efile Public Visual Render ObjectId: 202312869349300526 - Submission: 2023-10-13 TIN: 52-1238058 OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

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.

Department of the Treasury

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

		nue Service					Inspection
A Fo	r th	e 2022 c	alendar year, or tax year beginning 01-01-2022 , and ending 12-31	-2022			
B Chec	ck if a	applicable:	C Name of organization NATIONAL VETERANS LEGAL SERVICES		D Employe	er identif	ication number
_		change	PROGRAM INC		52-1238	3058	
O Nai		-	Doing business as				
O Fina	l retur	rn/terminated			E Telephone	e number	
		d return	Number and street (or P.O. box if mail is not delivered to street address) Room/sui 1100 WILSON BOULEVARD 900	ie .			
— Арг	oncati	ion pending			(202) 20	65-8305	
			City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22209		G Gross red	ceipts \$ 7	,654,355
		ſ	F Name and address of principal officer:	H(a) Is this	a group ret	turn for	
			JEFFREY ZANGHI 1100 WILSON BOULEVARD 900		linates?		☐Yes ☑No
			ARLINGTON, VA 22209	H(b) Are all include		es	☐ Yes ☐No
I Tax	-exer	mpt status:	✓ 501(c)(3)	If "No,	" attach a li	ist. See	instructions.
J W	ebsit	te:▶ WW	W.NVLSP.ORG	H(c) Group	exemption	number	•
K Form	n of o	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of forma	tion: 1981	M State	of legal domicile: DC
Pa	rt I	Sum	mary				
Га			cribe the organization's mission or most significant activities:				
e		TO PROVII	DE FREE LEGAL ASSISTANCE TO VETERANS OF THE U.S. ARMED FORCES A	ND CURRENT S	SERVICE ME	MBERS.	
anc							
Activities & Governance							
30	_		s box ► U If voting members of the governing body (Part VI, line 1a)			3	24
*8			of independent voting members of the governing body (Part VI, line 1b)			4	24
les	5		ber of individuals employed in calendar year 2022 (Part V, line 2a)			5	81
IIMI	6		aber of volunteers (estimate if necessary)			6	750
Aci	7a	Total unre	elated business revenue from Part VIII, column (C), line 12			7a	0
	b	Net unrel	ated business taxable income from Form 990-T, Part I, line 11			7b	0
				Prio	r Year		Current Year
9	8	Contribut	ions and grants (Part VIII, line 1h)		2,278,2	63	1,278,739
Revenue	9	Program	service revenue (Part VIII, line 2g)		5,812,0	32	6,177,937
Rev	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		218,7	34	176,220
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-71,2		-91,534
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,237,7		7,541,362
			d similar amounts paid (Part IX, column (A), lines 1–3)		5,2		5,000
			paid to or for members (Part IX, column (A), line 4)			0	0
Exp enses		•	other compensation, employee benefits (Part IX, column (A), lines 5–10)		6,154,6		6,506,120
e)			nal fundraising fees (Part IX, column (A), line 11e)			0	0
ğ			aising expenses (Part IX, column (D), line 25) ▶402,608 penses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,188,6	20	1,212,601
		-			7,348,5	-	7,723,721
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12				_	-182,359
e S	-5	TCVEHUE	industrial subtract fine 10 from file 12 i i i i i i i i i i i i i i i i i i	Beginning o	889,2 of Current Ye		End of Year
Net Assets or Fund Balances							
Ass Bal			ets (Part X, line 16)		7,634,0		6,500,074
et/			lities (Part X, line 26)		643,2	_	626,332
Zű	22	Net asset	s or fund balances. Subtract line 21 from line 20		6,990,8	82	5,873,742

