

Return of Organization Exempt From Income Tax

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

2014

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
GREATER BOSTON LEGAL SERVICES, INC.
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
197 FRIEND STREET
 City or town, state or province, country, and ZIP or foreign postal code
BOSTON, MA 02114

D Employer identification number
04-2103907

E Telephone number
617-371-1234

G Gross receipts \$ **14,769,734.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.GBLS.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1900** **M** State of legal domicile: **MA**

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE FREE, NON-CRIMINAL LEGAL ASSISTANCE TO THE POOR TO HELP THEM SECURE SOME OF THE MOST	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 95
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 95
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5 155
	6	Total number of volunteers (estimate if necessary)	6 334
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	14,627,434. 13,084,884.
	9	Program service revenue (Part VIII, line 2g)	931,050. 737,704.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	180,122. 144,168.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,382. 37,267.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,786,988. 14,004,023.
	Expenses	13	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)	0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,498,889. 12,583,385.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 721,087.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,964,835. 1,913,409.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,767,915. 14,831,309.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	2,019,073. -827,286.
	20	Total assets (Part X, line 16)	19,648,697. 19,574,072.
	21	Total liabilities (Part X, line 26)	1,853,509. 2,464,388.
	22	Net assets or fund balances. Subtract line 21 from line 20	17,795,188. 17,109,684.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: *Jacquelynne Bowman* Date: **9/3/2015**
JACQUELYNNE BOWMAN, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name: **CHARLES WEBB, CPA** Preparer's signature: **CHARLES WEBB, CPA** Date: **08/25/15** Check if self-employed: PTIN: **04-2571780**
 Firm's name: **ALEXANDER, ARONSON, FINNING & CO., P.C.** Firm's EIN: **04-2571780**
 Firm's address: **21 EAST MAIN STREET WESTBORO, MA 01581** Phone no. **508-366-9100**

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 12,895,464. including grants of \$ 334,515.) (Revenue \$ 766,435.) GREATER BOSTON LEGAL SERVICES (GBLS) IS THE PRIMARY PROVIDER OF FREE CIVIL (NON-CRIMINAL) LEGAL ASSISTANCE FOR THE ALMOST 230,000 LOW-INCOME PERSONS LIVING IN METROPOLITAN BOSTON TO HELP THEM SECURE SOME OF THE MOST BASIC NECESSITIES OF LIFE. OUR CLIENTS ARE HOMELESS FAMILIES SEEKING ACCESS TO EMERGENCY SHELTER OR PERMANENT HOUSING, WOMEN AND CHILDREN ESCAPING ABUSE, FAMILIES FACING DESTITUTION, POOR INDIVIDUALS AND FAMILIES FACING ILLEGAL OR INAPPROPRIATE EVICTION, LOW-INCOME HOMEOWNERS EXPLOITED BY MORTGAGE SCAMS, ELDERS INAPPROPRIATELY DENIED MEDICAL AND PRESCRIPTION DRUG BENEFITS, DISABLED INDIVIDUALS DENIED CRITICAL BENEFITS, LOW-WAGE WORKERS ILLEGALLY DENIED EARNED WAGES AND VICTIMS OF TORTURE AND PERSECUTION SEEKING ASYLUM.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 12,895,464.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
	Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Main form table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and health insurance issuers.

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

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 95 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 95		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		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 purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► MA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ► JOANNE SANDERS - (617) 371-1234
197 FRIEND STREET, BOSTON, MA 02114

