#### \*\* PUBLIC DISCLOSURE COPY \*\*

#### Return of Organization Exempt From Income Tax

Form **990** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

and ending A For the 2022 calendar year, or tax year beginning Check if applicable C Name of organization D Employer identification number NATIONAL LEGAL AID AND DEFENDER Address change ASSOCIATION Name change 36-2337880 Doing business as Initial return Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) 500 (202) 452-0620 1901 PENNSYLVANIA AVENUE, NW 5,418,968. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended WASHINGTON, DC 20006 H(a) Is this a group return Applica-F Name and address of principal officer: APRIL FRAZIER CAMARA ESO for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes If "No," attach a list. See instructions I Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 WWW.NLADA.ORG H(c) Group exemption number J Website: Form of organization: X Corporation Year of formation: 1949 M State of legal domicile; DC 7 Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: TO DEVELOP & PROMOTE HIGH Governance QUALITY, EFFECTIVE CIVIL LEGAL ASSISTANCE & PUBLIC DEFENSE SERVICES. if the organization discontinued its operations or disposed of more than 25% of its net assets. 17 Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 21 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 26 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year **Current Year** 4,708,842. 2,216,047. Contributions and grants (Part VIII, line 1h) 2,887,610. 2,853,353. Program service revenue (Part VIII, line 2g) 377. 6,042. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 176,724. 184,287. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,773,553. 5,259,729. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 135,000. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 3,208,481. 3,257,278. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,933,944. 2,579,318. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,142,425. 5,971,596. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -711,867. 2,631,128. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 5 5,969,911. 5,780,457. 20 Total assets (Part X, line 16) 2,194,767. 2,720,110. 21 Total liabilities (Part X, line 26) 3,060,347. 3,775,144. Net assets or fund balances. Subtract line 21 from line 20 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 than officer) is based on all information of which preparer has any knowledge. 11 ... Signature of officer Sign STAN GERMAN, CHAIRPERSON Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature 11/15/23 P00639053 Paid FRANK H. SMITH FRANK H. SMITH self-employed MARCUM, LLP Firm's EIN 11-1986323 Preparer Firm's name Firm's address 1899 L STREET, NW, SUITE 850 Use Only Phone no. (202) 227-4000 WASHINGTON, DC 20036 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

	1990 (2022) ASSOCIATION 30-233/880 Page 2
Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE NATIONAL LEGAL AID & DEFENDER ASSOCIATION (NLADA) WORKS TO PROMOTE
	AND DEVELOP HIGH QUALITY, EFFECTIVE CIVIL LEGAL AID AND PUBLIC DEFENSE
	SERVICES. NLADA ACCOMPLISHES THIS BY SUPPORTING THE EXISTING NETWORK
	OF CIVIL AND DEFENDER SERVICES THROUGHOUT THE COUNTRY AND BY
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,380,507. including grants of \$135,000. ) (Revenue \$)
	SPECIAL PROJECTS - RESTRICTED GRANTS RECEIVED BY NLADA TO CARRY OUT
	SPECIFIC PROJECTS ON BEHALF OF CIVIL LEGAL AID AND PUBLIC DEFENSE.
	NLADA'S CIVIL AND DEFENDER DIVISIONS BOTH RECEIVED FUNDING TO SUPPORT
	AND PROMOTE THE DELIVERY OF HIGH QUALITY LEGAL SERVICES IN THE FIELD.
	THE CIVIL DIVISION RECEIVED FUNDING TO SUPPORT WORK TO ENHANCE
	OUTREACH, EDUCATION AND TRAINING TO CIVIL LEGAL AID PROGRAMS DURING THE
	NATIONWIDE PANDEMIC AND LOCK DOWN. THE DEFENDER DIVISION HAS RECEIVED
	FUNDING TO CARRY OUT VARIOUS INITIATIVES ON BEHALF OF AN IMPROVED
	PUBLIC DEFENSE SYSTEM.
4b	(Code: ) (Expenses \$ 763,621. including grants of \$ ) (Revenue \$ 1,961,573.)
	CIVIL DIVISION - SUPPORTS A WIDE ARRAY OF ACTIVITIES ON BEHALF OF CIVIL
	LEGAL AID PROGRAM PROVIDERS, PRO BONO ATTORNEYS, LAW SCHOOLS, BAR
	ASSOCIATIONS AND OTHER ORGANIZATIONS AND INDIVIDUALS PLAYING A ROLE IN
	ENSURING THAT LOW-INCOME PEOPLE HAVE ACCESS TO EFFECTIVE REPRESENTATION
	IN CIVIL LEGAL MATTERS. THE DEFENDER DIVISION SUPPORTS AN ARRAY OF
	ACTIVITIES ON BEHALF OF IMPROVED PUBLIC DEFENSE SYSTEMS.
4c	(Code:) (Expenses \$ 576 , 119including grants of \$) (Revenue \$ 627 , 009)
	TRAINING AND CONFERENCE DIVISION -THE TRAINING AND CONFERENCE AGENDAS
	ARE IN ALIGNMENT WITH NLADA'S STRATEGIC GOALS AND THE WORK OF PROGRAM
	STAFF, PROVIDING TRAINING OPPORTUNITIES AND CONFERENCES TO BOTH THE
	CIVIL AND PUBLIC DEFENSE COMMUNITIES.
	Other are green and it as (Describe on Cahadala O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ 929,716 · including grants of \$ ) (Revenue \$ 251,156 · )
40	2 642 262
40	Total program service expenses 3,649,963.  Form <b>990</b> (2022)
	FOIII <b>300</b> (2022)

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		<del></del>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	Schedule D, Parts XI and XII	12a		X
h	, , , , , , , , , , , , , , , , , , ,	IZa		1
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40h	х	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	21	Х
13	Did the appropriation projection of the control of the United Otelson	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		├^
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			<sub>V</sub>
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
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? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		_	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21	X	
		_		_

## NATIONAL LEGAL AID AND DEFENDER

Form 990 (2022)

ASSOCIATION

Part IV	Checklist of Required Schedules	(continued)
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			Yes	No
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? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
4	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c		$\frac{x}{x}$
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Х
21	contributions? If "Yes," complete Schedule M	30 31		X
31 32	Did the organization required, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pai	Note: All Form 990 filers are required to complete Schedule O  † V   Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı aı				
	Check if Schedule O contains a response or note to any line in this Part V			NI-
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ıa b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 62  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ü	(gambling) winnings to prize winners?	1c	Х	
232004	+ 12-13-22			(2022)