Signature Block

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

1	n	/2) 1	/2/	9.51	DM/	

					2023-10-13	
Sign	Sig	nature of officer			Date	
Here	РДІ	JL WRIGHT PRESIDENT				
		be or print name and title				
		Print/Type preparer's name	Preparer's signature	Date	Charle FTIN	
Paid					Check if P0028 self-employed	38314
Prepar	rer	Firm's name FGELMAN ROSENBERG &	FREEDMAN		Firm's EIN ► 52-1392	.008
Use O		Firm's address ► 4550 MONTGOMERY AVE	SUITE 800N		Phone no. (301) 951-9	2000
	-				Filotie 110. (301) 931-9	7090
		BETHESDA, MD 208142	2930			
		uss this return with the preparer show				✓ Yes 🗌 No
For Pape	erwork	Reduction Act Notice, see the sepa	rate instructions.	Cat.	No. 11282Y	Form 990 (2022)
			Page 2			
Form 990	1 (2022)					Page 2
Part III	, ,	atement of Program Service Ac	complishments			Page 2
I all III		-	-	11		🗸
1 Bri		eck if Schedule O contains a response of cribe the organization's mission:	or note to any line in this Part i		<u> </u>	
_	•	E LEGAL ASSISTANCE TO VETERANS (OF THE UNITED STATES ARMED	FORCES AND CUI	RRENT SERVICE MEM	RERS
10 11011	IDE TRE	E EEGAE ASSISTANCE TO VETERANS C	THE ONTED STATES ARRED	TORCES AND COL	KKENT SEKVICE MEM	DENO.
2 Did	d the org	ganization undertake any significant pr	ogram services during the yea	r which were not li	sted on	
		orm 990 or 990-EZ?				🗆 Yes 🛂 No
If "	"Yes," de	escribe these new services on Schedule	e O.			
3 Did	d the org	ganization cease conducting, or make s	significant changes in how it co	nducts, any progra	am	
ser	rvices?					🗌 Yes 🗸 No
If "	"Yes," de	escribe these changes on Schedule O.				
Sec	ction 50	ne organization's program service acco $1(c)(3)$ and $501(c)(4)$ organizations alse, if any, for each program service rep	re required to report the amou			
4a (Co	ode:) (Expenses \$	3,281,345 including grants of \$	5.00	0) (Revenue \$	3,254,937)
DE/ BEF MIL DEI PEF (MU	ATH BENE FORE VA I LITARY DI NIED BEN RCENTAGI	REPRESENTATION: NVLSP PROVIDES FREE LEFITS FROM THE U.S. DEPARTMENT OF VETE REGIONAL OFFICES, THE BOARD OF VETENSCHARGE REVIEW AGENCIES. IN 2022, NVLIEFITS BY THE BOARD OF VETERANS' APPEAE OF THE CASES NVLSP HAS APPEALED, NVLE OFTEN) AN ORDER SETTING THE BVA DENGS.	RANS AFFAIRS. NVLSP'S INDIVIDU, INS' APPEALS, THE U.S. COURT OF , .SP FILED CLOSE TO 550 NEW INDI LS (BVA) AND CONTINUED LITIGAT .SP HAS BEEN ABLE TO OBTAIN A R	AL REPRESENTATION APPEALS FOR VETERA VIDUAL APPEALS IN 1 ING HUNDREDS OF P EVERSAL OF THE BVA	SERVICES INCLUDE PRO ANS CLAIMS (CAVC), OTH THE CAVC ON BEHALF OF ENDING APPEALS. HISTO A DENIAL AND AN ORDER	BONO REPRESENTATION HER FEDERAL COURTS, AND FA VETERAN OR SURVIVOR DRICALLY, IN A HIGH TO GRANT BENEFITS OR
41 (5						
LAW NA' WI' NVI' DIS COI INT THA RETI' HO PEF PRO BOO DUI VIR	TIONAL PITH VOLUNILS SABILITY SABILITY SABILITY TEGRATED AT THE MITHEMENT DNORABLE RSONALIT OTECTION DARDS.IN JE TO THE RTUAL KNOWN) (Expenses \$ ERVING WARRIORS (LSW) PRO BONO PROGI RO BONO PROGRAM. LSW OFFERS FREE LEC NTEER ATTORNEYS FROM LAW FIRMS AND C AM OF EXPERT ATTORNEYS, ENSURING THAT CLAIMS AREAS: 1) VA CLAIMS FOR MENTAL LATED SPECIAL COMPENSATION; 3) REPRES DISABILITY EVALUATION SYSTEM, APPLICA ILITARY ASSIGNED AT THE TIME OF MEDICA T; 4) APPEALS TO THE BOARD OF VETERANS E DISCHARGES AND APPLICATIONS TO BOAR TY DISORDER OR ADJUSTMENT DISORDER; IN (TSGLI). THE PRO BONO PROGRAM ALSO 2022, THE LSW PROGRAM PLACED APPROXI E PANDEMIC. REMOTE CLINIC APPOINTMENTS OW YOUR RIGHTS PRESENTATIONS TO VETE H BRIEF SERVICES AND FULL REPRESENTAT	GAL HELP TO VETERANS AND SERVI ORPORATE LEGAL DEPARTMENTS N. EVERY VETERAN RECEIVES TOP NO HEALTH AND RELATED CONDITION ENTATION OF SERVICE MEMBERS A ATIONS TO THE PHYSICAL DISABILIAL SEPARATION FROM SERVICE, ANI 'APPEALS AND THE US COURT OF JOBS FOR CORRECTION OF MILITARY 6) APPLICATIONS AND APPEALS FOR HANDLES LITIGATION IN FEDERAL MATELY 500 INDIVIDUAL CASES FOR WERE PROVIDED TO APPROXIMATERANS, SERVICE MEMBERS, AND THE	CE MEMBERS ON A NATIONWIDE. EACH VO DTCH LEGAL REPRESE S RESULTING FROM NO VETERANS SEEKI TY BOARD OF REVIEV O CORRECTIONS OF IN APPEALS FOR VETERA RECORDS FOR VETER R SERVICEMEMBERS' COURT TO APPEAL UI R FULL REPRESENTA' ELY 200 VETERANS A	UMBER OF BENEFITS ISS DLUNTEER RECEIVES TRA ENTATION.LSW OFFERS A MILITARY SEXUAL TRAUM NG MILITARY MEDICAL R W FOR AN INCREASE IN T MILITARY RECORDS TO G KNS CLAIMS; 5) UPGRAD RANS WHO WERE WRON GROUP LIFE INSURANCE NFAVORABLE DECISIONS ITON. IN-PERSON CLINIC KND SERVICE MEMBERS.	SUES; CASES ARE PLACED AINING AND GUIDANCE BY ISSISTANCE IN SIX IA; 2) APPLICATIONS FOR ETIREMENT THROUGH THE ITED ISABILITY RATING SRANT MILITARY MEDICAL ING LESS THAN GFULLY DISCHARGED FOR ETRAUMATIC INJURY AT ADMINISTRATIVE S WERE DISCONTINUED WE ALSO PROVIDED
4c (Co	ode:) (Expenses \$	1,108,217 including grants of \$) (Revenue \$	1,003,000)
IMF COI CAS CLA DO EXF TO IMF REC ASS	PACT LITI MPELLING SE CAN H ASS ACTION DLLARS IN POSURE TO READJUD PACT LITI QUESTS F SISTANCE	GATION: NVLSP BRINGS CLASS ACTIONS AN GOTHE VA AND MILITARY DEPARTMENTS TO EVEL THOUSANDS OF VETERANS OBTAIN THE ONS AGAINST THE VA OR MILITARY BRANCH IN RETROACTIVE BENEFITS TO SURVIVORS TO AGENT ORANGE; TO READJUDICATE THOUSANDS OF SAILORS' MEDICAL GATION, INCLUDING AN ONGOING RULEMATOR RECORDS UNDER THE FREEDOM OF INE PROJECT, IN WHICH NVLSP REPRESENTS VER TO TOXIC CHEMICALS SPEWED BY OPEN-AIR	ID OTHER LAW REFORM LITIGATION BRING THEIR REGULATIONS AND PEFEDERAL BENEFITS THEY ARE DUINES. BECAUSE OF THESE ONGOING OF DECEASED VIETNAM VETERAN USANDS OF DENIALS OF REIMBURS SEPARATIONS WHO MAY BE ENTITL KING PETITION AT THE VA, AND LITION PALSO CONTIETERANS BEFORE THE VA IN THEIR ETERANS BEFORE THE VA IN THEIR	RACTICES INTO COMF. IN 2022, NVLSP'S I CASES, NVLSP SUCC WHO SUFFERED FR EMENTS FOR EMERG ED TO MEDICAL RETI TIGATION AND ADMIN INUED TO REPRESEN CLAIMS FOR DISABI	NUMBERS OF VETERANS PLIANCE WITH APPLICABI DOCKET INCLUDED TEN (EEDED IN FORCING THE OM DISEASES THAT WER ENCY MEDICAL CARE AT REMENT PAY. NVLSP ALS ISTRATIVE APPEALS REL T VETERANS THROUGH I ELITY COMPENSATION FO	AND THEIR FAMILIES. BY LE FEDERAL LAWS, ONE CERTIFIED OR PUTATIVE VA TO PAY MILLIONS OF RE THE RESULT OF NON-VA FACILITIES; AND O ENGAGED IN OTHER LATING TO VARIOUS TS BURN PIT CLAIMS OR DISEASES RELATED TO

Form 990 (2022)

