

Form **990**

**Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

**2010**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

**A** For the 2010 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
**NATIONAL CONSUMER LAW CENTER, INC.**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**7 WINTHROP STREET, 4TH FLOOR**  
 City or town, state or country, and ZIP + 4  
**BOSTON, MA 02110-1006**

**D** Employer identification number  
**04-2488502**

**E** Telephone number  
**617-542-8010**

**F** Name and address of principal officer: **WILLARD OGBURN**  
**SAME AS C ABOVE**

**G** Gross receipts \$ **15,816,270.**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

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

**J** Website: ▶ **www.NCLC.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1971** **M** State of legal domicile: **MA**

**H(c)** Group exemption number ▶

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE NATIONAL CONSUMER LAW CENTER IS A NONPROFIT ADVOCACY ORGANIZATION THAT SEEKS TO BUILD ECONOMIC</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>72</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>2</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>4,285,814.</b>	<b>2,921,691.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>6,215,311.</b>	<b>5,357,797.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>197,638.</b>	<b>371,612.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>241,980.</b>	<b>241,774.</b>
		<b>10,940,743.</b>	<b>8,892,874.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>4,432,500.</b>	<b>4,594,608.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>416,453.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>3,341,931.</b>	<b>2,993,689.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>7,774,431.</b>	<b>7,588,297.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>3,166,312.</b>	<b>1,304,577.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>16,992,390.</b>	<b>18,637,638.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>824,939.</b>	<b>1,025,733.</b>
	<b>16,167,451.</b>	<b>17,611,905.</b>	

**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: *Willard Ogburn* Date: **5/16/11**  
 ▶ **WILLARD OGBURN, EXECUTIVE DIRECTOR**  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: **JOHN BUCKLEY, CPA** Preparer's signature: *John Buckley* Date: **05/10/11** Check if self-employed:  PTIN:  
 Firm's name: ▶ **ALEXANDER, ARONSON, FINNING & CO., P.C.** Firm's EIN: ▶  
 Firm's address: ▶ **21 EAST MAIN STREET** Phone no.: **508-366-9100**  
**WESTBORO, MA 01581**

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 to any question in this Part III [x]

1 Briefly describe the organization's mission:

THE NATIONAL CONSUMER LAW CENTER IS A NON-PROFIT ADVOCACY ORGANIZATION THAT FIGHTS PREDATORY AND DESTRUCTIVE BUSINESS PRACTICES THAT DRAIN INCOME AND WEALTH FROM LOW-INCOME FAMILIES AND THEIR COMMUNITIES. FOUNDED IN 1969, NCLC IS THE LEADING SOURCE OF LEGAL AND PUBLIC POLICY

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 5,825,959, including grants of \$ ) (Revenue \$ 4,599,167.)

BUILDING FAMILY AND INDIVIDUAL ECONOMIC SECURITY:

LOW-INCOME FAMILIES STRUGGLE EVERY DAY TO MEET BASIC EXPENSES, AND USUALLY HAVE LITTLE OR NO SAVINGS TO PROVIDE A SAFETY NET. THEY ARE DISPROPORTIONATELY TARGETED FOR OVERPRICED FINANCIAL SERVICES, SUCH AS EXCESSIVE BANK FEES, HIGH-COST LOANS, AND PREDATORY HOME MORTGAGES. LAX REGULATION HAS LEFT MANY FAMILIES VULNERABLE TO WEALTH-STRIPPING PRACTICES AND DEEPLY IN DEBT, REDUCING OPPORTUNITIES FOR HIGHER EDUCATION, JOB TRAINING AND HOMEOWNERSHIP. TO COUNTER THESE TRENDS AND HELP LOW-INCOME PEOPLE BUILD ASSETS AND ECONOMIC SECURITY, NCLC ADVOCATES FOR THE ADOPTION AND ENFORCEMENT OF STRONG CONSUMER PROTECTIONS IN THE FINANCIAL SERVICES MARKETPLACE.

4b (Code: ) (Expenses \$ 784,359, including grants of \$ ) (Revenue \$ 758,630.)