Form 990 (2022) ASSOCIATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	i (common)			1	
0-	Fatantha mushay of applaces you add as Faura W.O. Turansittal of Wass and Tay Obstansita	1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 21			
<b>L</b>	filed for the calendar year ending with or within the year covered by this return		2b	х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		3a		Х
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 6	······	3b		21
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		SD		
Ta	financial account in a foreign country (such as a bank account, securities account, or other financial ac	•	4a		х
h	If "Yes," enter the name of the foreign country		-iu		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•	0		
9			8		
э a	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:		- CD		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	•			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans	13b			
C	Enter the amount of reserves on hand	13c	44-		Х
14a			14a		Λ
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule to the explanation subject to the section 1000 tox on payment(s) of more than \$1,000,000 in remuner		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations parachute payment(s) during the year?		15		Х
	excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.		13		23
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	income?	.0		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities			
-	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form 990 (2022)

ASSOCIATION

36-2337880

Page 6

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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 17 **1a** Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Х b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed  $\,$  NJ , NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 X Upon request Another's website Other (explain on Schedule O) Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records YVETTE HATCHER - (202) 452-0620

Form **990** (2022)

1901 PENNSYLVANIA AVENUE NW, # 500, WASHINGTON.

# 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization no	or any related	orga	niza			npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		l than c	one	Reportable	Reportable	Estimated
	hours per					s both		compensation	compensation	amount of
	week		T			17 41 410	,	from the	from related	other
	(list any hours for	direct				_		organization	organizations (W-2/1099-MISC/	compensation from the
	related	96 OF	stee			ısateo		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	1000 (120)	and related
	below	idual	tution	la la	Key employee	est co loyee	ıer	,		organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) JO-ANN WALLACE	1.00									
DIRECTOR		Х						0.	287,014.	32,563.
(2) APRIL CAMARA FRAZIER	37.50									
PRESIDENT AND CEO				Х				209,962.	0.	24,275.
(3) ALISON BLOOMQUIST	37.50									
VP, DLS					Х			168,664.	0.	30,769.
(4) MARIA SOTO	37.50									
SR. VP OF OPERATIONS/SECRETARY				Х				173,198.	0.	19,264.
(5) AILEEN MOFFATT	37.50								_	
VP OF EXTERNAL RELATIONS					Х			168,387.	0.	19,264.
(6) CHERISE BURDEEN	37.50								_	
VP, MISSION SUPPORT					Х			163,333.	0.	11,922.
(7) RADHIKA SINGH	37.50								_	
VP, CIVIL LEGAL AID INITIATIVES					Х			158,898.	0.	10,887.
(8) RABIAH BURKS	37.50								_	
VP, COMMUNICATIONS						Х		125,956.	0.	9,579.
(9) CLINTON LYONS	0.00									
FORMER DIRECTOR	0.00						Х	0.	130,324.	0.
(10) KERI NASH	37.50									
DIRECTOR, RACIAL EQUITY						X		118,622.	0.	9,404.
(11) MAREA BEEMAN	37.50									
DIRECTOR, RESEARCH - UNTIL 09/2022						Х		107,448.	0.	20,083.
(12) YVETTE HATCHER	37.50									
DIRECTOR, FINANCE						Х		107,799.	0.	18,989.
(13) STAN GERMAN, VICE CHAIRPERSON -	1.00									
UNTIL 10/2022, CHAIRPERSON		Х		Х				0.	0.	0.
(14) RHODIA D. THOMAS, CHAIRPERSON -	1.00									
UNTIL 10/2022, IMMED. PAST CHAIR		Х		Х				0.	0.	0.
(15) KELLI THOMPSON, IMMED. PAST	1.00									
CHAIR - UNTIL 10/2022, DIRECTOR		Х		Х				0.	0.	0.
(16) ROSITA STANLEY	1.00									
VICE CHAIRPERSON		Х		Х				0.	0.	0.
(17) MARIE THOMAS-JONES	1.00									
VICE CHAIRPERSON - AS OF 10/2022	1	Х	l	Х		l	1	0.	0.	0.

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Form 990 (2022)

Form 990 (2022)

36-2337880

Page 8

Part VII Section A. Officers, Directors, Trus		loy	ees,			ghes	t Co	ompensated Employee	s (continued)	Γ
(A)	(B)			((				(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle: cer ar	ss per	more son i	than o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) RONALD SIMPSON-BEY	1.00									
DIRECTOR - UNTIL 10/2022, TREASURER		Х		Х				0.	0.	0.
(19) ALISON PAUL	1.00									
TREASURER - UNTIL 10/2022		Х		Х				0.	0.	0.
(20) JAMES CHOSY	1.00									
DIRECTOR		Х						0.	0.	0.
(21) SOUMMER CRAWFORD	1.00									
DIRECTOR		Х						0.	0.	0.
(22) KEIR BRADFORD-GREY DIRECTOR	1.00	Х						0.	0.	0.
(23) LILLIAN O. JOHNSON	1.00									
DIRECTOR - UNTIL 10/2022		Х						0.	0.	0.
(24) NALANI FUJIMORI KAINA	1.00									
DIRECTOR		Х						0.	0.	0.
(25) MAX LAUN	1.00									
DIRECTOR		Х						0.	0.	0.
(26) JACK LONDEN	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								1,502,267.	417,338.	206,999.
c Total from continuation sheets to Part V	I, Section A							0.	0.	0.
d Total (add lines 1b and 1c)		<u></u> .	<u></u>	<u></u>		<u></u>		1,502,267.	417,338.	206,999.

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

10

rendered to the organization? *If "Yes," complete Schedule J for such person*Section B. Independent Contractors

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
TECHNOLOGY EXPRESS	A/V SERVICES FOR	
820 MIDPOINT DRIVE, FALLON, MO 63366	CONFERENCES	130,667.
HEATHER PINCKNEY	EXECUTIVE DIRECTOR	
400 7TH STREET, NW, WASHINGTON, DC 20004	FOR BPDA PROGRAM	108,000.
9		

\$100,000 of compensation from the organization 2
SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2022)

