MOMENTUM

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

ingividual.								Trons and the second se
	1	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported as deferred in prior Form 990
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Page 3

# Schedule J (Form 990) 2011 Part | Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2011

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### **SCHEDULE O**

(Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LEGAL MOMENTUM

Employer identification number 23-7085442

REVIEW OF FORM 990

PART VI SECTION B #11

THE ORGANIZATION'S FORM 990 IS FIRST REVIEWED BY THE PRESIDENT AND DIRECTOR OF FINANCE AND ADMINISTRATION, THEN IT IS PRESENTED TO THE AUDIT COMMITTEE FOR THEIR REVIEW, AND THEN IT IS DISTRIBUTED TO THE ENTIRE BOARD, BEFORE FILING.

MONITORING OF CONFLICT OF INTEREST POLICY

PART VI SECTION B #12

ALL BOARD MEMBERS ARE ASKED TO COMPLETE A FORMAL CONFLICT OF INTEREST FORM/QUESTIONAIRE ANNUALLY. THE REVIEW OF THE FORMS ARE CONDUCTED BY A BOARD MEMBER AND NOTED IN THE APPROPRIATE MINUTES.

REVIEW OF OFFICER COMPENSATION

PART VI SECTION B #15

THE EXECUTIVE COMMITTEE ESTABLISHES THE COMPENSATION FOR THE PRESIDENT WHICH IS APPROVED BY THE ENTIRE BOARD. THE BOARD CONSULTS WITH THE PRESIDENT ON COMPENSATION FOR OTHER EXECUTIVE STAFF. COMPENSATION WAS DETERMINED USING COMPARABLE DATA FROM CERTAIN OUTSIDE ORGANIZATIONS.

AVAILABILITY OF ORGANIZATION DOCUMENTS

PART VI SECTION C #19

FORM 990 IS AVAILABLE AT THE OFFICE OF THE ORGANIZATION AND ON ITS
WEBSITE. FINANCIAL STATEMENTS AND FORMS 990 ARE AVAILABLE UPON REQUEST AT

Employer identification number 23-7085442

THE ORGANIZATION'S OFFICE.

GOVERNING BODY AND MANAGEMENT

RECONCILIATION OF NET ASSETS PART XI, LINE 5:

OTHER CHANGES IN NET ASSETS ARE ATTRIBUTABLE TO NET UNREALIZED LOSSES OF \$31,713.

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PART III, PAGE2

GENDER EQUITY, GENDER BIAS:

LEGAL MOMENTUM PROMOTES GENDER EQUITY, CHALLENGES GENDER BIAS, AND
ENSURES THAT CRITICAL SOCIAL POLICIES AND SERVICES ARE RESPONSIVE TO THE
REALITIES OF WOMEN'S NEEDS IN EVERY FACET OF THEIR LIVES. LEGAL MOMENTUM
STRIVES TO BRING A GENDER-FAIR FOCUS TO THE OPERATION OF LAWS IN
PRACTICE, AND TO SERVE AS AN EXPERT AND STRATEGIC LEGAL VOICE ON THE
SUBJECT OF JUSTICE FOR POOR AND LOW-WAGE WOMEN. WE PROMOTE EQUITY IN
EDUCATIONAL INSTITUTIONS, EMPLOYMENT OPPORTUNITIES, IMMIGRATION POLICY,
AND IN THE COURTS.

O EXPENSES: \$786,924

RIGHTS, SERVICES, AND JUSTICE FOR VICTIMS OF VIOLENCE:

NATIONAL JUDICIAL EDUCATION PROGRAM: LEGAL MOMENTUM PROVIDES

GROUNDBREAKING, INNOVATIVE TRAINING PROGRAMS THAT EDUCATE LEGAL,

JUDICIAL, TRIBAL, INTERNATIONAL, ACADEMIC, AND LAW ENFORCEMENT

PROFESSIONALS AND ADVOCATES ABOUT THE RIGHTS, PROTECTIONS, AND SERVICES

AVAILABLE TO VICTIMS AND SURVIVORS OF VIOLENCE AND SEXUAL ASSAULT. LEGAL

23-7085442

MOMENTUM ALSO LITIGATES BENCHMARK CASES TO HELP ESTABLISH AND ENFORCE WORKPLACE RIGHTS FOR VICTIMS OF VIOLENCE. LEGAL MOMENTUM'S WAS A LEADER IN THE FIERCE, SUCCESSFUL FIGHT FOR PASSAGE OF VAWA, THE VIOLENCE AGAINST WOMEN ACT, IN 1994. ONCE AGAIN VAWA IS UNDER ATTACK AND LEGAL MOMENTUM IS AT THE FOREFRONT OF THE STRUGGLE TO ENSURE THAT VAWA CONTINUES AND IS STRENGTHENED.