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ADAM L. SISITSKY DIRECTOR	0.30	X					0.	0.	0.	
(2) ALAN J. ROM DIRECTOR	0.30	X					0.	0.	0.	
(3) ALEX H. MACDONALD DIRECTOR	0.30	X					0.	0.	0.	
(4) ALISON F. REIF DIRECTOR	0.30	X					0.	0.	0.	
(5) ALLENE CURRY DIRECTOR	0.30	X					0.	0.	0.	
(6) ALMA WOODBERRY DIRECTOR	0.30	X					0.	0.	0.	
(7) ANDREW M. TROOP DIRECTOR	0.30	X					0.	0.	0.	
(8) ARTHUR TELEGEN DIRECTOR	0.30	X					0.	0.	0.	
(9) B. ANDREW ZELERMYER DIRECTOR	0.30	X					0.	0.	0.	
(10) BENJAMIN PEREZ DIRECTOR	0.30	X					0.	0.	0.	
(11) BERNARD J. BONN DIRECTOR	0.30	X					0.	0.	0.	
(12) BEVERLY STEED DIRECTOR	0.30	X					0.	0.	0.	
(13) CATHERINE HARRIS DIRECTOR	0.30	X					0.	0.	0.	
(14) CHRISTOPHER K. PFIRMAN DIRECTOR	0.30	X					0.	0.	0.	
(15) CYNTHIA CLARKE DIRECTOR	0.30	X					0.	0.	0.	
(16) DANFORD W. LARKIN DIRECTOR	0.30	X					0.	0.	0.	
(17) DAVID A. ROZENSON DIRECTOR	0.30	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID C. PHELAN DIRECTOR	0.30	X						0.	0.	0.
(19) DAVID W. ROSENBERG DIRECTOR	0.30	X						0.	0.	0.
(20) DONALD E. VAUGHAN DIRECTOR	0.30	X						0.	0.	0.
(21) DONALD G. LEKA DIRECTOR	0.30	X						0.	0.	0.
(22) DOROTHEA G. GUILD DIRECTOR	0.30	X						0.	0.	0.
(23) EDWARD J. NAUGHTON DIRECTOR	0.30	X						0.	0.	0.
(24) EDWARD J. WEISS DIRECTOR	0.30	X						0.	0.	0.
(25) ELAINE BENNETT DIRECTOR	0.30	X						0.	0.	0.
(26) ELAINE MARIN-RUFF DIRECTOR	0.30	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								895,612.	0.	151,818.
d Total (add lines 1b and 1c)								895,612.	0.	151,818.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **21**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ELIZABETH SHEA FRIES DIRECTOR	0.30	X						0.	0.	0.
(28) ELLEN M. HARRINGTON DIRECTOR	0.30	X						0.	0.	0.
(29) EVE M. SLATTERY DIRECTOR	0.30	X						0.	0.	0.
(30) FRANKLIN G. STEARNS DIRECTOR	0.30	X						0.	0.	0.
(31) FRED A. KELLY DIRECTOR	0.30	X						0.	0.	0.
(32) GEOFFREY A. HOWELL DIRECTOR	0.30	X						0.	0.	0.
(33) HAROLD BROWN DIRECTOR	0.30	X						0.	0.	0.
(34) HOWARD D. MEDWED DIRECTOR	0.30	X						0.	0.	0.
(35) ISAAC D. BANTU VICE PRESIDENT	0.50	X		X				0.	0.	0.
(36) JAMES G. SOKOLOVE DIRECTOR	0.30	X						0.	0.	0.
(37) JAMES GRANT DIRECTOR	0.30	X						0.	0.	0.
(38) JANE MALLEI DIRECTOR	0.30	X						0.	0.	0.
(39) JANYCE CUNNINGHAM DIRECTOR	0.30	X						0.	0.	0.
(40) JAY POWERS DIRECTOR	0.30	X						0.	0.	0.
(41) JEFFREY M. STOLER DIRECTOR	0.30	X						0.	0.	0.
(42) JEFFREY RUDIN DIRECTOR	0.30	X						0.	0.	0.
(43) JEFFREY W. MITTLEMAN DIRECTOR	0.30	X						0.	0.	0.
(44) JEROME B. TICHNER DIRECTOR	0.30	X						0.	0.	0.
(45) JOANNE DANIELS-FINEGOLD DIRECTOR	0.30	X						0.	0.	0.
(46) JOHN E. BOWMAN DIRECTOR	0.30	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) JOHN F. DONOHUE DIRECTOR	0.30	X						0.	0.	0.
(48) JOHN J. CARROLL DIRECTOR	0.30	X						0.	0.	0.
(49) JOHN J. SICILIANO DIRECTOR	0.30	X						0.	0.	0.
(50) JOHN KENNETH FELTER VICE PRESIDENT	0.50	X		X				0.	0.	0.
(51) KAY HIDEKO HODGE DIRECTOR	0.30	X						0.	0.	0.