36-2337880 ASSOCIATION

Form 990 ASSOCIAT	ION								36-233	7880
Part VII   Section A. Officers, Directors, Tre	ustees, Key Er	nplo	yee	s, aı	nd F	ligh	est (	Compensated Employe	es (continued)	
(A) Name and title	(B) Average			(O Pos	C) ition	ı		<b>(D)</b> Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	stee or director	Institutional trustee	( all )	Key employee	Highest compensated employee	ly)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(27) TINA LUONGO DIRECTOR	1.00	х						0.	0.	0.
(28) LIZA MERRILL DIRECTOR	1.00	х						0.	0.	0.
(29) KIRBY MITCHELL	1.00									
DIRECTOR - UNTIL 10/2022 (30) JOHN SCHULTZ	1.00	X						0.	0.	0.
DIRECTOR (31) AARON SONTZ	1.00	Х						0.	0.	0.
DIRECTOR		Х						0.	0.	0.
		-								
		_								
		•								
Total to Part VII, Section A, line 1c										

Form 990 (2022) ASSOCIA
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
			, <b>,</b>	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 9	Federated campaigns 1a	7,170.				
ant			,,,,,,,,				
S S			554,437.				
fts,			100,000.				
Contributions, Gifts, Grants and Other Similar Amounts			$\frac{150,0361}{452,436.}$				
Sin		All other contributions, gifts, grants, and	152,1501				
uti je r	•		102,004.				
Q Ë	_	Noncash contributions included in lines 1a-1f	102,001				
no d	_			2,216,047.			
0 6		Total. Add lines 1a-1f	Business Code	2,210,047.			
	2 -	MEMBERSHIP DUES		1,961,573.	1 961 573.		
/ice		CONFERENCE & TRAINING	900099	640,624.			13,615.
ser, lue		INSURANCE ADMIN.	900099	133,100.			13,013.
m S		CONTRACT INCOME	900099	80,931.	80,931.		
gra Re		PUBLICATIONS	900099	37,125.	37,125.		
Program Service Revenue		All other program service revenue	200022	31,123.	37,123.		
_		Total. Add lines 2a-2f		2,853,353.			
-	3	Investment income (including dividends, interes		2,033,333.			
	Ū	other similar amounts)		6,042.			6,042.
	4	Income from investment of tax-exempt bond p					0,011
	5	Royalties		264,496.			264,496.
	Ū	(i) Real	(ii) Personal				
	6 a	Gross rents 6a	. ,				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	. ,				
	b	Less: cost or other basis					
ā		and sales expenses					
enr	c	Gain or (loss) 7c					
Şe.		Net gain or (loss)					
her Revenue		Gross income from fundraising events (not					
δ		including \$554,437. of					
		contributions reported on line 1c). See	65 205				
			65,327.				
			159,239.	02 010			02 010
		Net income or (loss) from fundraising events		-93,912.			-93,912.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
$\rightarrow$		Net income or (loss) from sales of inventory	Business Code				
sn	11 -	OTHER INCOME	900099	13,703.			13,703.
neo	b						
ella.	c						
Miscellaneous Revenue		All other revenue					
Σ		Total. Add lines 11a-11d		13,703.			
	12	Total revenue. See instructions		5,259,729.	2,839,738.	0.	203,944.

#### Form 990 (2022)

#### Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	7.5.			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	125 000	125 000		
	and domestic governments. See Part IV, line 21	135,000.	135,000.		
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  Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
5	trustees, and key employees	1,478,401.	837,390.	507,231.	133,780
6	Compensation not included above to disqualified	1,470,401.	031,330.	301,231.	133,700
U	persons (as defined under section 4958(f)(1)) and				
	40F0(-)(0)(D)				
7	Other salaries and wages	1,438,226.	792,538.	346,598.	299,090
, 8	Pension plan accruals and contributions (include	_,,			
-	section 401(k) and 403(b) employer contributions)	20,958.	12,315.	5.453.	3.190
9	Other employee benefits	121,836.	72,903.	5,453. 22,966.	3,190 25,967 30,117
0	Payroll taxes	197,857.	116,264.	51,476.	30,117
1	Fees for services (nonemployees):			J= <b>/</b> 2 · · · ·	
	Management	108,000.	77,679.	18,424.	11,897
b	Legal	36,613.	,	36,613.	,
	Accounting	35,619.		35,619.	
	Lobbying			·	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	1,131,123.	826,098.	181,470.	123,555
2	Advertising and promotion				
3	Office expenses	302,913.	91,338.	149,559.	62,016
4	Information technology				
5	Royalties				
6	Occupancy	169,631.	67,941.	68,347.	33,343
7	Travel	168,750.	134,541.	21,225.	12,984
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	373,840.	361,846.	6,618.	5,376
0	Interest				
1	Payments to affiliates	56 560	22.511	22 527	4 = 404
2	Depreciation, depletion, and amortization	76,762.	30,644.	30,697.	15,421
3	Insurance	35,508.	13,258.	15,578.	6,672
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DUES AND REGISTRATIONS	73,144.	51,366.	13,335.	8,443
b	OTHER EXPENSES	44,636.	18,879.	18,188.	7,569
c	EQUIP. RENTAL & MAINT.	22,779.	9,963.	9,035.	3,781
d		-,	- ,	- ,	- ,
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	5,971,596.	3,649,963.	1,538,432.	783,201
6	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)				

Form **990** (2022)

#### Part X Balance Sheet

Fai	IL A	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			360,188.	1	358,439.
	2	Savings and temporary cash investments			3,163,981.	2	4,192,316.
	3	Pledges and grants receivable, net	1,479,681.	3	82,905.		
	4	Accounts receivable, net	598,637.	4	226,701.		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	ons		5		
	6	Loans and other receivables from other disqual	sons (as defined				
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
ι	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	Prepaid expenses and deferred charges			128,044.	9	100,706.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,042,973.			
	b	Less: accumulated depreciation	10b	899,908.	207,817.	10c	143,065.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			31,563.	15	676,325.
	16	Total assets. Add lines 1 through 15 (must equ			5,969,911.	16	5,780,457.
	17	Accounts payable and accrued expenses		349,281.	17	365,369.	
	18	Grants payable	1	1 115 010	18	1 100 155	
	19	Deferred revenue		1	1,117,240.	19	1,129,155.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
ia b		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrel		· · · · · · · · · · · · · · · · · · ·	150 000	23	150 000
	24	Unsecured notes and loans payable to unrelate			150,000.	24	150,000.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 1 <i>1-</i> 24)	. Complete Part X	E70 246		1 075 506
		of Schedule D			578,246. 2,194,767.		1,075,586.
	26	Total liabilities. Add lines 17 through 25			2,194,707.	26	2,720,110.
ý		Organizations that follow FASB ASC 958, che	eck ner	e X			
nce	07	and complete lines 27, 28, 32, and 33.			1,471,757.	07	1,341,436.
ala	27		2,303,387.	27 28	1,718,911.		
В	28	Net assets with donor restrictions  Organizations that do not follow FASB ASC 9	2,303,3076	20	1,710,511.		
Ë		<u> </u>	, CHE	ck nere			
Net Assets or Fund Balances	20	and complete lines 29 through 33.				29	
əts	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or e			30		
\ss	31	Retained earnings, endowment, accumulated in			31		
et /	32	Total net assets or fund balances			3,775,144.	32	3,060,347.
Ž				1	5,969,911.	33	5,780,457.
	33	Total liabilities and net assets/fund balances			3,303,311.	აა	5,700,4576