IMPROVING ACCESS TO ENERGY, UTILITIES, & TELECOMMUNICATIONS SERVICES:

ACCESS TO AFFORDABLE AND EFFICIENT ELECTRICITY, HEATING FUEL, WATER, AND TELECOMMUNICATIONS SERVICES IS ESSENTIAL FOR ALL AMERICANS. UNFORTUNATELY, MILLIONS OF STRUGGLING FAMILIES CANNOT PAY FOR BASIC UTILITIES, PUTTING THEIR HEALTH, SAFETY, AND WELL-BEING AT RISK. IN ADDITION, LOW-INCOME HOUSEHOLDS TEND TO LIVE IN LESS ENERGY EFFICIENT HOMES AND USE LESS EFFICIENT APPLIANCES, BOTH OF WHICH LEAD TO HIGHER OVERALL ENERGY COSTS. NCLC PROMOTES THE ADOPTION AND ENFORCEMENT OF PUBLIC POLICIES THAT DELIVER AFFORDABLE AND EFFICIENT UTILITY SERVICES FOR LOW-INCOME HOUSEHOLDS.

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 6,610,318

**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 Schedule B, Schedule of Contributors?	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 <b>Section 501(c)(3) organizations.</b> 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>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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; 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 term, permanent, 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, XII, and XIII</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, XII, and XIII 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, and program service activities outside the United States? <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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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 hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		X

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

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		x
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <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 25</i>		x
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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
25b		x
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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 a grant selection committee member, or to a person related to such an individual? <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
28a		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
28b		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
28c		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, Parts II, III, IV, and V, line 1</i>	x	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		x
a 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> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 <b>Section 501(c)(3) organizations.</b> 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 11 and 19?	x	

**Note.** All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, sub-questions (1a-14b), and Yes/No columns. Contains various tax-related questions and numerical inputs.

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

Check if Schedule O contains a response to any question in this Part VI [x]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA, AK, AR, FL, MD, MN, MS, NY, OR, PA, WI
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
[ ] Own website [x] Another's website [x] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
MARGARET KOHLER - 617-542-8010
7 WINTHROP SQUARE, 4TH FLOOR, BOSTON, MA 02110-1006

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
NANCY BARRON DIRECTOR	1.00	X					0.	0.	0.	
MARK E. BUDNITZ DIRECTOR	1.00	X					0.	0.	0.	
MARK A. CHAVEZ DIRECTOR	1.00	X					0.	0.	0.	
ANTHONY B. CHING DIRECTOR	1.00	X					0.	0.	0.	
BEVERLY COURTNEY DIRECTOR	1.00	X					0.	0.	0.	
JOHN J. CURTIN, JR. DIRECTOR	1.00	X					0.	0.	0.	
DONNA DALEY DIRECTOR	1.00	X					0.	0.	0.	
JONATHAN L. KRAVETZ DIRECTOR	1.00	X					0.	0.	0.	
GENEVA REID VICE PRESIDENT	1.00	X					0.	0.	0.	
LAQUITA ROBBINS DIRECTOR	1.00	X					0.	0.	0.	
MICHAEL FERRY PRESIDENT	1.00	X		X			0.	0.	0.	
DANCY MCKINNEY-PARKER DIRECTOR	1.00	X					0.	0.	0.	
DOLORES S. SMITH DIRECTOR	1.00	X					0.	0.	0.	
WILLARD OGBURN EXECUTIVE DIRECTOR	40.00			X			140,061.	0.	30,649.	
MARGARET KOHLER DIRECTOR OF FINANCE	40.00			X			77,116.	0.	24,772.	
ROBERT HOBBS DEPUTY DIRECTOR	40.00			X	X		120,219.	0.	30,947.	
JONATHAN SHELDON STAFF ATTORNEY	40.00				X		114,037.	0.	30,304.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
STUART ROSSMAN DIRECTOR OF LITIGATION	40,00					X		112,923.	0.	20,137.
CHARLES DELBAUM STAFF ATTORNEY	40,00					X		117,009.	0.	19,012.
CAROLYN CARTER DEPUTY DIRECTOR OF ADVOCAC	40,00					X		118,129.	0.	14,212.
JOHN RAO STAFF ATTORNEY	40,00					X		109,272.	0.	18,861.
<b>1b Sub-total</b>								908,766.	0.	188,894.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								908,766.	0.	188,894.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 10

	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.