(52) KENNETH W. LUKE DIRECTOR	0.30	X						0.	0.	0.
(53) LAURA E. SCHNEIDER DIRECTOR	0.30	X						0.	0.	0.
(54) LAWRENCE P. HEFFERNAN DIRECTOR	0.30	X						0.	0.	0.
(55) LOUIS A. GOODMAN DIRECTOR	0.30	X						0.	0.	0.
(56) MAGALIS TRONCOSO LAMA DIRECTOR	0.30	X						0.	0.	0.
(57) MARGO PEREZ DIRECTOR	0.30	X						0.	0.	0.
(58) MARIAN A. TSE DIRECTOR	0.30	X						0.	0.	0.
(59) MELISSA B. TEARNEY PRESIDENT	1.00	X		X				0.	0.	0.
(60) MICHAEL B. ELEFANTE DIRECTOR	0.30	X						0.	0.	0.
(61) MYRNAIRIS CEPEDA DIRECTOR	0.30	X						0.	0.	0.
(62) NATALICIA TRACY DIRECTOR	0.30	X						0.	0.	0.
(63) NEIL MCGARAGHAN DIRECTOR	0.30	X						0.	0.	0.
(64) PATRICK DINARDO DIRECTOR	0.30	X						0.	0.	0.
(65) PAULINA LAURENCY-MATHIS DIRECTOR	0.30	X						0.	0.	0.
(66) PHILIP K. HAMILTON DIRECTOR	0.30	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) RICHARD A. MARKS DIRECTOR	0.30	X						0.	0.	0.
(68) RITA DIXON DIRECTOR	0.30	X						0.	0.	0.
(69) ROBERT J. NAGLE DIRECTOR	0.30	X						0.	0.	0.
(70) ROBERT R. LEVEILLE VICE PRESIDENT	0.50	X		X				0.	0.	0.
(71) ROBERT SANOFF DIRECTOR	0.30	X						0.	0.	0.
(72) RONALD M. DAVIDS DIRECTOR	0.30	X						0.	0.	0.
(73) RONDA JACKSON DIRECTOR	0.30	X						0.	0.	0.
(74) RUTH BODDEN DIRECTOR	0.30	X						0.	0.	0.
(75) SALEA PERRY DIRECTOR	0.30	X						0.	0.	0.
(76) SAMUEL B. MOSKOWITZ DIRECTOR	0.30	X						0.	0.	0.
(77) SHAMS MIRZA DIRECTOR	0.30	X						0.	0.	0.
(78) SHAQUELLA BUTLER DIRECTOR	0.30	X						0.	0.	0.
(79) SHERRI TUCKER DIRECTOR	0.30	X						0.	0.	0.
(80) STEPHANIE L. BROWN DIRECTOR	0.30	X						0.	0.	0.
(81) STEPHEN J. BRAKE DIRECTOR	0.30	X						0.	0.	0.
(82) STEVEN A. WILCOX DIRECTOR	0.30	X						0.	0.	0.
(83) SUSAN A. HARTNETT DIRECTOR	0.30	X						0.	0.	0.
(84) SUZANNE SMALL DIRECTOR	0.30	X						0.	0.	0.
(85) THOMAS J. DESIMONE TREASURER	1.00	X		X				0.	0.	0.
(86) TIMOTHY C. BLANK DIRECTOR	0.30	X						0.	0.	0.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 439,271.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 1,968,689.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 10,676,924.					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		13,084,884.				
	Program Service Revenue	2 a ATTORNEY FEES	Business Code 541100	737,704.	737,704.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			737,704.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		79,031.			79,031.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	42,363.				
		(ii) Personal					
		b Less: rental expenses	33,827.				
	c Rental income or (loss)	8,536.					
	d Net rental income or (loss)		8,536.			8,536.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	797,021.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	731,884.				
	c Gain or (loss)	65,137.					
	d Net gain or (loss)		65,137.			65,137.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a OTHER REVENUE	900099	28,731.	28,731.				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		28,731.					
12 Total revenue. See instructions.		14,004,023.	766,435.	0.	152,704.		