Form **990** (2022)

Pa	rt 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	5,25				
2	Total expenses (must equal Part IX, column (A), line 25)						
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,77				
5	Net unrealized gains (losses) on investments	5	<u> </u>	2,9	30.		
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 on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	coluṃn (B))	10	3,06	0,3	47.		
Pa	rt 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: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X		
	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:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	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:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	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?		. 2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b				
			Form	990	(2022)		

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

NATIONAL LEGAL AID AND DEFENDER

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

ASSOCIATION 36-2337880 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

36-2337880 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2046858.	2938169.	2194523.	4708842.	2216047.	14104439.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2046858.	2938169.	2194523.	4708842.	2216047.	14104439.
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)						1558314.
6	Public support. Subtract line 5 from line 4.						12546125.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2046858.	2938169.	2194523.	4708842.	2216047.	14104439.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	210,972.	225,526.	333,829.	250,164.	270,538.	1291029.
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.)					13,703.	
11	<b>Total support.</b> Add lines 7 through 10						15409171.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 13	,768,689.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I					14	81.42 %
	Public support percentage from 2021					15	82.59 %
16a	33 1/3% support test - 2022. If the o						
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	•		•		•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact			=	=	VI how the organiz	zation
	meets the facts-and-circumstances te	· ·	•				
b	10% -facts-and-circumstances test	ū				•	10% or
	more, and if the organization meets the				•		
	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	3

Schedule A (Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	( //		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from :					18   3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation</b> If the organization						

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#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
_		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
_		
7		
8		
9a		
0.		
9b		
9c		
10a		
401		
10b ule A (Forn	n 990\	2022
	555)	

Pai	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	aon or typo it outporting organizations		Va	Nic
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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).	2		
3	By reason of the relationship described on line 2, above, 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	_		
Sac	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)  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 governmental entity (see in.	struction	c)	
2	Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
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.	2a		
b	Did the activities described on line 2a, above, 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ol-		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	1	ı

Sche	edule A (Form 990) 2022 ASSOCIATION	ם בוום		36-2337880 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organiz	zations	TO LOCATE Page 0
1	Check here if the organization satisfied the Integral Part Test as a qualifyi			in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete S	ections A through E.	
Sect	ion 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		
Sect	ion 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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		

Schedule A (Form 990) 2022

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

5

6

5 Income tax imposed in prior year

instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

36-2337880 Page 7 ASSOCIATION Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions **6** Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j

Schedule A (Form 990) 2022

and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Part VI	Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)													
SCHEDU	ULE A,	PART	II,	LINE	10,	EXPL	ANATI	ON E	OR (	OTHER	INCO	ME:		
OTHER	INCOM	Ξ												
2022 1	AMOUNT	: \$	13,7	703.										

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**2022** 

Name of the organization

NATIONAL LEGAL AID AND DEFENDER

ASSOCIATION

Employer identification number

36-2337880

Filers of	:	Section:								
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization								
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation								
		527 political organization								
Form 99	0-PF	501(c)(3) exempt private foundation								
		4947(a)(1) nonexempt charitable trust treated as a private foundation								
		501(c)(3) taxable private foundation								
	Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.									
General	Rule									
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.									
Special	Rules									
X	sections 509(a)(1) a contributor, during t	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.								
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.									
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year								
answer "	No" on Part IV, line 2	It isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).								

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990) (2022)

Name of organization
NATIONAL LEGAL AID AND DEFENDER
ASSOCIATION

Employer identification number

36-2337880

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 288,996.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 163,440.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Tullio, audi 000, alia eli TT	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **2** 

Name of organization
NATIONAL LEGAL AID AND DEFENDER
ASSOCIATION

Employer identification number

36-2337880

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$51,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Hame, address, and Zn ++	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Traine, avaites, and EIF T T		Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization
NATIONAL LEGAL AID AND DEFENDER
ASSOCIATION
September 36-2337880

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.								
(a) No. from Part I	(b) Description of noncash property given								
		\$							
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
		\$							
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
		\$							
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
		\$							
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
		   \$							

Name of organization **Employer identification number** NATIONAL LEGAL AID AND DEFENDER ASSOCIATION 36-2337880 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on 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," on 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," on 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. **Employer identification number** NATIONAL LEGAL AID AND DEFENDER 36-2337880 ASSOCIATION 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 campaign activity expenditures Volunteer hours for political campaign activities 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? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 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 Did the filing organization file Form 1120-POL for this year? 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 (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

420,209.

5,689.

1,243.

105,052.

		ASSOCIATION				337880 Page 2					
Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under										
	section 501(h)).										
Α (	Check if the filing organiza	tion belongs to an affi	liated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,					
	expenses, and shar	re of excess lobbying e	expenditures).								
В	Check if the filing organiza	tion checked box A ar	nd "limited control" pro	visions apply.							
		ts on Lobbying Expe ditures" means amou	nditures ınts paid or incurred.)		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals					
1a	Total lobbying expenditures to influ	uence public opinion (	grassroots lobbying)		9,981.						
	Total lobbying expenditures to influ		, ,		10,841.						
С		•	, , , , , , , , , , , , , , , , , , , ,		20,822.						
d	Other exempt purpose expenditure				5,950,774.						
е	Total exempt purpose expenditure				5,971,596.						
f	Lobbying nontaxable amount. Ente				448,580.						
	If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:							
	Not over \$500,000	20% of	the amount on line 1e.								
	Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exce	ess over \$500,000.							
	Over \$1,000,000 but not over \$1,5	00,000 \$175,00	00 plus 10% of the exce	ess over \$1,000,000.							
	Over \$1,500,000 but not over \$17,	000,000 \$225,00	00 plus 5% of the exces	ss over \$1,500,000.							
	Over \$17,000,000	\$1,000,	000.								
g	Grassroots nontaxable amount (en	iter 25% of line 1f)			112,145.						
h	Subtract line 1g from line 1a. If zer	o or less, enter -0			0.						
i	Subtract line 1f from line 1c. If zero	o or less, enter -0			0.						
j	If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	tion file Form 4720	_						
	reporting section 4911 tax for this	year?				Yes No					
			eraging Period Under	• • •							
	(Some organizations the		· ·	•	of the five columns be	low.					
		•	ate instructions for lin								
		Lobbying Expe	nditures During 4-Yea	r Averaging Period							
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) Total					

400,329.