(Code:) (Expenses \$ 569,606 including grants of \$) (Revenue \$ 387,597

PUBLICATIONS AND TRAINING:NVLSP RECRUITS, TRAINS, AND MENTORS LAWYER AND NON-LAWYER ADVOCATES WHO REPRESENT VETERANS, SERVICE MEMBERS, AND THEIR FAMILY MEMBERS ON A PRO BONO BASIS ON CLAIMS FOR BENEFITS. NVLSP ACTS AS A FORCE MULTIPLIER, PROVIDING IN-PERSON AND WEBINAR TRAININGS. NVLSP'S WEBINAR AND IN-PERSON TRAINING PROGRAMS EDUCATE VETERANS SERVICE OFFICERS, ATTORNEYS, AND CLAIMS AGENTS ABOUT THE LATEST COURT DECISIONS AND BEST PRACTICES IN VETERANS LAW. OUR TRAINERS SHARE THEIR KNOWLEDGE AND EXPERTISE WITH A BROAD AUDIENCE, HELPING TO EXPAND OUR ADVOCACY NETWORK THAT CONTINUALLY ASSISTS VETERANS AND THEIR FAMILIES. IN 2022, APPROXIMATELY 3,500 ATTORNEYS, SERVICE OFFICERS, AND OTHER VETERANS ADVOCATES PARTICIPATED IN ONE OF OUR 31 WEBINAR-SERIES WEBINARS, 6 WEBINAR TRAININGS CONDUCTED FOR SPECIFIC VETERANS SERVICE ORGANIZATIONS, AND 7 IN-PERSON TRAININGS FOR STATE VETERANS SERVICE ORGANIZATIONS. TOPICS INCLUDED: RECENT COURT DECISIONS ADVOCATES NEED TO KNOW ABOUT; COMPENSATION FOR DISABILITIES CAUSED BY BURN PITS; VA BENEFITS FOR THE FAMILY CAREGIVERS; TOTAL DISABILITY RATINGS BASED ON INDIVIDUAL UNEMPLOYABILITY; MAXIMIZING VA BENEFITS FOR PROGRESSIVE NEUROLOGICAL DISORDERS; THE PACT ACT; AND VA BENEFITS FOR SURVIVORS OF VETERANS. NVLSP ALSO ADMINISTERS THE BASIC TRAINING COURSE IN VETERANS BENEFITS, AN ONLINE COURSE DESIGNED TO PROVIDE ADVOCATES NEW TO VETERANS LAW WITH A WORKING UNDERSTANDING OF HOW TO SUCCESSFULLY NAVIGATE THE VA BENEFITS SYSTEM. NVLSP CREATED THE VA BENEFIT IDENTIFIER APP TO HELP VETERANS AND ADVOCATES DETERMINE THE SPECIFIC VA BENEFITS TO WHICH A VETERAN IS LIKELY ENTITLED; THE APP IS AVAILABLE IN ENGLISH AND SPANISH. NVLSP ALSO PUBLISHES EDUCATIONAL ADVOCACY MATERIALS THAT EMPOWER ADVOCATES FOR VETERANS AND SERVICE MEMBERS. SINCE 1991, WE HAVE PRODUCED THE VETERANS BENEFITS MANUAL, THE COMPREHENSIVE TREATISE ON VETERANS LAW. NVLSP UPDATES AND REVISES THE VETERANS BENEFITS MANUAL ANNUALLY.

4d	Other program services (Des	cribe in So	chedule O.)			
	(Expenses \$	569,606	including grants of \$) (Revenue \$	387,597)	
4e	Total program service exp	enses	6,546,428			

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Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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 Yes Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership \underline{dues} , assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 🐯 . . Nο 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 👑 . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Nο 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 No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, No permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🐿 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🥦 11c 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 No 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒 11e No 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 Yes 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Yes Was the organization included in consolidated, independent audited financial statements for the tax year? 12b No If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional и Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 No

14a Did the organization maintain an office, employees, or agents outside of the United States?

No

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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
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		No
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		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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		No

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			Yes	No
2	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	165	No
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes	
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		N
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		N
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N
5	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		N
7	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? <i>If "Yes," complete Schedule L,</i> Part III	27		N
3	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	20-		
_	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a		N
D	A family member of any mulvidual described in line 20a: If Tes, Complete Schedule L, Fait IV	28b		N
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		N
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Ν
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		N
L	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		N
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Ν

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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 21 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1h 0			
ь	Effect the flamber of Forms W 26 mediated of time 1at 2 feet of 1 mor applicable 1			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
		F	orm 99	0 (2022)
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Form	990 (2022)			Page 5
Pa	statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions 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 services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	1	

National Veterans Legal Services Program Inc - Full Filing- Nonprofit Explorer - ProPublica

10 Section 501(c)(7) organizations. Enter:

10/21/24, 9:51 PM

	A, 9:51 PM National Veterans Legal Services Program Inc - Full Filing- Nonprofit Explorer - ProPu			
	Initiation fees and capital contributions included on Part VIII, line 12			
	, , , , , , , , , , , , , , , , , , , ,			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
ь	against amounts due or received from them.)			
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.			
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		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		No
	If "Yes," complete Form 4720, Schedule O.	10		NO
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.	F	orm 99	(2022
			01111 55	(2022
	Page 6 ———————————————————————————————————			
_				Page 6
	990 (2022)	- "		
	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	•		✓
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	•		
Par Se	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•		
Par Se	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•		✓
Par Se	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•		✓
Par Se	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•		✓
Se 1a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•		✓
Se 1a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	2		✓
Se 1a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	2		No
Se 1a b	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	2 3 4		No No
See 1a b 2	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	2 3		No No
See 1a b 2 3 4 5 6	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 24 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 3 4		No No No No
See 1a b 2 3 4 5 6 7a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Ction A. Governing Body and Management 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 in Schedule O. Enter the number of voting members included in 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 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	2 3 4 5		No No No No No
See 1a b 2 3 4 5 6 7a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Ction A. Governing Body and Management 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 in Schedule O. Enter the number of voting members included in 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 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	2 3 4 5 6		No No No No No No No
See 1a b 2 3 4 5 6 7a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Ction A. Governing Body and Management 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 in Schedule O. Enter the number of voting members included in 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 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	2 3 4 5 6		No No No No No No No No
See 1a b 2 3 4 5 6 7a b 8	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI 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 in Schedule O. Enter the number of voting members included in 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 officer, director, trustee, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	2 3 4 5 6		No No No No No No No No
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See 1a b 2 3 4 5 6 7a b 8 a b 9	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Ction A. Governing Body and Management 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 in Schedule O. Enter the number of voting members included in 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 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	2 3 4 5 6 7a 7b	Yes	No No No No No No No No
See 1a b 2 3 4 5 6 7a b 8 a b 9	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Ction A. Governing Body and Management 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 in Schedule O. Enter the number of voting members included in 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 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? The governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	2 3 4 5 6 7a 7b	Yes	No No No No No No No No
See 1a b 2 3 4 5 6 7a b 8 a b 9 See See	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Ction A. Governing Body and Management 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 in Schedule O. Enter the number of voting members included in 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 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? The governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	2 3 4 5 6 7a 7b	Yes Yes Yes	No
See 1a b 2 3 4 5 6 7a b 8 a b 9 See 10a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. ction A. Governing Body and Management 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 in Schedule O. Enter the number of voting members included in 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 officer, director, trustee, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 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 a	2 3 4 5 6 7a 7b 8a 8b 9	Yes Yes Yes	No
See 1a b 2 3 4 5 6 7a b 8 a b 9 See 10a b	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Ction A. Governing Body and Management 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 in Schedule O. Enter the number of voting members included in 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 officer, director, trustee, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	2 3 4 5 6 7a 7b	Yes Yes Yes	No