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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	334,515.	334,515.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	305,589.		181,833.	123,756.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,077,537.	8,127,084.	585,194.	365,259.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	360,000.	325,302.	21,319.	13,379.
9 Other employee benefits	2,028,618.	1,833,089.	120,136.	75,393.
10 Payroll taxes	811,641.	702,993.	66,348.	42,300.
11 Fees for services (non-employees):				
a Management	10,800.	9,396.	864.	540.
b Legal				
c Accounting	46,856.		44,513.	2,343.
d Lobbying	6,456.	5,617.	516.	323.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	45,687.		45,687.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	217,569.	145,798.	44,167.	27,604.
12 Advertising and promotion	280.	244.	22.	14.
13 Office expenses	322,510.	280,584.	25,801.	16,125.
14 Information technology				
15 Royalties				
16 Occupancy	441,473.	384,081.	35,318.	22,074.
17 Travel	34,728.	30,214.	2,778.	1,736.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	172,295.	149,896.	13,784.	8,615.
23 Insurance	49,175.	42,782.	3,934.	2,459.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LIBRARY MAINTENANCE	164,222.	164,222.		
b MISCELLANEOUS	120,162.	104,394.	6,580.	9,188.
c CLIENT LITIGATION EXPEN	81,651.	81,651.		
d MEMBERSHIPS	48,445.	42,147.	3,876.	2,422.
e All other expenses	151,100.	131,455.	12,088.	7,557.
25 Total functional expenses. Add lines 1 through 24e	14,831,309.	12,895,464.	1,214,758.	721,087.
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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	3,172,986.	1	2,279,773.
	2	Savings and temporary cash investments	4,923,356.	2	4,051,568.
	3	Pledges and grants receivable, net	1,932,296.	3	1,841,533.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	230,596.	9	242,886.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	7,924,567.		
	b	Less: accumulated depreciation	4,296,116.		
	11	Investments - publicly traded securities	3,800,745.	10c	3,628,451.
	12	Investments - other securities. See Part IV, line 11	5,588,718.	11	7,529,861.
	13	Investments - program-related. See Part IV, line 11		12	
	14	Intangible assets		13	
	15	Other assets. See Part IV, line 11		14	
16	Total assets. Add lines 1 through 15 (must equal line 34)	19,648,697.	15	19,574,072.	
Liabilities	17	Accounts payable and accrued expenses	1,853,509.	16	1,853,509.
	18	Grants payable		17	2,464,388.
	19	Deferred revenue		18	
	20	Tax-exempt bond liabilities		19	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	
	26	Total liabilities. Add lines 17 through 25	1,853,509.	25	1,853,509.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	11,549,969.	26	11,549,969.
	28	Temporarily restricted net assets	1,481,968.	27	10,914,466.
	29	Permanently restricted net assets	4,763,251.	28	1,246,792.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		29	4,948,426.
	31	Paid-in or capital surplus, or land, building, or equipment fund		30	
	32	Retained earnings, endowment, accumulated income, or other funds		31	
33	Total net assets or fund balances	17,795,188.	32	17,109,684.	
34	Total liabilities and net assets/fund balances	19,648,697.	33	19,574,072.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,004,023.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,831,309.
3	Revenue less expenses. Subtract line 2 from line 1	3	-827,286.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,795,188.
5	Net unrealized gains (losses) on investments	5	141,782.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,109,684.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2014)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,856,011.	13,713,931.	12,307,134.	14,627,434.	13,084,884.	65,589,394.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11,856,011.	13,713,931.	12,307,134.	14,627,434.	13,084,884.	65,589,394.
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)						2,027,584.
6 Public support. Subtract line 5 from line 4.						63,561,810.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	11,856,011.	13,713,931.	12,307,134.	14,627,434.	13,084,884.	65,589,394.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	198,595.	179,052.	119,370.	118,787.	79,031.	694,835.
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 VI.)	45,274.	45,420.	46,371.	30,827.	28,731.	196,623.
11 Total support. Add lines 7 through 10						66,480,852.
12 Gross receipts from related activities, etc. (see instructions)					12	3,218,836.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	95.61	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	96.43	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - b** A family member of a person described in (a) above?
 - c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
 - a** The organization satisfied the Activities Test. Complete line 2 below.
 - b** The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