5,535.

2,283.

100,082.

462,572.

9,410.

4,262.

115,643.

9,981. 17,769. Schedule C (Form 990) 2022

1,731,690.

2,597,535.

41,456.

432,922.

649,383.

448,580.

20,822.

112,145.

2a Lobbying nontaxable amount **b** Lobbying ceiling amount

(150% of line 2a, column(e))

c Total lobbying expenditures

d Grassroots nontaxable amount e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

# 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)).

each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)			
of the lobbying activity.			No	Amount		
During the year, did the filing organization attempt to influence foreign	n, national, state, or					
local legislation, including any attempt to influence public opinion on						
or referendum, through the use of:	<u> </u>					
a Volunteers?						
<b>b</b> Paid staff or management (include compensation in expenses reporte						
c Media advertisements?						
d Mailings to members, legislators, or the public?						
f Grants to other organizations for lobbying purposes?						
g Direct contact with legislators, their staffs, government officials, or a le	egislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, o	r 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 i						
<b>b</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 manage	ers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 47	'20 for this year?					
Part III-A Complete if the organization is exempt under	section 501(c)(4), sectio	n 501(c)(5)	, or sec	tion		
501(c)(6).						
				Yes	N <sub>1</sub>	
			1			
, ,						
2 Did the organization make only in-house lobbying expenditures of \$2,0	000 or less?		2			
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,</li> <li>Did the organization agree to carry over lobbying and political campai</li> </ul>	000 or less?gn activity expenditures from th section 501(c)(4), sectio	e prior year? n 501(c)(5)	2 3 , or sec		3, is	
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Did the organization make only in-house lobbying expenditures of \$2,63   Did the organization agree to carry over lobbying and political campai cart III-B   Complete if the organization is exempt under 501(c)(6) and if either (a) BOTH Part III-A, lines answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do expenses for which the section 527(f) tax was paid).  Current year   Carryover from last year   Carryover from last year   Total   Aggregate amount reported in section 6033(e)(1)(A) notices of nonder does the organization agree to carryover to the reasonable estimate of expenditures next year?   Taxable amount of lobbying and political expenditures. See instruction covide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, rovide the descriptions required for Part I	gn activity expenditures from the section 501(c)(4), section 501(c)(4), section 1 and 2, are answered and include amounts of political ductible section 162(e) dues an line 3, what portion of the except frondeductible lobbying and process.  Iline 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) "No" OR (l	2 3 ), or sec o) Part I 2a 2b 2c 3	II-A, line	3, is	
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#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

NATIONAL LEGAL AID AND DEFENDER Name of the organization ASSOCIATION

**Employer identification number** 36-2337880

Pal	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		ei Siiiiiai Funds	OF ACCOUNTS. Complete if the	•
		T	dvised funds	(b) Funds and other account	ts
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 v	writing that the asse	ts held in donor advis	ed funds	
	are the organization's property, subject to the organization's	exclusive legal cont	rol?	Yes	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing th	at grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or f	or any other purpose	conferring	
_	impermissible private benefit?				No
Pa	rt II Conservation Easements. Complete if the org	ganization answered	I "Yes" on Form 990, I	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that ap	pl <u>y).</u>		
	Preservation of land for public use (for example, recrea	tion 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 qualif	fied conservation co	ntribution in the form	of a conservation easement on the	last
	day of the tax year.			Held at the End of the	Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a	ı)	2c	
d	Number of conservation easements included in (c) acquired a	after July 25,2006, a	nd not on a		
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, release	eased, extinguished	, or terminated by the	organization during the tax	
	year				
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per	riodic monitoring, in:	spection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	s, and enforcing cons	servation easements during the yea	ır
_	<del></del>				
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, ar	id enforcing conservat	tion easements during the year	
•				L\(4\\D\(;\	
8	Does each conservation easement reported on line 2(d) abov		,	~ ~ ~	□ No
0	and section 170(h)(4)(B)(ii)?				NO
9	,		•		
	balance sheet, and include, if applicable, the text of the footn	iote to the organizar	ion's financial stateme	ents that describes the	
Pai	organization's accounting for conservation easements.  rt III   Organizations Maintaining Collections of	Δrt Historical	Treasures or Ot	her Similar Assets	
	Complete if the organization answered "Yes" on Form			nor curmar 7.000tor	
10	If the organization elected, as permitted under FASB ASC 95			nd balance about works	
ıa	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finar			·	
h	If the organization elected, as permitted under FASB ASC 95				
b		· ·			
	art, historical treasures, or other similar assets held for public	exhibition, education	on, or research in furth	ierance of public service,	
	provide the following amounts relating to these items:			¢	
	(i) Revenue included on 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 treation following amounts required to be reported under FASD A			ı gairi, provide	
_	the following amounts required to be reported under FASB A			<b>6</b>	
	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X				000) 0000
∟⊓А	For Paperwork Reduction Act Notice, see the Instructions	. IUI FUIIII 99U.		Schedule D (Form 9	7001 ZUZZ