	24, 9:51 PM		_					_	- Nonprofit Explore	er - ProPub	lica		
	Describe on Schedule O the process, if a		-							.			
	Did the organization have a written conf	·	•							L	12a	Yes	
b	Were officers, directors, or trustees, and conflicts?										12b	Yes	
С	Did the organization regularly and consi Schedule O how this was done	stently monitor a				vith •	the pol	licy	? If "Yes," describ • • •	pe on	12c	Yes	
13	Did the organization have a written whis	stleblower policy?								. [13	Yes	
14	Did the organization have a written doc	Did the organization have a written document retention and destruction policy?									14	Yes	
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?									ndent				
a The organization's CEO, Executive Director, or top management official									15a	Yes			
b Other officers or key employees of the organization									15b		No		
	If "Yes" to line 15a or 15b, describe the	process on Sche	dule O	. See instruction	ons.								
16a	Did the organization invest in, contribut taxable entity during the year?	e assets to, or pa	rticipa • •	ate in a joint ve	entu •	re o	r simila •	ar a •	rrangement with		16a		No
b	If "Yes," did the organization follow a wi in joint venture arrangements under ap status with respect to such arrangemen	olicable federal ta	ax law,	, and take step	s to	saf	eguard			xempt	16b		
Se	ction C. Disclosure										100		
17	List the states with which a copy of this	Form 990 is reau	ired to	o be filed▶									
18	Section 6104 requires an organization to	o make its Form	1023 (1024 or 1024-	MS WV	, N , W	H ['] , NJ ['] , /I	, NM	, GA , HI , IL , KS 1 , NY , NC , OR , 990, and 990-T (s	PA, RI,			
	501(c)(3)s only) available for public insp			_									
	Own website Another's websi												
19	Describe in Schedule O whether (and if policy, and financial statements availabl	so, how) the orga e to the public du	anızatı ıring tl	on made its go he tax year.	overi	nıng	docun	nen	ts, conflict of inte	erest			
20	State the name, address, and telephone JEFFREY ZANGHI 1100 WILSON BOUL	number of the p	erson	who possesses	s the	e or	ganizat	tion	's books and reco	ords:			
		2277.12 300 7.1			(=0	-,					F	orm 99	0 (2022)
_	()			Page 7 —									
	990 (2022) t VII Compensation of Officers, and Independent Contrac		ustee	3	loy	ees	s, Higl	hes	st Compensate	ed Empl	loyee	s,	Page 7
	Compensation of Officers,	tors		es, Key Emp	•				-	-	-	•	
Par Se	Compensation of Officers, and Independent Contrac Check if Schedule O contains a rection A. Officers, Directors, Trus	tors esponse or note t tees, Key Em	o any	es, Key Emp line in this Parees, and Hig	rt VII hes	ı.	 Compe	ens	ated Employe		· .		
Se 1a Coyear.	Check if Schedule O contains a rection A. Officers, Directors, Trust omplete this table for all persons required List all of the organization's current officers, Enter -0- in columns (D), (E)	esponse or note to tees, Key Em I to be listed. Repers, directors, true I, and (F) if no co	ploye port coustees ompen	es, Key Emp line in this Pal ees, and Hig empensation fo (whether indivisation was pai	rt VII hes r the vidua d.	st C e ca	Compe lendar or orga	ens yea	ated Employer ending with or ations), regardles	ees within the	• • orgai		
See 1a Coyear. of cor L who r the or	Compensation of Officers, and Independent Contractors Check if Schedule O contains a rection A. Officers, Directors, Trustomplete this table for all persons required List all of the organization's current officers all of the organization's current key exist the organization's five current highest received reportable compensation (box 5 reganization and any related organizations	esponse or note to tees, Key Em I to be listed. Repers, directors, true, and (F) if no complete, if any tot compensated eof Form W-2, box	ployer ployer port coustees propen . See to mployer x 6 of	es, Key Emp line in this Pales, and Hige mpensation fo (whether individual sation was paid the instructions dees (other that Form 1099-MI:	rt VIII These riduate d. s for n an SC,	e ca als definition	Compe lendar or orga finition icer, dii /or box	yea niza of '	rated Employer ending with or ations), regardles "key employee." or, trustee or key of Form 1099-NEG	within the s of amou	e organunt ee) e than	nization	's tax
See 1a Coyear. of cor L who r the or	Compensation of Officers, and Independent Contrac Check if Schedule O contains a rection A. Officers, Directors, Trustomplete this table for all persons required List all of the organization's current office in the organization's current key exist the organization's five current highes received reportable compensation (box 5 reganization and any related organizations ist all of the organization's former office portable compensation from the organization	esponse or note to tees, Key Em I to be listed. Rep ers, directors, tru, and (F) if no comployees, if any it compensated e of Form W-2, box rs, key employees ion and any relati	ployed poort coustees compen . See t imployed 6 of is, or he	line in this Par lees, and Higompensation fo (whether individual sation was paint the instructions wees (other than Form 1099-MI)	rt VIII These r the vidua d. s for n an SC, nsate	e ca als of dei n off and	Compe lendar or orga finition icer, dii /or box	yea niza of ' rect	rated Employer are ending with or ations), regardles 'key employee." or, trustee or key of Form 1099-NEO	within the s of amou	e organunt ee) e than	nization	's tax
See 1a Co year. of cor L L who r the or of rep	Compensation of Officers, and Independent Contrac Check if Schedule O contains a rection A. Officers, Directors, Trust omplete this table for all persons required the compensation. Enter -0- in columns (D), (E ist all of the organization's current office ist the organization's five current highest received reportable compensation (box 5 reganization and any related organizations ist all of the organization's former office fortable compensation from the organization and the organization of the organization's former directions and the organization's former direction, more than \$10,000 of reportable	esponse or note to tees, Key Em I to be listed. Rep ers, directors, tri I, and (F) if no co employees, if any it compensated e of Form W-2, box rs, key employee ion and any relat tors or trustees compensation fr	ployer port coustees compen . See to imploy x 6 of is, or head org that from the	line in this Par lees, and Higompensation fo (whether individual sation was paint the instructions rees (other than Form 1099-MI) highest compending the sations.	r the vidua d. s for n an SC,	e ca als of off and ed e	Compe lendar or orga finition icer, dii /or box employe	yea niza of ' rect (1 (rated Employer ations), regardles 'key employee." or, trustee or key of Form 1099-NEG who received more director or to	within the s of amou	e organunt ee) e than	nization	's tax
See 1a Coyear. of correct the or Lorgan See the	Check if Schedule O contains a rection A. Officers, Directors, Trust omplete this table for all persons required List all of the organization's current office of the organization's current office of the organization's current key of the organization's current key of the organization's five current highest ecceived reportable compensation (box 5 organization and any related organizations is the organization from the organization and the organization's former office of the organization's former direction of the organization, more than \$10,000 of reportable the instructions for the order in which to be	esponse or note to tees, Key Employees, troposter of Form W-2, box. To be listed. Repers, directors, truly, and (F) if no comployees, if any at compensated e of Form W-2, box. To see the see the seed of Form W-2, box. To see the seed of Form W-2, box.	ployer courses on the course of the course o	line in this Pares, And Higes, and Higemensation for whether individual in the instructions rees (other than Form 1099-MI: highest comperganizations. received, in the organization	rt VIII hes r the vidua d. s for n an SC, nsate e cal and	e ca als of definitions and ed ed pacificant	Compe lendar or orga finition icer, dir /or box employe ity as a y relate	year of 'rect of a for eech of for eech of of the formed o	rated Employer ending with or ations), regardles "key employee." or, trustee or key of Form 1099-NEW who received more director or traganizations.	within the s of amount of employe (C) of more than \$	e organunt ee) ee than 100,00	nization	's tax
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See 1a Coyear. of correct the or Lorgan See the	Check if Schedule O contains a rection A. Officers, Directors, Trust omplete this table for all persons required List all of the organization's current office of the organization's current office of the organization's current key of the organization's current key of the organization's five current highest ecceived reportable compensation (box 5 organization and any related organizations is the organization from the organization and the organization's former office of the organization's former direction of the organization, more than \$10,000 of reportable the instructions for the order in which to be	esponse or note to tees, Key Employees, tiend to be listed. Repers, directors, tru, and (F) if no comployees, if any it compensated e of Form W-2, box. The series of the series of the series of the persons all nor any related to the series of the persons all nor any related to the series of the persons all nor any related to the series of the series of the persons all nor any related to the series of the	ploye ploye port co ustees proper See to mploye s, or he ted org that pove. prganiz Pos one of	line in this Pares, And Higes, and Higemensation for whether individual in the instructions rees (other than Form 1099-MI: highest comperganizations. received, in the organization	rt VIII hes r the vidua d. s for n an SC, nsate and heck e cal and	e ca als of dein off and ed e	Compelendar or orga finition icer, dir or box employed ity as a y relate ore that both a ustee)	yea of 'rect (10 ees of of o	reated Employer ations), regardles "key employee." or, trustee or key of Form 1099-NEO who received more director or triganizations. officer, director, of the compensation from the	within the s of amount of employe C) of more than \$ rustee of the compens of the compens from relations and the compens from relations and the compens of th	e organunt ee) e than 100,00 the	\$100,0	's tax 1000 from The property of the propert
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10/21/24, 9:51 PM	National Veteran	ıs Lega	al Services Progr	am Iı	nc - I	Full Fil	ling-	- Nonprofit Explo	rer - ProPublica	
(2) AMY SCHUH	2.00									
CO-CHAIR		Х						0	0	0
(3) CHRIS ANTONIOU	0.50									
BOARD MEMBER		Х						0	0	0
(4) CYNTHIA BRIGHT	0.50									
BOARD MEMBER		Х						0	0	0
(5) RICHARD COE	0.50									_
BOARD MEMBER		Х						0	0	0
(6) NATHANIEL EMMONS	0.75							_		_
BOARD MEMBER		Х						0	0	0
(7) WILL GUNN	0.50	.,								
BOARD MEMBER		Х						0	0	0
(8) DORIS JOHNSON	0.50									_
BOARD MEMBER		Х						0	0	0
(9) STEPHEN KINNAIRD	0.50	.,								
BOARD MEMBER		Х						0	0	0
(10) RICHARD KLINGLER	0.75	.,								
BOARD MEMBER		Х						0	0	0
(11) GIANNI MINUTOLI	0.50	V							0	
BOARD MEMBER		Х						0	0	0
(12) NANCY O'CONNOR	0.50	٧.						0	0	0
BOARD MEMBER		Х						U	0	Ü
(13) THOMAS RILEY	0.50	V						0	0	0
BOARD MEMBER		Х						U	U	Ü
(14) STEPHEN RYAN	0.75	V						0	0	0
BOARD MEMBER		Х						U	0	Ü
(15) HOWARD SHAPIRO	0.50	V							0	
BOARD MEMBER		Х						0	0	0
(16) ERIC SHUMSKY	0.50	V						•		0
BOARD MEMBER		Х						0	0	0
(17) WAYNE SMITH	0.50	V								
BOARD MEMBER	•	Х						0	0	0
	•		•	•					_	orm 000 (2022)