(A) Name and business address	(B) Description of services	(C) Compensation
MARGOT SAUNDERS 1503 CLIFTWOOD RD, CHARLESTOWN, WV 25314	EXPERT WITNESS IN ADVOCACY	112,599.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 1

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	233,559.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,688,132.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	<b>Total. Add lines 1a-1f</b>		2,921,691.				
Program Service Revenue			Business Code					
	2 a	PUBLICATIONS	511120	2,689,270.	2,689,270.			
	b	ATTORNEY FEE AWARDS	541100	1,916,724.	1,916,724.			
	c	CONFERENCES	900099	609,691.	609,691.			
	d	ADVICE AND ASSISTANCE	541100	135,122.	135,122.			
	e	MISCELLANEOUS	900099	6,631.	6,631.			
	f	All other program service revenue	900099	359.	359.			
	g	<b>Total. Add lines 2a-2f</b>		5,357,797.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		358,865.			358,865.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a			(i) Real	(ii) Personal			
		Gross Rents		241,774.				
		Less: rental expenses						
	c	Rental income or (loss)		241,774.				
	d	Net rental income or (loss)		241,774.			241,774.	
	7 a			(i) Securities	(ii) Other			
		Gross amount from sales of assets other than inventory		6,936,143.				
		Less: cost or other basis and sales expenses		6,923,396.				
		Gain or (loss)		12,747.				
	d	Net gain or (loss)		12,747.			12,747.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
	b	Less: direct expenses						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19							
b	Less: direct expenses							
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances							
b	Less: cost of goods sold							
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a								
b								
c								
d	All other revenue							
e	<b>Total. Add lines 11a-11d</b>							
12	<b>Total revenue. See instructions.</b>		8,892,874.	5,357,797.	0.	613,386.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	423,790.	148,853.	240,795.	34,142.
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	3,330,770.	3,004,785.	115,753.	210,232.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,181.		6,277.	8,904.
9 Other employee benefits	570,606.	484,851.	45,887.	39,868.
10 Payroll taxes	254,261.	202,959.	33,816.	17,486.
11 Fees for services (non-employees):				
a Management	35,759.	33,745.	1,562.	452.
b Legal	55,276.	55,276.		
c Accounting	30,335.		30,335.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	302,310.	213,730.	9,894.	78,686.
14 Information technology				
15 Royalties				
16 Occupancy	646,341.	615,772.	23,706.	6,863.
17 Travel	130,522.	100,775.	27,239.	2,508.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	250,553.	246,902.	599.	3,052.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	58,763.	55,451.	2,568.	744.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PUBLICATIONS	929,424.	929,424.		
b CONSULTANTS	227,435.	223,201.		4,234.
c MISCELLANEOUS	199,546.	190,875.	365.	8,306.
d CONTRACTED SERVICES	96,558.	72,852.	22,730.	976.
e PERIODICALS	30,867.	30,867.		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	7,588,297.	6,610,318.	561,526.	416,453.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing .....	266,768	1	271,081
	2	Savings and temporary cash investments .....	921,669	2	793,479
	3	Pledges and grants receivable, net .....	740,886	3	1,371,822
	4	Accounts receivable, net .....	824,168	4	847,839
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....		8	
	9	Prepaid expenses and deferred charges .....	30,326	9	36,499
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 644,137		
	b	Less: accumulated depreciation .....	10b 378,275		
	11	Investments - publicly traded securities .....	13,203,702	11	14,177,369
	12	Investments - other securities. See Part IV, line 11 .....		12	
	13	Investments - program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
	15	Other assets. See Part IV, line 11 .....	711,626	15	873,687
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	16,992,390	16	18,637,638	
Liabilities	17	Accounts payable and accrued expenses .....	759,104	17	1,009,117
	18	Grants payable .....		18	
	19	Deferred revenue .....	65,835	19	16,616
	20	Tax-exempt bond liabilities .....		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....		23	
	24	Unsecured notes and loans payable to unrelated third parties .....		24	
	25	Other liabilities. Complete Part X of Schedule D .....		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	824,939	26	1,025,733
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets .....	12,646,271	27	13,867,838
	28	Temporarily restricted net assets .....	3,521,180	28	3,744,067
	29	Permanently restricted net assets .....		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....		32	
	33	<b>Total net assets or fund balances</b> .....	16,167,451	33	17,611,905
	34	<b>Total liabilities and net assets/fund balances</b> .....	16,992,390	34	18,637,638