	Yes	No
2a		

- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

	Yes	No
2b		

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)		
3	Excess distributions carryover, if any, to 2014:		
a			
b			
c			
d			
e	From 2013		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2014 distributable amount		
i	Carryover from 2009 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2014 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2014 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).		
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).		
7	Excess distributions carryover to 2015. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a			
b			
c			
d	Excess from 2013		
e	Excess from 2014		

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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

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

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

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

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

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

Name of organization GREATER BOSTON LEGAL SERVICES, INC.	Employer identification number 04-2103907
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	32,121.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	74,454.													
c	Total lobbying expenditures (add lines 1a and 1b)	106,575.													
d	Other exempt purpose expenditures	14,724,734.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	14,831,309.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	891,565.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	222,891.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total	
2a	Lobbying nontaxable amount	794,802.	813,818.	838,396.	891,565.	3,338,581.
b	Lobbying ceiling amount (150% of line 2a, column(e))					5,007,872.
c	Total lobbying expenditures	137,686.	130,601.	135,803.	106,575.	510,665.
d	Grassroots nontaxable amount	198,701.	203,455.	209,599.	222,891.	834,646.
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,251,969.
f	Grassroots lobbying expenditures	40,705.	38,884.	43,525.	32,121.	155,235.

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

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

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2014
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

GREATER BOSTON LEGAL SERVICES, INC.

Employer identification number

04-2103907

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	Amount
c Beginning balance	123,438.
d Additions during the year	1,649,719.
e Distributions during the year	1,628,344.
f Ending balance	144,813.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,366,604.	4,918,079.	4,843,379.	5,035,236.	4,598,653.
b Contributions	435,175.	2,187,456.	35,000.	15,000.	15,000.
c Net investment earnings, gains, and losses	237,599.	520,307.	292,414.	25,658.	655,959.
d Grants or scholarships					
e Other expenditures for facilities and programs	834,848.	259,238.	252,714.	232,515.	234,376.
f Administrative expenses					
g End of year balance	7,204,530.	7,366,604.	4,918,079.	4,843,379.	5,035,236.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 20.00 %
 - b Permanent endowment 69.00 %
 - c Temporarily restricted endowment 11.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		418,000.		418,000.
b Buildings		5,486,671.	2,276,220.	3,210,451.
c Leasehold improvements				
d Equipment		1,874,389.	1,874,389.	0.
e Other		145,507.	145,507.	0.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 3,628,451.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes. Rows numbered 1 through 9.

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	21,216,871.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	141,782.
b	Donated services and use of facilities	2b	7,082,926.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	33,827.
e	Add lines 2a through 2d	2e	7,258,535.
3	Subtract line 2e from line 1	3	13,958,336.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	45,687.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	45,687.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,004,023.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	21,902,375.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	7,082,926.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	33,827.
e	Add lines 2a through 2d	2e	7,116,753.
3	Subtract line 2e from line 1	3	14,785,622.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	45,687.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	45,687.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	14,831,309.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

FUNDS HELD FOR OTHERS - THE AGENCY MAINTAINS AND ADMINISTERS CLIENT FUNDS RELATIVE TO CASES WHICH ARE CURRENTLY IN LITIGATION. THE AMOUNTS ARE PAID OUT AS DIRECTED BY THE CLIENTS.

PART V, LINE 4:

5% OF THE THREE YEAR AVERAGE USED FOR PROGRAM OPERATIONS IN ACCORDANCE WITH MGL SECTION 180.