Form **990** (2022)

— Page 8 —

Form 990 (2022)

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

(A) Name and title	(B) Average hours per week (list	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(18) BARRY MCCOY BOARD MEMBER	0.75	Х						0	0	0
(19) WILLIAM HAYDEN	0.50	Х						0	0	0

10/21/24, 9:51 PM			al Services Program	Inc -	Full Fil	ling- Nonprof	it Explor	er - ProPublic	2a		
BOARD MEMBER		••••		1							
(20) ALAN AVERY	0.75	Х					0		0		0
BOARD MEMBER		``							Ŭ		
(21) GREG HARRIS	0.75	V					0		0		0
BOARD MEMBER		X					U		U		U
(22) DONALD KASSILKE	0.50										
BOARD MEMBER		X					0		0		0
(23) EMILY WEXLER	0.50			+					\dashv		
DOADD MEMBER (FROM 2/2022)	0.50	Х					0		0		0
BOARD MEMBER (FROM 3/2022) (24) RONALD FLAGG									\dashv		
	1.50	Х					0		0		0
BOARD MEMBER				-					-		
(25) PAUL WRIGHT	38.50		x				212,067		0		22,743
EXECUTIVE DIRECTOR/PRESIDENT		••••									
(26) RICHARD SPATARO	42.00		x				171,867		0		30,945
DIR OF TRNG/V PRES			,				1,1,00,		Ŭ		30/3 .3
(27) JEFFREY ZANGHI	38.00						140.000		0		16 106
DIR OF FIN./TREASURER/SECRETARY			X				140,980		0		16,186
(28) RENEE BURBANK	37.50								一		
DIRECTOR OF LITIGATION					Х		203,842		0		15,899
(29) CHRISTINE HILL	30.50			+	 				\dashv		
	39.50				Х		193,732		0		225
SPECIAL COUNSEL (30) ANA REYES				+	 				\dashv		
	39.00				Х		173,365		0		39,202
DIR OF DEVELOPMENT											
(31) STACY TROMBLE	45.50				Х		169,123		0		30,734
DIR OF CAVE LIT		••••									
(32) ROCHELLE BOBROFF	37.50				x		151,326		0		41,668
DIR OF LAWYERS SERVING WARRIORS		••••					131,320		ŭ		11,000
to Sub-Total	VII, Section A .	 	isted above) who	rece	ived m	1,416,302 ore than \$1	00.000	C			197,602
of reportable compensation from the or	ganization 🕨 21									Yes	No
3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J for the schedule J for t</i>									3		No
4 For any individual listed on line 1a, is the organization and related organizations of individual							n the		4	Yes	
5 Did any person listed on line 1a receive services rendered to the organization? <i>I</i>								or	5	163	No
Section B. Independent Contractor	rs										
1 Complete this table for your five highes	t compensated in	depen	dent contractors t	hat	receive	d more than	1 \$100,0	000 of comp	ensat	ion	
from the organization. Report compens	ation for the caler	ndar ye	ear ending with or	r witl	nin the	organizatio	n's tax y	ear. ·			
Name and	(A) d business address					Doce	(B)	services		(C) Compens	
Name and	Dusiness dudress					Desc	лрион о	services	+	Compens	sation
									+		
									ユ		
2 Total number of independent contractors compensation from the organization ▶ 0	(including but not	limite	ed to those listed a	abov	e) who	received m	ore thar	\$100,000	of		
									Fo	rm 990	(2022)
Form 990 (2022)			Page 9 ———								Page 9
Part VIII Statement of Revenue											- age J
Check if Schedule O contains a	response or note	to an	y line in this Part	VIII	<u></u>	<u></u>		<u></u>			
			(A) Total revenue		Rela	(B) ated or kempt		(C) related usiness	e	(D) Reven	ue
					fu	nction	50	20111000	1+24	undere	actions