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

	t III Organizations Maintaining C		t, Historical Ti	reasures, or O	ther S		· Assets			age <b>∠</b>
3	Using the organization's acquisition, accessi							(COITCHT	<u>ucu,</u>	
•	collection items (check all that apply):	on, and other record	o, or look arry or arr	o ronowing that me	arto orgini	nounc c	.00 01 110			
а	Public exhibition	c	I Dan or ex	change program						
b		6								
	Scholarly research	•	eOther							
C	Preservation for future generations									
4	Provide a description of the organization's co	•	•	-	-		se in Part	XIII.		
5	During the year, did the organization solicit of		·	•				٦.,	_	٦
Day	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizat	ion answered "Ye	s" on Fo	rm 990	, Part IV, I	ine 9, or		
10	Is the organization an agent, trustee, custodi		lion, for contribution	no or other seeds	not incl	udod				
Id								Yes		No
<b>L</b>	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII						∟	_ res		] NO
D	ir res, explain the arrangement in Part XIII	and complete the lo	llowing table.					Amount		
	Designing belows					4.		Amount		
	Beginning balance					1c				
	Additions during the year					1d				
_	Distributions during the year					1e				
Ť	Ending balance					1f		7.,	$\overline{}$	1
	Did the organization include an amount on F				•		L	Yes		∐ No
Par	If "Yes," explain the arrangement in Part XIII.									
Fai	t V Endowment Funds. Complete					Throny	vooro book	(e) Four	vooro	hook
_		(a) Current year	(b) Prior year	(c) Two years b	ack (a)	Tillee y	ears back	(e) Four	years	Dack
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment		_							
С		%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	•	ation that are held	and administered	for the					
-	organization by:							Γ	Yes	No
	(i) Unrelated organizations							3a(i)		
								3a(ii)		
h	(ii) Related organizations	ations listed as requir	ad on Schodulo D	 ?				3b		
_	Describe in Part XIII the intended uses of the			·				_ JD _		
Par	t VI Land, Buildings, and Equipm		willent funds.							
	Complete if the organization answere		) Part IV line 11a	See Form 990 Pa	art X line	10				
	Description of property	(a) Cost or o		st or other	(c) Accu		<u>,                                    </u>	(d) Book	valu	
	Description of property	basis (investr	, ,	s (other)		ciation	;u	(u) Boor	valui	5
	Land	`	nong basi	5 (501101)	асріб	CIGUIOII				
	Land									
	Buildings		-	65 560		7 7'	,	115	, 0	20
	Leasehold improvements			65,560.		$\frac{7,73}{9,33}$		117		
	Equipment	I		93,556.		8,32		45	, 2	
	Other	*	•	83,857.	8	3,85	0 / •	4 4 4		0.
Total	Add lines 1a through 1e (Column (d) must o	aud Form 000 Port	V column (P) line	100)				14:	. (J (	22.

Schedule D (Form 990) 2022

		GAL AID AND DI		
Schedule D (Form 9			36	-2337880 Page <b>3</b>
	stments - Other Securities.			
	lete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of s	ecurity or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial deriva	atives			
	uity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must	equal Form 990, Part X, col. (B) line 12.)			
	stments - Program Related.			
Comp	lete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				•
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	equal Form 990, Part X, col. (B) line 13.)			
	er Assets.			
	lete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
		Description		(b) Book value
(1) OPERAT	ING RIGHT-OF-USE AS	<u>'</u>		644,762.
(2) DEPOSI		<u> </u>		31,563.
(3)				32/3031
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must say al Form 000 Port V sol (P) lin	1		676,325.
Part X Othe	must equal Form 990, Part X, col. (B) line e <b>r Liabilities.</b>	<del>2 10.)</del>		070,323
		on Form 990 Part IV line	11e or 11f. See Form 990, Part X, line 25	
<u> </u>	(a) Description of liability	5 5 555, Fart IV, III IC		(b) Book value
1.	, , ,			(w) Dook value
(1) Federal inc	ometaxes PING LEASE LIABILITY			903,545.
				303,343.
	ED INCOME TAXES AND	OTUEV.		172,041.
	11110			1/4,041.
(5)				
(6)				I

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

1,075,586.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2022

(7) (8) (9)

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

NATIONAL LEGAL AID AND DEFENDER **Employer identification number** Name of the organization ASSOCIATION 36-2337880 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 10-27-22

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

Schedule G (Form 990) 2022

Sch	adu	NATIONA le G (Form 990) 2022 ASSOCIA	L LEGAL AID A	AND DEFE	NDER	36	-2337880 Page <b>2</b>	
Pa				"Yes" on Form 9	990 Part			
	<b>Fundraising Events.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.							
			(a) Event #1 ANNUAL DINNER & AUC	(b) Event #		(c) Other events NONE	(d) Total events (add col. (a) through	
a)			(event type)	(event typ	e)	(total number)	col. <b>(c)</b> )	
Revenue	1	Gross receipts	619,764.				619,764.	
	2	Less: Contributions	554,437.				554,437.	
	3	Gross income (line 1 minus line 2)	65,327.				65,327.	
	4	Cash prizes	20,000.				20,000.	
"	5	Noncash prizes	439.				439.	
Direct Expenses	6	Rent/facility costs	12,500.				12,500.	
rect Ex	7	Food and beverages	63,735.				63,735.	
Ö	0	Entortoinment	1,500.				1,500.	
	8 9	Entertainment Other direct expenses					61,065.	
	10						159,239.	
	11	Net income summary. Subtract line 10 from li					-93,912.	
Pa				990, Part IV, line	e 19, or re	ported more than		
		\$15,000 on Form 990-EZ, line 6a.						
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/ir bingo/progressiv		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Rev	1	Gross revenue						
es	2	Cash prizes						
=xpenses	3	Noncash prizes						
Direct F	4	Rent/facility costs						
	5	Other direct expenses	Vac 0/	□ v <sub>a</sub> ,	0/ [	Va.		
	6	Volunteer labor	Yes % No	Yes No	%   [ [	Yes %		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
		ter the state(s) in which the organization condu						
		the organization licensed to conduct gaming action," explain:					Yes No	
	_							
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during	the tax ye	ear?	Yes No	

Schedule G (Form 990) 2022

232082 10-27-22

# NATIONAL LEGAL AID AND DEFENDER

Sch	edule G (Form 990) 2022 ASSOCIATION 36	-233	<u> 7880</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	138	a	%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
•	and the mane and address of the person time propared the organization of garming, epoclar of once and records.			
	Name			
		-		-
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
h	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
-	of gaming revenue retained by the third party \$			
_	If "Yes," enter name and address of the third party:			
·	in 165, enter hame and address of the tillid party.			
	Name			
	Address			
	Address			
16	Gaming manager information:			
10	Garning manager information.			
	Name			
	Gaming manager compensation \$			
	Carning manager compensation — — — — — — — — — — — — — — — — — — —			
	Description of services provided			
	Director/officer Employee Independent contractor			
	bilector/officer Employee maependent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а			Yes	☐ No
<b>h</b>	retain the state gaming license?		_ 163	140
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$			
Pa	organization's own exempt activities during the tax year \$  rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Dort III	inos 0	0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ait iii, i	11103 3,	30, 100,
	100, 100, 10, and 170, as applicable. Also provide any additional information. Gee instructions.			