O EXPENSES: \$786,924

### JOBS AND WORKPLACE:

EOUALITY WORKS: LEGAL MOMENTUM WORKS WITH CAREER AND TECHNICAL EDUCATION (CTE) HIGH SCHOOLS IN NEW YORK CITY SCHOOLS TO IMPROVE RECRUITMENT AND RETENTION OF GIRLS IN JOB TRAINING PROGRAMS THAT ARE CURRENTLY DOMINATED BY MALE STUDENTS, SUCH AS CONSTRUCTION, ENGINEERING, AND TRANSPORTATION INDUSTRY JOBS. LEGAL MOMENTUM WORKS TO ENHANCE THE PARTICIPATION OF GIRLS IN CAREER TRACKS THAT LEAD TO HIGHER PAYING JOBS, AND TO INCREASE ADMINISTRATOR AWARENESS OF AND COMPLIANCE WITH FEDERAL LEGAL REQUIREMENTS UNDER TITLE IX, THE CARL PERKINS ACT, AND OTHER FEDERAL STATUTES. WORKPLACE RIGHTS: LEGAL MOMENTUM WORKS TO EXPAND AND ENFORCE LAWS AND POLICIES ENACTED TO PROTECT WOMEN IN THE WORKPLACE, AND ENSURE THAT THEY ARE ABLE TO OBTAIN HIGH-WAGE JOBS. WE USE OUR EXPERTISE IN EMPLOYMENT AND PREGNANCY DISCRIMINATION LAW TO PREVENT AND REDRESS EMPLOYMENT DISCRIMINATION AND HARASSMENT AGAINST WOMEN ON A NATIONAL SCALE. WE ALSO PROMOTE NATIONAL, STATE, AND LOCAL POLICIES TO REDRESS INEQUITY IN WAGES AND BENEFITS FOR WOMEN.

EXPENSES: \$548,390  $\circ$ 

Name of the organization LEGAL MOMENTUM Employer identification number 23-7085442

STRENGTHENING THE SAFETY NET:

THE SAFETY NET PROGRAM: IN THE UNITED STATES, TWENTY-FIVE MILLION WOMEN AND GIRLS CURRENTLY LIVE IN POVERTY. LEGAL MOMENTUM'S SAFETY NET PROJECT ADVOCACY WORK INCLUDES ENGAGING IN OUTREACH AND SUPPORT TO COLLECT AND DISSEMINATE IMPORTANT DATA TO NETWORKED ALLIES AND INDIVIDUALS, AND RESEARCH AND COMPILATION OF QUANTITATIVE AND QUALITATIVE DATA TO BRING STUDIES AND REPORTS TO WIDER PUBLIC ATTENTION. OUR PUBLICATIONS AND OUTREACH SERVE TWO VITAL FUNCTIONS: FIRST, TO REFUTE WITH HARD FACTS MYTHS AND MISCONCEPTIONS ABOUT POVERTY, SOCIAL SERVICE PROGRAMS AND POOR WOMEN AND FAMILIES. SECOND, TO SERVE A BASIS OF CHAMPIONING SUPPORT FOR PUBLIC POLICIES TO MAINTAIN AND IMPROVE ADEQUATE AND ACCESSIBLE ASSISTANCE FOR WOMEN, FAMILIES, AND OTHERS WHO ARE IN NEED.

O EXPENSES: \$458,677

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CT,

FL, GA, IL, KS, KY, ME, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

CLAUDIA BAYLIFF 101 LOUNSBURY PLACE

FALLS CHURCH, VA 22046

PROGRAM CONSULTANT

111,713.

Name of the organization LEGAL MOMENTUM Employer identification number

23-7085442

ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

TOTAL COMPENSATION

111,713.