			Ī	1	revenue	Ī	217 - 214
Federated campaigns		1a	•				
Contributions, Sifts, Grants, and Membership dues		l as					
and Membership dues . OtherAmt	•	1b					
Similar Ar A oប៊ីអាស្នូdraising events .		1c					
717,200							
d Related organizations		1d					
e Government grants (cont	ributions	s) 1e					
f All other contributions, gi	ifte arar	nte					
and similar amounts not above	included	1f					
561,539 g Noncash contributions inc	cluded in	. 1					
lines 1a - 1f:\$		1g					
h Total. Add lines 1a-16	f		1,278,739				
			Business Code				
2a ATTORNEYS' FEES			541100	5,646,646	5,646,646		
9			341100				
PUBLICATION REVEN CONTRACT REVENUE TRAINING	UE		900099	312,837	312,837		
CONTRACT REVENUE			000000	143,694	143,694		
NC NC			900099				
			900099	74,760	74,760		
E							
Program							
f All other program	service	revenue.					
9 Total. Add lines 2			6,177,937				
3 Investment income				I			
similar amounts) .	•		•	183,079			183,079
4 Income from invest							
5 Royalties	ا ر	(i) Real	(ii) Personal				
	'ı	(I) Real	(II) FEISOIIAI				
6a Gross rents	6a						
b Less: rental expenses	6b						
c Rental income	H						
or (loss)	6c						
d Net rental income	e or (lo:		· · · •	II.			
7- Cross amount	Կ ⊢	(i) Securities	(ii) Other				
7a Gross amount from sales of	7a						
assets other than inventory	\sqcup						
Less: cost or other basis and	7b		6,859				
sales expenses	$\perp \perp$.,				
Less: cost or other basis and sales expenses Gain or (loss) d Net gain or (loss)	7c		-6,859				
d Net gain or (loss)				-6,859			-6,859
a Gross income from it		-					
(not including \$contributions reporte	d on line	.7,200 of e 1c).					
See Part IV, line 18			13,200				
b Less: direct exper		L L	106,134				
c Net income or (los	ss) fron	n fundraising eve	nts 🕨	-92,934			-92,934
On Cross income from	asmina	activities					

0/21/	04 0.51 DM	N-4:1 V-4 I	-1 C D I	E-11 Ellin - Nomen	24 E1 DD1:	
	24, 9:51 PM See Part IV, line 19	9a	al Services Program Inc	: - Full Filing- Nonprol	it Explorer - ProPubli	za
	b Less: direct expenses	9b	1			
	c Net income or (loss) from gaming ac	tivities				
1		10a				
	, L	10b				
┥.	c Net income or (loss) from sales of in	ventory ► Business Code	1			
	11a _{OTHER} INCOME	90009	9 1,400			1,400
	b					
Othe	er k evenueMiscAmt					
	d All other revenue					
	e Total. Add lines 11a-11d	•	1,400			
:	12 Total revenue. See instructions .	· · · · •	7,541,362	6,177,937	C	84,686
						Form 990 (2022)
			Page 10 ———			
Form	990 (2022)					Page 10
Pa	Statement of Functional Section 501(c)(3) and 501(c)(4	Expenses) organizations must co	mplete all columns. A	All other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a	response or note to any	/ line in this Part IX .			🗆
_				(B)	(C)	(D)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns.	All other organization	ons must complete col	umn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,000	5,000		
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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	594,788	367,226	216,918	10,644
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,922,857	4,392,315	298,775	231,767
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	175,830	149,130	13,429	13,27
9 Other employee benefits	718,523	607,603	58,821	52,099
10 Payroll taxes	94,122	78,389	9,239	6,494
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	24,054		24,054	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	33,348		33,348	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	125,926	116,813	4,628	4,48
12 Advertising and promotion				
13 Office expenses	224,423	155,073	44,677	24,673
14 Information technology				
Г		i i		•

10/21	24, 9:51 PM National Veterans Leg	pal Services Program Inc.	Full Filing- Nonprofit Expl	orer - Pr	oPublica		
	Royalties	, I					
16	Occupancy	513,424	437,223	4	7,667	28,	534
17	Travel	29,714	29,590				124
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .						
19	Conferences, conventions, and meetings	36,522	36,522				
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	6,877	6,877				
23	Insurance	25,445	15,335		8,957	1,	153
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
;	EQUIP. RENTAL & MAINT.	98,899	84,285		9,038	5,	576
İ	BOOKS & REF. MATERIALS	50,042	41,311		1,352	7,	379
•	LICENSES AND PERMITS	25,047	9,125		882	15,	040
	STAFF DEVELOPMENT	15,834	14,611		0	1,	223
	All other expenses	3,046			2,900		146
25	Total functional expenses. Add lines 1 through 24e	7,723,721	6,546,428	77	4,685	402,	608
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).						
	<u> </u>		I		I	Form 990 (2)	022
		- Page 11					_
Eorn	990 (2022)						
	art X Balance Sheet					Page	<u>. T</u> .
F-							
	Check if Schedule O contains a response or note to any	line in this Part IX .				U	
			(A) Beginning of year		Eı	(B) nd of year	
	1 Cash-non-interest-bearing	•	18,28	6 1		77,	779
	2 Savings and temporary cash investments		930,32	9 2		548,	124
	3 Pledges and grants receivable, net	•		3			
	4 Accounts receivable, net		640,10	1 4		686,	261
	5 Loans and other receivables from any current or former of trustee, key employee, creator or founder, substantial co			5			

Р	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any I	ine in this Part IX			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			18,286	1	77,779
	2	Savings and temporary cash investments .			930,329	2	548,124
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			640,101	4	686,261
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in s				6	
25	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use		[8	
Ass	9	Prepaid expenses and deferred charges			160,038	9	138,813
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	60,722			
	b	Less: accumulated depreciation	10b	31,661	25,691	10c	29,061
	11	Investments—publicly traded securities .			5,823,674	11	4,893,099
	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			35,965	15	126,937
	16	Total assets. Add lines 1 through 15 (must eq	ual line 33	3)	7,634,084	16	6,500,074
	17	Accounts payable and accrued expenses			467,541	17	573,263
	18	Grants payable			18		
	19	Deferred revenue		127,202	19	53,069	
	20	Tax-exempt bond liabilities				20	
40	21	Escrow or custodial account liability. Complete F				21	