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,892,874.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,588,297.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,304,577.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,167,451.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	139,877.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	17,611,905.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question 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?		x
2b	Were the organization's financial statements audited by an independent accountant?	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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-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.		

Form 990 (2010)



**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,937,016.	2,875,205.	3,200,447.	4,285,814.	2,921,691.	17,220,173.
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 .....	3,937,016.	2,875,205.	3,200,447.	4,285,814.	2,921,691.	17,220,173.
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) .....						4,183,890.
6 Public support. Subtract line 5 from line 4.						13,036,283.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....	3,937,016.	2,875,205.	3,200,447.	4,285,814.	2,921,691.	17,220,173.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	344,469.	558,869.	431,273.	444,193.	600,639.	2,379,443.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 Total support. Add lines 7 through 10						19,599,616.
12 Gross receipts from related activities, etc. (see instructions) .....					12	26,203,559.
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 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	66.51 %
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	72.31 %
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 IV 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 - 2009. 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 IV 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV.) .....						
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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17 .....	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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

**SCHEDULE C**  
(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2010**

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

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.  
▶ See separate instructions.

Open to Public  
Inspection

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), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of organization NATIONAL CONSUMER LAW CENTER, INC. Employer identification number 04-2488502

**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.  
 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												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	1,065.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	32,401.													
c	Total lobbying expenditures (add lines 1a and 1b)	33,466.													
d	Other exempt purpose expenditures	7,554,831.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	7,588,297.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	529,415.													
<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)	132,354.													
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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total	
2a	Lobbying nontaxable amount	474,169.	493,360.	538,722.	529,415.	2,035,666.
b	Lobbying ceiling amount (150% of line 2a, column(e))					3,053,499.
c	Total lobbying expenditures	20,002.	19,139.	33,200.	33,466.	105,807.
d	Grassroots nontaxable amount	118,542.	123,340.	134,681.	132,354.	508,917.
e	Grassroots ceiling amount (150% of line 2d, column (e))					763,376.
f	Grassroots lobbying expenditures	2,410.	1,946.	281.	1,065.	5,702.

**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)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

---



---



---



---



---



---



---



---

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

NATIONAL CONSUMER LAW CENTER, INC.

Employer identification number

04-2488502

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including checkboxes for purposes, questions 2-9, and a table for 'Held at the End of the Tax Year'.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2 and monetary amounts.

**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 XIV.
- 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 XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- 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 | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 3b  Yes  No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		215,285.	22,439.	192,846.
d Equipment		428,852.	355,836.	73,016.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				265,862.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
(I) .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	

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

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

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

THE AGENCY FOLLOWS THE STANDARDS FOR ACCOUNTING FOR UNCERTAINTY IN INCOME

TAXES WHICH REQUIRE THE AGENCY TO REPORT ANY UNCERTAIN TAX POSITIONS AND

TO ADJUST ITS CONSOLIDATED FINANCIAL STATEMENTS FOR THE IMPACT THEREOF,

AS OF DECEMBER 31, 2010, THE AGENCY DETERMINED THAT IT HAD NO TAX

POSITIONS THAT DID NOT MEET THE "MORE LIKELY THAN NOT" THRESHOLD OF BEING

SUSTAINED BY THE APPLICABLE TAX AUTHORITY, THE AGENCY FILES INFORMATION

RETURNS IN THE UNITED STATES FEDERAL AND MASSACHUSETTS STATE



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2010**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL CONSUMER LAW CENTER, INC.