# NATIONAL LEGAL AID AND DEFENDER

Schedule G	(Form 990) ASSOCIATION Supplemental Information (continued)	36-2337880 Page 4
Part IV	Supplemental Information (continued)	
		_
		_
		_

### 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" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

NATIONAL LEGAL AID AND DEFENDER

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2022

Name of the organization NATIONAL ASSOCIATI		AND DEFEND	ER				Employer identification number $36-2337880$
Part I General Information on Grants a	nd Assistance						
<ol> <li>Does the organization maintain records to criteria used to award the grants or assist</li> <li>Describe in Part IV the organization's process.</li> </ol>	stance?						on X Yes No
Part II Grants and Other Assistance to recipient that received more than S					anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MISSISSIPPI CENTER FOR LEGAL SERVICES - 111 E. FRONT STREET - HATTIEBURG, MS 39403	64-0612891	501(C)(3)	67,500.	0.			TO SUPPORT CIVIL LEGAL SERVICES
DNA PEOPLE LEGAL SERVICES INDIAN RT. 12 WINDOW ROCK, AZ 86515	68-0207220	501(C)(3)	67,500.	0.			TO SUPPORT CIVIL LEGAL SERVICES
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations	-	-	e line 1 table				2.

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

Page 2

(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 noncash assistance
rt IV Supplemental Information. Provide the informatio	n required in Part I, lin	e 2; Part III, columi	l n (b); and any other ac	lditional information.	
RT I, LINE 2:	· · · · · · · · · · · · · · · · · · ·	,	•		
CH GRANT IS GIVEN A UNIQUE COD	E FOR TRACK	ING PURPO	SES AND SPE	NT BASED ON	
E TERMS OF THE GRANT AGREEMENT					

### SCHEDULE J (Form 990)

Department of the Treasury

**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.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

NATIONAL LEGAL AID AND DEFENDER ASSOCIATION

Employer identification number 36-2337880

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
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	1b		
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 on line 1a?	2		
3	Indicate which, if any, of the following the 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.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	<u> </u>
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	$\longrightarrow$	X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c	$\longrightarrow$	Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
		5a		X
b	, , , , , , , , , , , , , , , , , , , ,	5b		_X_
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		v	
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	J	1

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

Schedule J (Form 990) 2022

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 on 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 aren't 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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JO-ANN WALLACE	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	238,263.	48,751.	0.	0.	32,563.	319,577.	0.
(2) APRIL CAMARA FRAZIER	(i)	207,212.	2,750.	0.	0.	24,275.	234,237.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALISON BLOOMQUIST	(i)	166,164.	2,500.	0.	0.	30,769.	199,433.	0.
VP, DLS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARIA SOTO	(i)	170,198.	3,000.	0.	0.	19,264.	192,462.	0.
SR. VP OF OPERATIONS/SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) AILEEN MOFFATT	(i)	165,637.	2,750.	0.	0.	19,264.	187,651.	0.
VP OF EXTERNAL RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHERISE BURDEEN	(i)	160,833.	2,500.	0.	0.	11,922.	175,255.	0.
VP, MISSION SUPPORT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) RADHIKA SINGH	(i)	155,898.	3,000.	0.	0.	10,887.	169,785.	0.
VP, CIVIL LEGAL AID INITIATIVES	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CLINTON LYONS	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER DIRECTOR	(ii)	0.	0.	130,324.	0.	0.	130,324.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4A:
DURING THE YEAR ENDED DECEMBER 31, 2022, CLINTON LYONS, FORMER DIRECTOR,
RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$130,324 FROM NLADA SERVICE
CORPORATION, A RELATED TAXABLE CORPORATION.
PART I, LINE 7:
DURING THE YEAR ENDED DECEMBER 31, 2022, INDIVIDUALS REPORTED ON PART VII,
SECTION A, LINE 1A RECEIVED DISCRETIONARY BONUS PAYMENTS.

## **SCHEDULE O** (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Inspection

OMB No. 1545-0047

Name of the organization

NATIONAL LEGAL AID AND DEFENDER ASSOCIATION

**Employer identification number** 36-2337880

11000011112011
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENCOURAGING THE FORMATION OF NEW LEGAL AID AND DEFENDER ORGANIZATIONS
THROUGHOUT THE COUNTRY WHOSE PURPOSE IT IS TO PROVIDE FREE LEGAL
ASSISTANCE TO LOW INCOME INDIVIDUALS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
DEFENDER DIVISION
EXPENSES \$ 363,880. INCLUDING GRANTS OF \$ 0. REVENUE \$ 133,100.
COMMUNICATIONS
EXPENSES \$ 288,895. INCLUDING GRANTS OF \$ 0. REVENUE \$ 37,125.
ANNUAL CONFERENCE
EXPENSES \$ 251,259. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
GOVERNMENT RELATIONS
EXPENSES \$ 25,682. INCLUDING GRANTS OF \$ 0. REVENUE \$ 80,931.
FORM 990, PART VI, SECTION A, LINE 3:
DURING THE YEAR ENDED DECEMBER 31, 2022, HEATHER PINCKNEY, CONTRACTOR,
SERVED AS EXECUTIVE DIRECTOR OF NLADA'S BPDA PROGRAM.
FORM 990, PART VI, SECTION A, LINE 6:
THERE SHALL BE TWO (2) CLASSES OF MEMBERSHIP IN NLADA (VOTING AND
NON-VOTING). THE FIRST CLASS OF MEMBERS SHALL BE DENOMINATED AS VOTING
MEMBERS. EACH OF THE INDIVIDUALS OR ORGANIZATIONS SHALL BE ENTITLED TO THE  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2** 

Name of the organization NATIONAL LEGAL AID AND DEFENDER ASSOCIATION

Employer identification number 36-2337880

RIGHTS AND BENEFITS OF SUCH MEMBERSHIP, INCLUDING THE RIGHT TO VOTE. EACH

VOTING MEMBER SHALL BE DENOMINATED AS EITHER A PROGRAM MEMBER, INDIVIDUAL

MEMBER OR CLIENT MEMBER.

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

FOR PURPOSES OF VOTING AND ELECTIONS UNDER THE BYLAWS, INDIVIDUAL MEMBERS

SHALL DECLARE WHETHER THEY ARE PUBLIC, CIVIL, DEFENDER, CLIENT, DEFENDER

CLIENT OR CIVIL CLIENT INDIVIDUAL MEMBERS. ANY MEMBER WHO FAILS SO TO

DECLARE SHALL BE DEEMED A PUBLIC INDIVIDUAL MEMBER.

INDIVIDUAL MEMBERS, PROGRAM MEMBERS AND CLIENT MEMBERS OF NLADA SHALL VOTE

SEPARATELY ON ANY MATTER COMING BEFORE SUCH MEETINGS. NO ACTION SHALL BE

TAKEN OR RESOLUTION APPROVED UNLESS ADOPTED BY A SEPARATE MAJORITY OF THOSE

INDIVIDUAL, CLIENT AND PROGRAM MEMBERS PRESENT OR REPRESENTED BY PROXY.