	24, 9:5	National Veterans Legal Services Program Inc - Full Filing- Nonprofit Explore	r - ProP 	'ublica		
Liabilities	22	Loans and other 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	22			
	23	Secured mortgages and notes payable to unrelated third parties	23			
	24	Unsecured notes and loans payable to unrelated third parties	24			
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	25			0
	26	Total liabilities. Add lines 17 through 25 643,202	26			626,332
Fund Balances	27	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	27		5	873,742
Bal	28	Net assets with donor restrictions	28			070,712
Б	20		20			
Ē		Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.				
9	29	Capital stock or trust principal, or current funds	29			
Assets	30	Paid-in or capital surplus, or land, building or equipment fund	30			
ISS	31	Retained earnings, endowment, accumulated income, or other funds	31			
	32	Total net assets or fund balances 6,990,882	32		5,	873,742
Net	33	Total liabilities and net assets/fund balances	33		6	500,074
		·		F	orm 99	0 (2022)
_		Page 12				
Forn	990	(2022)				Page 12
	art XI	Reconcilliation of Net Assets				rage 12
		Check if Schedule O contains a response or note to any line in this Part XI				
		onout in bandada o contains a response of note to any mile in time ratio.				
1	Tota	ıl revenue (must equal Part VIII, column (A), line 12)	1		7,	541,362
2	Tota	ll expenses (must equal Part IX, column (A), line 25)	2		7,	723,721
3	Rev	enue less expenses. Subtract line 2 from line 1	3		-	182,359
4	Net	assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		6,	990,882
5	Net	unrealized gains (losses) on investments	5		-	934,781
6	Don	ated services and use of facilities	6			
7	Inve	estment expenses	7			
8	Prio	r period adjustments	8			
9	Oth	er changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net	assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		5,	873,742
Pá	art XII	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				
					Yes	No
1	If th	ounting method used to prepare the Form 990: Cash Accrual Other Description of accounting from a prior year or checked "Other," explain on edule O.				
2		e the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
		es,' check a box below to indicate whether the financial statements for the year were compiled or reviewed carate basis, consolidated basis, or both:	on a			
		Separate basis Consolidated basis Both consolidated and separate basis				
b	If 'Y	e the organization's financial statements audited by an independent accountant? es,' check a box below to indicate whether the financial statements for the year were audited on a separate solidated basis, or both:	basis,	2b	Yes	
	_	Separate basis				
c		Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight ne audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If th	ne organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3		result of a federal award, was the organization required to undergo an audit or audits as set forth in the Urdance, 2 C.F.R. Part 200, Subpart F?	niform	3a		No
b	If "Y	es," did the organization undergo the required audit or audits? If the organization did not undergo the requi it or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	3 h		

Form 990 (2022)

Additional Data Return to Form

> **Software ID: Software Version:**

Form 990, Special Condition Description:

Special Condition Description

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ObjectId: 202312869349300526 - Submission: 2023-10-13

TIN: 52-1238058

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

			_						Inspection				
		he organiza ETERANS LEGA						Employer identific	cation number				
	RAM IN							52-1238058					
	rt I				us (All organization tit is: (For lines 1 thro			See instructions.					
1	ıı yarıız		•		sociation of churches	<i>,</i>	, ,	(A)(:)					
_		,		,			, ,, ,	(A)(I).					
2					1)(A)(ii). (Attach Sch	•							
3		•	•	•	ervice organization described in section 170(b)(1)(A)(iii). Tated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's								
4			research orga , and state:	anization operat	ed in conjunction with	a hospital des	cribed in section	170(b)(1)(A)(iii). E	nter the hospital's				
5				ed for the benefi omplete Part II.)	t of a college or unive	rsity owned or	operated by a gov	vernmental unit descri	bed in section				
6		A federal,	state, or loca	I government or	governmental unit de	scribed in sec	tion 170(b)(1)(<i>l</i>	A)(v).					
7	✓	section 1	70(b)(1)(A)	(vi). (Complete			_	unit or from the gener	al public described in				
8			•		170(b)(1)(A)(vi).	•	,						
9		non-land g	rant college	of agriculture. S	escribed in 170(b)(1) ee instructions. Enter	the name, city	, and state of the	college or university:					
10		from activi	ties related t t income and	o its exempt fur unrelated busin	(1) more than 331/3% actions—subject to cer ess taxable income (leapplete Part III.)	tain exceptions	s, and (2) no more	than 33 1/3% of its s					
11		An organiz	ation organiz	ed and operated	d exclusively to test fo	r public safety.	See section 509	(a)(4).					
12		more publi	cly supported	d organizations (d exclusively for the be described in section 5 s the type of supportin	609(a)(1) or s	section 509(a)(2). See section 509(a					
а		organizatio	on(s) the pow		ated, supervised, or cappoint or elect a majo								
b		manageme	ent of the sup	organization sup oporting organizations A a	ervised or controlled in the sare and C.	n connection w ne persons tha	vith its supported of t control or mana	organization(s), by ha ge the supported orga	ving control or anization(s). You				
С					supporting organizatio ions). You must com				ated with, its				
d		functionall	y integrated.	The organizatio	d. A supporting organing organing organics of the description of the	fy a distributio	n requirement and						
е		Check this	box if the or	ganization recei	ved a written determir integrated supporting	nation from the		pe I, Type II, Type II	I functionally				
f	Enter	the numbe	r of supporte	d organizations				<u> </u>					
g					ipported organization(1 ()	1 (2)				
	(1)	Name of sup organizatio		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	. ,	rganization listed rning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
						Yes	No						
													
	aperv	work Reduc or 990-EZ.	ction Act No	Lice, see the I	nstructions for	Cat. No. 112	 85F	Schedule	A (Form 990) 2022				
					Pa	ge 2 ———							
		(Form 990)				J			Page 2				
Pa	rt II				rations Described ne box on line 5, 7,				1)(A)(vi) alify under Part III.				

If the organization failed to qualify under the tests listed below, please complete Part III.)

	/24, 9:51 PM	National Vete	rans Legal Services	Program Inc - Full F	Filing- Nonprofit Exp	olorer - ProPublica	
	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	1,071,754	1,369,718	1,368,755	2,278,263	1,278,739	7,367,229
2	Tax revenues levied for the organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,071,754	1,369,718	1,368,755	2,278,263	1,278,739	7,367,229
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly supported organization) included on						840,943
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						6,526,286
	ection B. Total Support	1	1		1	1	
	lendar year r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest,	1,071,754	1,369,718	1,368,755	2,278,263	1,278,739	7,367,229
	dividends, payments received on securities loans, rents, royalties and income from similar sources	123,524	177,327	180,163	218,734	182,203	881,951
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.).				2,200	1,400	3,600
11	Total support. Add lines 7 through 10						8,252,780
12		etc. (see instruction	ons)			12	28,243,775
13	First 5 years. If the Form 990 is for t	-			•		ization, check
_	this box and stop here			· · · · · · · · ·	<u> </u>	▶⊔	
14	Public support percentage for 2022 (lin			column (f))		14	79.080 %
15	Public support percentage for 2021 Sc		•			15	76.390 %
16a	33 1/3% support test—2022. If the						
t	and stop here. The organization quali 33 1/3% support test—2021. If the	e organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33 1/	3% or more, chec	- 0
17 a	box and stop here. The organization 10%-facts-and-circumstances test and if the organization meets the "fact	t-2022. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
Ь		st—2021. If the o	rganization did no	t check a box on li	ine 13, 16a, 16b,	or 17a, and line 15	is 10% or
	more, and if the organization meets t		•				·
18	meets the "facts-and-circumstances" Private foundation. If the organization						🕶 🔾
	instructions						
						Schedule A (I	orm 990) 2022
_			Page 3				
			-				
Sch	edule A (Form 990) 2022						Page 3
	Part III Support Schedule for						
	(Complete only if you the organization fails						er Part II. If
	Section A. Public Support	,	_	, ,			
	lendar year r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
`1							
_	include any "unusual grants.") .	<u> </u>			-		ļ
2	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose	<u> </u>					ļ
3	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the				†		