Employer identification number

04-2488502

**Part I Questions Regarding Compensation**

		Yes	No								
<p><b>1a</b> 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>b</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>		<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>		<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input 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 checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input 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 checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<p><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization?</p>		<b>4a</b>	X								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		<b>4b</b>	X								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p>		<b>4c</b>	X								
<p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>											
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>											
<p><b>5</b> 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><b>a</b> The organization?</p>		<b>5a</b>	X								
<p><b>b</b> Any related organization?</p>		<b>5b</b>	X								
<p>If "Yes" to line 5a or 5b, describe in Part III.</p>											
<p><b>6</b> 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><b>a</b> The organization?</p>		<b>6a</b>	X								
<p><b>b</b> Any related organization?</p>		<b>6b</b>	X								
<p>If "Yes" to line 6a or 6b, describe in Part III.</p>											
<p><b>7</b> 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>											
		<b>7</b>	X								
<p><b>8</b> 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>											
		<b>8</b>	X								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>											
		<b>9</b>									

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

Schedule J (Form 990) 2010

**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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(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 reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILLARD OGBURN	(i)	140,061.	0.	8,345.	22,304.	170,710.	0.
	(ii)	0.	0.	0.	0.	0.	0.
2 ROBERT HOBBS	(i)	120,219.	0.	8,709.	22,265.	151,193.	0.
	(ii)	0.	0.	0.	0.	0.	0.
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**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.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

NATIONAL CONSUMER LAW CENTER, INC.

Employer identification number

04-2488502

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

SECURITY AND FAMILY WEALTH FOR LOW-INCOME AND OTHER ECONOMICALLY

DISADVANTAGED AMERICANS, WE PROMOTE ACCESS TO QUALITY FINANCIAL

SERVICES AND PROTECT FAMILY ASSETS FROM UNFAIR AND EXPLOITIVE

TRANSACTIONS THAT WIPE OUT RESOURCES AND UNDERMINE SELF-SUFFICIENCY.

FOR OVER 40 YEARS NCLC HAS USED ITS EXPERTISE TO WRITE THE RULES OF A

FAIR MARKETPLACE.

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

EXPERTISE ON CONSUMER ISSUES FOR LAWYERS, FEDERAL AND STATE

POLICYMAKERS, CONSUMER ADVOCATES, JOURNALISTS, AND PROVIDERS OF HUMAN

SERVICES, NCLC IS DEDICATED TO PROMOTING FAIRNESS AND JUSTICE IN THE

MARKETPLACE, WE FOCUS ON CONSUMER CREDIT, BANKING, HOME UTILITIES, AND

OTHER TRANSACTIONS THAT AFFECT THE ECONOMIC SECURITY OF LOW-INCOME AND

ECONOMICALLY DISADVANTAGED GROUPS.

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

SPECIFIC ACHIEVEMENTS:

IN A YEAR MARKED BY EXTREME ECONOMIC DISTRESS, NCLC WAS AT THE

FOREFRONT OF EFFORTS TO HELP LOW-INCOME AMERICANS AVOID FORECLOSURE AND

PROTECT THEIR OTHER ASSETS FROM EXPLOITIVE PRODUCTS IN THE CONSUMER

FINANCIAL SERVICES MARKETPLACE, NCLC'S RESEARCH AND LEGAL AND POLICY

EXPERTISE IS DIRECTLY REFLECTED IN THE LANDMARK DODD-FRANK ACT AND IN

THE ESTABLISHMENT OF AN INDEPENDENT CONSUMER FINANCIAL PROTECTION

BUREAU. THIS MARKS AN EXTRAORDINARY VICTORY FOR CONSUMERS, ESPECIALLY

(AS DOCUMENTED REPEATEDLY BY NCLC) LOW-INCOME PEOPLE WHO ARE MOST OFTEN

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

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

NATIONAL CONSUMER LAW CENTER, INC.

Employer identification number

04-2488502

TARGETED FOR ABUSIVE FINANCIAL PRODUCTS. FOR THE FIRST TIME THERE WILL

BE A REGULATORY STRUCTURE WHOLLY DEVOTED TO PROTECTING THE FINANCIAL

SAFETY OF INDIVIDUAL CONSUMERS.