PART X, LINE 2:

THE AGENCY ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR

Part XIII Supplemental Information (continued)

UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE AGENCY HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT DECEMBER 31, 2014 AND 2013. THE AGENCY'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS AND GENERALLY REMAIN OPEN FOR THE MOST RECENT THREE YEARS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED WITH RENTAL INCOME

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED WITH RENTAL INCOME

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON COLLEGE LEGAL ASSISTANCE BUREAU - 24 CRESCENT STREET, SUITE 202 - WALTHAM, MA 02154	04-2444477	501(C)(3)	21,250.	0.			LEGAL ASSISTANCE TO CLIENTS.
LEGAL ADVOCACY RESEARCH CENTER 197 FRIEND STREET BOSTON, MA 02114	04-3443101	501(C)(3)	37,000.	0.			INTAKE SERVICES AND BRIEF ADVICE.
METROWEST LEGAL SERVICES 63 FOUNTAIN STREET FRAMINGHAM, MA 01702	04-3177488	501(C)(3)	81,553.	0.			LEGAL ASSISTANCE
COMMUNITY LEGAL AID 405 MAIN STREET, 4TH FLOOR WORCESTER, MA 01608	04-2446242	501(C)(3)	71,771.	0.			LEGAL ASSISTANCE
COMMUNITY LEGAL SERVICES AND COUNSELING CENTER - ONE WEST STREET - CAMBRIDGE, MA 02139	04-2470335	501(C)(3)	70,941.	0.			LEGAL ASSISTANCE
SOUTH COASTAL COUNTIES LEGAL SERVICES, INC. - 22 BEDFORD STREET - FALL RIVER, MA 02720	04-3330208	501(C)(3)	52,000.	0.			LEGAL ASSISTANCE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3 Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) (2014)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

EACH ORGANIZATION IS CHOSEN TO HELP INCREASE THE LEGAL ASSISTANCE TO GBLS ' SERVICE AREA.

SCHEDULE I, PART I, LINE 2

GBLS MONITORS THE USE OF GRANT FUNDS THROUGH THE REVIEW OF ITEMIZED BILLS SUBMITTED BY THE GRANTEEES AS WELL AS PERIODIC CONVERSATIONS WITH GRANTEEES TO DETERMINE PROGRESS ON THE RELATED CONTRACTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

GREATER BOSTON LEGAL SERVICES, INC.

Employer identification number

04-2103907

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 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, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	<input checked="" type="checkbox"/>								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	<input checked="" type="checkbox"/>								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	<input checked="" type="checkbox"/>								
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p>a The organization?</p>	5a	<input checked="" type="checkbox"/>								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	<input checked="" type="checkbox"/>								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p>a The organization?</p>	6a	<input checked="" type="checkbox"/>								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	<input checked="" type="checkbox"/>								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	<input checked="" type="checkbox"/>								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	<input checked="" type="checkbox"/>								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2014

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JACQUELYNNE BOWMAN EXECUTIVE DIRECTOR	(i)	143,341.	0.	0.	0.	7,237.	150,578.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN WARD ASSOC. DIRECTOR OF FINANCE	(i)	139,743.	0.	0.	0.	15,586.	155,329.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DANIEL MANNING ASSOCIATE DIRECTOR	(i)	141,379.	0.	0.	0.	28,022.	169,401.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JEFFERSON KIDD COMPTROLLER	(i)	130,627.	0.	0.	3,913.	27,967.	162,507.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	5	28,093.	MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

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

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

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

Schedule M (Form 990) (2014)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

GREATER BOSTON LEGAL SERVICES, INC.

Employer identification number

04-2103907

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

BASIC NECESSITIES OF LIFE.

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

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

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

**IN 2014, GBLS PROVIDED LEGAL ASSISTANCE FOR MORE THAN 12,000 LEGAL
MATTERS FOR ITS LOW-INCOME CLIENTS. ASSISTANCE RANGED FROM BRIEF
SERVICE AND ADVICE TO FULL REPRESENTATION, BASED ON THE NEEDS OF THE
CASE. THOUSANDS OF ADDITIONAL POOR INDIVIDUALS AND FAMILIES WHO WERE
NOT GBLS' CLIENTS ALSO BENEFITED FROM GBLS' WORK THROUGH COMMUNITY
LEGAL EDUCATION PROGRAMS AND IMPACT ADVOCACY EFFORTS SUCH AS CLASS
ACTION SUITS, LEGISLATIVE AND ADMINISTRATIVE ADVOCACY, ALL OF WHICH
BRING ABOUT SYSTEMIC CHANGE.**

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

Name of the organization

GREATER BOSTON LEGAL SERVICES, INC.