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

THE MEMBERSHIP OF NLADA ON SHALL HAVE THE POWER TO REVIEW AND OVERRULE ANY DECISION OF THE BOARD OF DIRECTORS.

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

THE FEDERAL FORM 990 IS PROVIDED FOR REVIEW TO THE FULL BOARD BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

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

ALL MEMBERS OF THE BOARD OF DIRECTORS ARE GIVEN THE MOST RECENT VERSION OF

THE CONFLICT OF INTEREST POLICY EACH YEAR, ALONG WITH A DISCLOSURE FORM.

WHEN POTENTIAL CONFLICTS OF INTEREST ARISE, BOARD MEMBERS SHALL IDENTIFY

THE POTENTIAL CONFLICT TO NLADA'S PRESIDENT & CEO, BOARD CHAIR, FULL BOARD

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2** 

Name of the organization NATIONAL LEGAL AID AND DEFENDER ASSOCIATION

Employer identification number 36-2337880

OF DIRECTORS OR COMMITTEE WHICH SHALL DETERMINE WHETHER A CONFLICT EXISTS

AND WHAT STEPS SHALL BE TAKEN TO AVOID AN APPEARANCE OF IMPROPRIETY BY THE

ORGANIZATION.

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

THE BOARD OF DIRECTORS DETERMINES THE PRESIDENT & CEO'S COMPENSATION. THE

PRESIDENT & CEO, SR. VP FOR OPERATIONS, AND HUMAN RESOURCES STAFF SET

SALARIES OF ALL OTHER EMPLOYEES INCLUDING KEY EMPLOYEES.

THE METHODS/RESOURCES FOR DETERMINING SALARIES ARE THE SAME FOR EMPLOYEES
AS THEY ARE FOR THE CEO:

- A. A MARKET ANALYSIS SURVEY
- B. HUMAN RESOURCES STAFF, IN CONJUNCTION WITH OUTSIDE CONSULTANTS AND

  DATA, REVIEW, UPDATE AND MAINTAIN A SALARY SPREADSHEET THAT CONSISTS OF

  MARKET TRENDS AND PROVIDES THE BASIS FOR COMPENSATION DECISIONS. ALL

  COMPENSATION IS APPROVED BY THE PRESIDENT & CEO.

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

THE FEDERAL FORM 990, FORM 1023, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING SERVCES:

PROGRAM SERVICE EXPENSES 776,713.

MANAGEMENT AND GENERAL EXPENSES 111,986.

FUNDRAISING EXPENSES 118,961.

TOTAL EXPENSES 1,007,660.

Schedule O (Form 990) 2022 Page 2

Schedule O (Form 990) 2022  Name of the organization NATIONAL LEGAL AID AND DEFENDER  ASSOCIATION	Employer identification number 36-2337880
RECRUITMENT:	
PROGRAM SERVICE EXPENSES	29,993.
MANAGEMENT AND GENERAL EXPENSES	7,114.
FUNDRAISING EXPENSES	4,594.
TOTAL EXPENSES	41,701.
TEMPORARY SERVICES:	
PROGRAM SERVICE EXPENSES	19,392.
MANAGEMENT AND GENERAL EXPENSES	62,370.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	81,762.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,131,123.

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. NATIONAL LEGAL AID AND DEFENDER

ASSOCIATION

**Employer identification number** 36-2337880

(a)	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	Legal domicile (state or Total income			controlling ntity	g
Liver of Pales III.			Part IV lies 04 h				
Identification of Related Tax-Exempt Organ organizations during the tax year.		n answered "Yes" on Form 990	, Part IV, line 34, t	Decause it had one	or more related tax-exe	mpt	
(a)  Name, address, and EIN  of related organization							\
	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		
Name, address, and EIN		Legal domicile (state or	Exempt Code	Public charity	Direct controlling	conf	trolled
Name, address, and EIN		Legal domicile (state or	Exempt Code	Public charity status (if section	Direct controlling	cont en	trolled
Name, address, and EIN		Legal domicile (state or	Exempt Code	Public charity status (if section	Direct controlling	cont en	trolled
Name, address, and EIN		Legal domicile (state or	Exempt Code	Public charity status (if section	Direct controlling	cont en	trolled
Name, address, and EIN		Legal domicile (state or	Exempt Code	Public charity status (if section	Direct controlling	cont en	trolle tity?

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

Schedule R (Form 990) 2022

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity			(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets  (h) Disproportionate allocations?  Yes No		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managin partner? Yes No	(k) Percentage ownership	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
NLADA SERVICE CORPORATION - 52-1862193 1901 PENNSYLVANIA AVE., NW, # 500 WASHINGTON, DC 20006	INSURANCE ADMINISTRATION SERVICE		NLADA	C CORP	2,127,098.	2,168,729.	100%		No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	ote: 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 mor	e related organizations listed	in Parts II-IV?						
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		X			
	<b>b</b> Gift, grant, or capital contribution to related organization(s)								
	c Gift, grant, or capital contribution from related organization(s)								
	d Loans or loan guarantees to or for related organization(s)								
	e Loans or loan guarantees by related organization(s)								
f	f Dividends from related organization(s)			1f		X			
	g Sale of assets to related organization(s)			1g		X			
	h Purchase of assets from related organization(s)			1h		X			
	i Exchange of assets with related organization(s)			1i		X			
j	j Lease of facilities, equipment, or other assets to related organization(s)			1j		Х			
k	k Lease of facilities, equipment, or other assets from related organization(s)			1k		Х			
	Performance of services or membership or fundraising solicitations for related organization(s)			11	Х				
	m Performance of services or membership or fundraising solicitations by related organization(s)			1m		Х			
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	Х				
				10		Х			
р	p Reimbursement paid to related organization(s) for expenses			1p		Х			
	q Reimbursement paid by related organization(s) for expenses			1q		Х			
·									
r	r Other transfer of cash or property to related organization(s)			1r		Х			
	s Other transfer of cash or property from related organization(s)			1s		Х			
	If the answer to any of the above is "Yes," see the instructions for information on who must complete								
	(a) (b)  Name of related organization Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invol	lved					
1) I	NLADA SERVICE CORPORATION C	100,000.	FMV						

	type (a-s)		
(1) NLADA SERVICE CORPORATION	С	100,000.	FMV
(2) NLADA SERVICE CORPORATION	L	208,100.	FMV
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
	I .		1

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000