AS A RESULT OF NCLC'S FACT GATHERING, ANALYSIS, AND MEETINGS WITH

ADMINISTRATIVE RULE-MAKERS, A NUMBER OF MORE STRINGENT OBLIGATIONS WERE

PLACED ON MORTGAGE SERVICERS: (1) SERVICERS IN THE HOME AFFORDABLE

MODIFICATION PROGRAM (HAMP) MAY NOT REFER ANY LOAN TO FORECLOSURE UNTIL

EITHER THE BORROWER'S ELIGIBILITY IS DETERMINED OR REASONABLE EFFORTS

AT SOLICITATION HAVE FAILED. (2) BORROWERS IN BANKRUPTCY MUST BE

CONSIDERED FOR HAMP IF THE BORROWER OR BANKRUPTCY TRUSTEE SUBMITS A

REQUEST TO THE SERVICER; AND (3) IN THE CASE OF INVESTOR-BASED DENIALS

OF A LOAN MODIFICATION, SERVICERS MUST TURN OVER BASIC INVESTOR

INFORMATION, UPON REQUEST, TO STAFF AT FANNIE MAE.

AFTER YEARS OF OFTEN LONELY AND BEHIND-THE-SCENES ADVOCACY BY NCLC, THE

TREASURY DEPARTMENT PROPOSED A NEW FEDERAL RULE IN APRIL 2010 TO

PREVENT CREDITORS AND DEBT COLLECTORS FROM DRAINING MILLIONS OF DOLLARS

IN FEES FROM THE SOCIAL SECURITY BENEFITS OF SENIORS. ONCE IT IS

FORMALLY ADOPTED THE REGULATION WILL STOP BANKS FROM ILLEGALLY FREEZING

SOCIAL SECURITY, SSI, AND VETERANS BENEFITS TO SATISFY GARNISHMENT

ORDERS FROM DEBT COLLECTORS. THIS IS A CRITICAL PROTECTION FOR SENIORS

AND OTHERS WHO DEPEND ON FEDERAL BENEFITS TO PAY FOR FOOD, MEDICINE,

AND SHELTER.

IN JUNE 2010 NCLC RELEASED A REPORT ON SO-CALLED "ALTERNATIVES" TO

PAYDAY LOANS, "STOPPING THE PAYDAY LOAN TRAP: ALTERNATIVES THAT WORK,

ONES THAT DON'T," WHICH REVEALED THAT MANY OF THESE PRODUCTS ARE AS

Name of the organization NATIONAL CONSUMER LAW CENTER, INC.	Employer identification number 04-2488502
--	--

DANGEROUS AS THE PAYDAY LOANS THEY CLAIM TO REPLACE, TOO MANY PROVIDERS HIT CONSUMERS WITH SOME OF THE SAME ONEROUS PROVISIONS THAT PREDATORY LENDERS USE TO SADDLE UNWARY AND VULNERABLE BORROWERS WITH LOANS THEY CANNOT AFFORD TO REPAY,

THE REPORT RECEIVED A GREAT DEAL OF ATTENTION IN THE INDUSTRY AND QUICKLY AFFECTED THE SMALL LOAN MARKETPLACE. THE DAY AFTER THE REPORT WAS ISSUED, E-ACCESS LOANS CUT ITS FEE SUBSTANTIALLY, AND THEN REMOVED THE MYINSTACASH, CUACCESS AND E-ACCESS PRODUCTS FROM THE MARKET ALTOGETHER AS A RESULT OF REGULATORY ACTION BY THE NATIONAL CREDIT UNION ADMINISTRATION, METABANK SHUT DOWN ITS IADVANCE PAYDAY LOANS ON PREPAID CARDS AFTER THE OFFICE OF THRIFT SUPERVISION FOUND THE LOANS TO BE UNFAIR OR DECEPTIVE,