Employer identification number

04-2103907

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

GBLS' CONSUMER UNIT CONTINUED TO FOCUS ON THE FORECLOSURE CRISIS BY ASSISTING LOW-INCOME HOMEOWNERS WHO WERE VICTIMS OF PREDATORY OR UNSCRUPULOUS LENDING PRACTICES AS WELL AS INNOCENT TENANTS WHO HAVE BEEN PAYING RENT BUT FACE EVICTION FOR NO CAUSE FROM FORECLOSED BUILDINGS AS THE LENDERS WANT TO SELL THESE BUILDINGS VACANT. GBLS ADVOCACY HELPED SECURE PASSAGE OF A LAW IN 2010 THAT PROHIBITS THIS PRACTICE WHICH GBLS NOW USES TO STOP THESE TYPES OF EVICTING.

GBLS' HEALTH AND DISABILITY UNIT, CONTINUED ITS CHILDREN'S DISABILITY PROJECT TO ASSIST DISABLED CHILDREN AND THEIR PARENTS GAIN CRITICAL BENEFITS. UNIT STAFF CONTINUED A SCREENING PROGRAM TO IDENTIFY UNINSURED CALLERS AND ASSIST WITH ELIGIBILITY FOR COMMONWEALTH CARE OR MASSHEALTH INSURANCE PROGRAMS. OTHERWISE, THEY COULD FACE A TAX PENALTY FOR NOT HAVING INSURANCE. THE UNIT CONTINUED ITS MAJOR INITIATIVE, HEALTH CARE ACCESS FOR PEOPLE WITH DISABILITIES PROJECT TO OVERCOME BARRIERS FOR INDIVIDUALS WITH DISABILITIES TO ACCESSIBLE, HIGH-QUALITY HEALTH CARE AT MAJOR BOSTON AREA MEDICAL FACILITIES. UNIT ATTORNEYS ALSO ASSISTED THOUSANDS OF INDIVIDUAL ELDER CLIENTS TO SECURE OR RETAIN SOME OF THE MOST BASIC NECESSITIES OF LIFE.

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GBLS' WELFARE UNIT ADVOCATES ASSIST CLIENTS TO OBTAIN OR RETAIN CRITICAL BENEFITS TO KEEP THEIR FAMILIES FROM DESTITUTION. UNIT ATTORNEYS RECENTLY REACHED A SETTLEMENT OF A MAJOR CLASS ACTION SUIT AGAINST THE MASSACHUSETTS DEPARTMENT OF TRANSITIONAL ASSISTANCE FOR ITS FAILURE TO APPROPRIATELY ASSIST ITS DISABLED CLIENTS IN A NUMBER OF MAJOR AREAS WHICH RESULTED IN THE DENIAL OF LIFE SUSTAINING BENEFITS. THE SETTLEMENT WILL ELIMINATE FOR INDIVIDUALS WITH DISABILITIES SIGNIFICANT BARRIERS TO ACCESSING AND RETAINING CRITICAL BENEFITS.

GBLS' EMPLOYMENT UNIT ATTORNEYS CONTINUED REPRESENTING LOW-WAGE WORKERS ILLEGALLY OR INAPPROPRIATELY DENIED WAGES AND BENEFITS. IN ADDITION, ATTORNEYS CONTINUED TO WORK ON THE PAID SICK DAY CAMPAIGN TO SECURE MANDATED PAID SICK DAYS. AT THE REQUEST OF THE TAX COURT JUDGE, UNIT ATTORNEYS CONTINUED TO BE PRESENT ON THE FIRST DAY OF EACH TAX COURT SESSION IN BOSTON TO ASSIST PRO SE LITIGANTS IN THEIR NEGOTIATIONS WITH IRS ATTORNEYS OVER THE LOW-INCOME TAXPAYER CREDIT. MOST LITIGANTS, MANY OF WHOM DO NOT SPEAK ENGLISH AS A FIRST LANGUAGE, ARE UNREPRESENTED. THE UNIT ALSO CONTINUED ITS REENTRY PROJECT TO ASSIST FORMER PRISONERS IN OVERCOMING BARRIERS THAT PREVENT THEM FROM SUCCESSFULLY REENTERING SOCIETY.