IN ANOTHER IMPORTANT VICTORY OVER HIGH-RATE FINANCIAL SERVICES, JP MORGAN CHASE ANNOUNCED THAT IT IS LEAVING THE REFUND ANTICIPATION LOAN (RAL) BUSINESS AFTER RECEIVING PRESSURE FROM NCLC AND OTHER ADVOCATES, CHASE WAS A HUGE PLAYER IN THE INDUSTRY, HAVING MADE AS MANY AS 1,5 MILLION RALS TO ABOUT 13,000 INDEPENDENT TAX PREPARERS IN 2008. IN ADDITION, SANTA BARBARA BANK & TRUST (SBBT) WAS FORCED OUT THE RAL BUSINESS BY ITS REGULATOR, THE OFFICE OF COMPTROLLER OF CURRENCY (OCC), SBBT WAS THE MAIN RAL LENDER FOR JACKSON HEWITT, PROVIDING ABOUT 75 PERCENT OF THE RALS OFFERED BY THAT CHAIN, AS WELL AS THE LENDER FOR MANY INDEPENDENT PREPARERS AND SMALL CHAINS, NCLC AND OTHER ADVOCATES HAD REPEATEDLY URGED THE OCC TO TAKE ENFORCEMENT ACTION AGAINST BANKS THAT MAKE RALS,

THE SUPREME COURT CITED NCLC'S TREATISE FAIR DEBT COLLECTION (5TH ED.

Name of the organization

NATIONAL CONSUMER LAW CENTER, INC.

Employer identification number

04-2488502

2008) THREE TIMES IN ITS MAJORITY OPINION IN JERMAN V. CARLISLE,

MCNELLIE, RINI, KRAMER & ULRICH L.P.A. THE CASE INVOLVED THE BONA FIDE

ERROR DEFENSE IN THE FAIR DEBT COLLECTION PRACTICES ACT, IN ONLY ITS

SECOND DECISION INTERPRETING THE FDCA, THE SUPREME COURT CITED THE

BOOK AS HOBBS, FAIR DEBT COLLECTION, GIVING CREDIT TO ROBERT HOBBS,

NCLC'S DEPUTY DIRECTOR, AS LEAD AUTHOR.

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

SPECIFIC ACHIEVEMENTS:

IN AUGUST 2010 NCLC ISSUED A REPORT, "UP THE CHIMNEY: HOW HUD'S

INACTION COSTS TAXPAYERS MILLIONS AND DRIVES UP UTILITY BILLS FOR

LOW-INCOME FAMILIES." THE REPORT OFFERED SEVEN PRACTICAL, SPECIFIC

RECOMMENDATIONS ON HOW HUD CAN SIGNIFICANTLY IMPROVE THE ENERGY

EFFICIENCY OF ITS ASSISTED HOUSING STOCK, AND REDUCE ENERGY BILLS IN

THAT HOUSING BY OVER \$1 BILLION ANNUALLY. LOW-INCOME TENANTS WOULD

BENEFIT BY SEEING THEIR ENERGY BILLS REDUCED, AND GREENHOUSE GAS

EMISSIONS WOULD BE REDUCED IN A SECTOR THAT HAS LARGELY BEEN OVERLOOKED

BY EXISTING ENERGY EFFICIENCY PROGRAMS.

NCLC'S PROJECT STAY CONNECTED HELPED LOW-INCOME HOUSEHOLDS IN

MASSACHUSETTS AVOID LOSING ESSENTIAL UTILITY SERVICES AND HELPED

RESTORE SERVICE FOR THOSE WHO HAD BEEN DISCONNECTED. THE PROJECT

CARRIED OUT A RANGE OF POLICY AND ADVOCACY INITIATIVES TO HELP

LOW-INCOME PEOPLE REDUCE THEIR ENERGY CONSUMPTION AND PAY THEIR ENERGY

BILLS. IN 2010 THE PROJECT DELIVERED 13 SUCCESSFUL UTILITY TRAININGS

TO HUNDREDS OF ADVOCATES AT LEGAL SERVICES ORGANIZATIONS, HUMAN SERVICE

AGENCIES, AND OTHER FRONT-LINE PROVIDERS WORKING AROUND THE STATE. IN

Name of the organization NATIONAL CONSUMER LAW CENTER, INC.	Employer identification number 04-2488502
--	--

ADDITION, A STATEWIDE E-MAIL LIST-SERVE OF OVER 900 MEMBERS HELPED

BUILD THE NETWORK OF PROVIDERS AND SPECIALISTS WHO HELP PEOPLE STAY

WARM IN THE WINTER AND CONNECTED YEAR-ROUND TO THEIR UTILITY SERVICES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ACCESS TO JUSTICE: SINCE ITS FOUNDING IN 1969, NCLC HAS PROMOTED ACCESS

TO JUSTICE FOR LOW-INCOME AND ELDERLY CONSUMERS AND HAS NURTURED AND

SUPPORTED THE GROWING COMMUNITY OF CONSUMER LAWYERS WITH EXPERT ADVICE,

TRAINING, AND RESEARCH. THOUSANDS OF ATTORNEYS RELY ON NCLCS LEGAL

MANUALS AS THE PRIMARY LEGAL PRACTICE RESOURCE IN THE FIELD, AND THE

LARGEST ANNUAL GATHERING OF CONSUMER ATTORNEYS, THE CONSUMER RIGHTS

LITIGATION CONFERENCE, IS ORGANIZED BY NCLC.

IN ADDITION TO ITS WORK WITH LAWYERS, NCLC SERVES AS A RESOURCE CENTER

FOR ADVOCATES, SOCIAL SERVICE PROVIDERS, AND POLICYMAKERS AROUND THE

COUNTRY. NCLC ASSISTS HUNDREDS OF ORGANIZATIONS THAT SERVE LOW-INCOME

POPULATIONS, INCLUDING HOUSING COUNSELING GROUPS, COMMUNITY DEVELOPMENT

CORPORATIONS, AND AGENCIES WORKING WITH ELDERS, DOMESTIC VIOLENCE

SURVIVORS, RURAL RESIDENTS, AND OTHER DISTINCT POPULATIONS.

AT 54 TRAINING EVENTS NCLC EDUCATED OVER 6,500 ATTORNEYS AND ADVOCATES

ON A BROAD RANGE OF LEGAL AND POLICY ISSUES AFFECTING LOW-INCOME

CONSUMERS.

WITH THE AID OF NCLC'S EXPERT LEGAL AND POLICY ADVICE, VERMONT ENACTED

A LAW THAT PROVIDES CLEARER AND BROADER OPPORTUNITIES TO TITLE

MANUFACTURED HOMES AS REAL PROPERTY.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS SENT BY THE PREPARER VIA

Name of the organization

NATIONAL CONSUMER LAW CENTER, INC.

Employer identification number

04-2488502

EMAIL AND IS REVIEWED AND REVISED BY THE FINANCE COMMITTEE BEFORE IT IS

FILED, THE FULL BOARD OF DIRECTORS ALSO RECEIVES A COPY.

FORM 990, PART VI, SECTION B, LINE 12C: EVERY YEAR, BOARD MEMBERS ARE

CALLED UPON TO MAKE FULL CONFLICT OF INTEREST DISCLOSURES AT THE BOARD'S

ANNUAL MEETING, THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR PUTTING THIS

ITEM ON THE MEETING AGENDA AND THE BOARD SECRETARY RECORDS THE RESULTS IN

THE MINUTES.

FORM 990, PART VI, SECTION B, LINE 15: EVERY 3 YEARS, NCLC CONTRACTS WITH

AN OUTSIDE PROFESSIONAL SALARY CONSULTANT FIRM TO DO A SALARY COMPARABILITY

STUDY, THE BOARD APPROVES THE RESULTS OF THE STUDY AND SALARIES FOR ALL

STAFF (INCLUDING THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES) ARE SET

ACCORDINGLY.

FORM 990, PART VI, SECTION C, LINE 19: THE 990 AND AUDITED FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 139,877.

FORM 990, PART XII, LINE 2C

NATIONAL CONSUMER LAW CENTER, INC, HAS AN AUDIT/FINANCE COMMITTEE THAT

ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTS THE

INDEPENDENT AUDITOR.





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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CONSUMER LAW BUILDING CORPORATION	D	8,732,234	FAIR MARKET VALUE
(2) CONSUMER LAW BUILDING CORPORATION	J	400,000	FAIR MARKET VALUE
(3)			
(4)			
(5)			
(6)			