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

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PARTNERSHIP WITH THE NATIONAL NETWORK TO END DOMESTIC VIOLENCE.

ATTORNEYS IN THE HOUSING UNIT CONTINUED TO PROVIDE REPRESENTATION TO LOW-INCOME TENANTS IN EFFORTS TO OBTAIN OR RETAIN AFFORDABLE HOUSING AND FOR HOMELESS FAMILIES TO OBTAIN OR RETAIN EMERGENCY SHELTER OR PRIORITY FOR PERMANENT HOUSING. THE UNIT ALSO REPRESENTED LOW-INCOME TENANT GROUPS TO ENSURE THE LONG-TERM PRESERVATION OF MORE THAN 900 AT-RISK AFFORDABLE HOUSING UNITS. TO DATE, THE UNIT HAS HELPED PRESERVE MORE THAN 3,500 AFFORDABLE UNITS WHICH FACED BEING LOST TO MARKET RATE RENTS. GBLS HOUSING ATTORNEYS ALSO HELPED ESTABLISH A NEW COLLABORATIVE PROJECT IN WHICH LOW-INCOME VICTIMS OF PREDATORY LENDING ARE ABLE TO REPURCHASE THEIR FORECLOSED HOMES WITH A NEW AFFORDABLE MORTGAGE. UNIT STAFF ALSO CONTINUED ADVOCACY EFFORTS TO EXPAND HOUSING SUBSIDIES AND FUNDING MECHANISM TO BUILD MORE UNITS OF AFFORDABLE HOUSING.

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

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TO APPLY FOR SPECIAL STATUS UNDER THE DEFERRED ACTION FOR CHILDHOOD
ARRIVALS AUTHORIZED BY PRESIDENT OBAMA.

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

FORM 990, PART VI, SECTION A, LINE 6:

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

FORM 990, PART VI, SECTION A, LINE 7A:

IN ACCORDANCE WITH THE BY-LAWS OF GREATER BOSTON LEGAL SERVICES, THE
MEMBERS OF THE CORPORATION ANNUALLY ELECT THE MEMBERS OF THE CORPORATION,
AS WELL AS THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11:

THE 990 IS REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE OF THE BOARD THAT
APPROVES THE 990 ON BEHALF OF THE BOARD. THE 990 IS THEN PRESENTED TO THE
BOARD OF DIRECTORS BY THE CFO.

FORM 990, PART VI, SECTION B, LINE 12C:

THE EXECUTIVE DIRECTOR AND CFO ARE CONSTANTLY MONITORING TRANSACTIONS FOR

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CONFLICT OF INTEREST. GBLS REQUIRES ALL BOARD OF DIRECTORS TO COMPLETE AN ANNUAL CONFLICT OF INTERST SIGNOFF. THE BOARD OF GOVERNANCE COMMITTEE MONITORS AND UPDATED THE POLICY ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF ANY OFFICER AND KEY EMPLOYEES. GREATER BOSTON LEGAL SERVICES, INC.'S BUDGET AND COMPARATIVE SALARIES OF SIMILAR ORGANIZATIONS ARE TAKEN INTO CONSIDERATION WHEN DETERIMINING THE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 18:

GREATER BOSTON LEGAL SERVICE INC.'S 990 IS OPEN FOR PUBLIC INSPECTION UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE BY REQUEST TO GBLS. FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE ON GBLS' WEBSITE AND THE MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION'S AUDIT COMMITTEE IS RESPONSIBLE FOR HIRING AUDITORS AND OVERSIGHT OF THE AUDIT. THE AUDIT COMMITTEE MEETS WITH THE AUDITORS DURING THE PROCESS WITHOUT MANAGEMENT.