10/21/2	24, 9:51 PM	National Vetera	ns Legal Services	Program Inc - Full	Filing- Nonprofit Exp	olorer - ProPublica			
	organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
6	the organization without charge Total. Add lines 1 through 5								
	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.)								
Se	ection B. Total Support					ı			
	endar year			1	1		Т		
	fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
` 9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources.								
b	Unrelated business taxable income								
	(less section 511 taxes) from								
	businesses acquired after June 30,								
С	1975. Add lines 10a and 10b.	 	+		+		+		
11	Net income from unrelated business	 	+		+		+		
	activities not included on line 10b,								
	whether or not the business is								
4.0	regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,								
	11, and 12.) First 5 years. If the Form 990 is for t	h	final accord this	ind farrish an fifth		iam F01(a)(3) ava		Liam al	l ·
14		=			=				_
	this box and stop here								ightharpoons
	ection C. Computation of Public	Support Perce	entage						
15	Public support percentage for 2022 (lin					15			
16	Public support percentage from 2021 S	Schedule A, Part I	II, line 15			16			
Se	ection D. Computation of Invest								
17	Investment income percentage for 20	22 (line 10c, colu	mn (f) divided b	y line 13, column	(f))	17			
18	Investment income percentage from 2	021 Schedule A,	Part III, line 17			18			
19a	33 1/3% support tests-2022. If the	organization did r	not check the bo	x on line 14, and	line 15 is more tha	n 33 _{1/3} %, and lir	ne 17	is not	
	more than 33 1/3%, check this box and							▶ □	
b	33 1/3% support tests—2021. If the						3% ar	nd line	18 is
-	not more than 33 1/3%, check this box	and stop here .	The organization	qualifies as a pul	hlicly supported ord	anization		► □	
20								_	
	Private foundation. If the organization	on did not check a	a box on line 14,	19a, or 19b, che	ck this box and see	Schedule A (2022
						Schedule A (Form	990)	2022
			Page 4						
Cobo	dula A (Farm 000) 2022							_	
	dule A (Form 990) 2022							F	age 4
Par	t IV Supporting Organization								
	(Complete only if you checked a								
	box 12b, of Part I, complete Se 12d, of Part I, complete Section			x 12c, of Part 1, c	complete Sections A	, D, and E. If you	ı cnec	кеа во	X
Se	ection A. All Supporting Organiz		ompiece rare v.,						
	ction A. An Supporting Organiz	ations						Yes	No
_						Г		163	140
1	Are all of the organization's supported If "No," describe in Part VI how the su								
	describe the designation. If historic an				eu by class of purpo	, ise,			
	accense and accignations in meterne an	a continuing relat	.onompy explains				1		
2	Did the organization have any support								
	509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2).	Part VI how the o	rganization dete	rmined that the s	supported organizat	ion was			
	described in section $509(a)(1)$ or (2) .						2		
За	Did the organization have a supported	organization desc	cribed in section	501(c)(4), (5), o	r (6)? <i>If "Yes," ans</i> ı	wer lines 3b and			
	3c below.	=			,	1	3a		_
b	Did the organization confirm that each	supported organi	ization qualified	under section E01	1(c)(4) (5) 05 (6)	and satisfied	Ja		—
D	the public support tests under section								
	determination.	- (- /(=/- 2. / 0.	,		<i>ga</i> _ac.		3b		—
	Did the support of the state of					(D)	3D		
С	Did the organization ensure that all su	pport to such orga	anızations was u	sed exclusively fo	or section 170(c)(2)	(B) purposes?			

	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
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.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	8		
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 .	9a		
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.	9b		
С	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 .	9c		
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.	10-		
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).	10a 10b		
	Schedule A		990)	2022
	Page 5			
Cobo	dule A (Form 990) 2022		_	
	t IV Supporting Organizations (continued)		F	age 5
rai	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 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ction B. Type I Supporting Organizations		14	
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		Yes	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			
	Many a majority of the appropriate of discourse at the state of the st		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of	, ,		

0/21/	24, 9:51 PM National Veterans Legal Services Program Inc - F	Full Fil	ing- Nonprofit Explorer - ProPublic	a		
	each of the organization's supported organization(s)? If "No," describe in Part VI how supporting organization was vested in the same persons that controlled or managed to	contr he sup	ol or management of the ported organization(s).	1		
Se	ection D. All Type III Supporting Organizations					
					Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of	ng the the or	prior tax year, (ii) a copy of the			
	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 el	ected	by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the supported			2	+	
3	By reason of the relationship described in line 2 above, did the organization's supported	ed org	anizations have a significant			
	voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in Part VI the role the organization's supported	tion's i	ncome or assets at all times	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ions):		
ā	The organization satisfied the Activities Test. Complete line 2 below.					
ŀ	The organization is the parent of each of its supported organizations. Complete	line	3 helow			
,		u supp	ported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
ā	a Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the	Part \	/I identify those supported how the organization was			
	substantially all of its activities.	at the.	se activities constituted	2a		
ŀ	Did the activities described on line 2a, above constitute activities that, but for the organization's supported organization(s) would have been engaged in? If "Yes,"	' expla	in in Part VI the reasons for			
	the organization's position that its supported organization(s) would have engaged in to organization's involvement.	hese a	ctivities but for the	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
ā	Did the organization have the power to regularly appoint or elect a majority of the offithe supported organizations? If "Yes" or "No", provide details in Part VI.	icers, (directors, or trustees of each of	3a		
ŀ	Did the organization exercise a substantial degree of direction over the policies, progra	ams a	nd activities of each of its			
	supported organizations? If "Yes," describe in Part VI. the role played by the organization	ation i	n this regard.	3b		
			Schedule A		n 990)	2022
	Page 6					
. .	1.1.4/5 000\ 2022					_
	dule A (Form 990) 2022				F	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.				e	
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea	r
	<u> </u>	Т		(opti	ional)	
_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	6				
	income or for management, conservation, or maintenance of property held for production of income (see instructions)					
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount	•	(A) Prior Year		rent Yea ional)	r
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short				-	
	tax year or assets held for part of year): Average monthly value of securities	1 1a				
	Average monthly cash balances	1b				
•	Fair market value of other non-exempt-use assets	1c	i l			

d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors

	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt use	e assets	2			
3	Subtract line 2 from line 1d		3			
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	3 (for greater amount, see	4			
5	Net value of non-exempt-use assets (subtract line 4 fr	rom 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			
	Section C - Distributable Amount					Current Year
1	Adjusted net income for prior year (from Section A, lir	ne 8, Column A)	1			
2	Enter 85% of line 1		2			
3	Minimum asset amount for prior year (from Section B,	, line 8, Column A)	3			
4	Enter greater of line 2 or line 3		4			
5	Income tax imposed in prior year		5			
6	Distributable Amount. Subtract line 5 from line 4, u temporary reduction (see instructions)	nless subject to emergency	6			
7	Check here if the current year is the organization instructions)	n's first as a non-functionally-i	ntegrat	ed Type III sup	porting	g organization (see
					Sc	chedule A (Form 990) 2022
		Page 7				
Sched	dule A (Form 990) 2022					Page 7
Pai	t V Type III Non-Functionally Integrated	I 509(a)(3) Supporting (Organi	izations (cor	ntinued	
Sec	tion D - Distributions	3				Current Year
	Amounts paid to supported organizations to accomplish				1	
	Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organız	ations, in	2	
3	Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons		3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)			5	
6	Other distributions (describe in Part VI). See instruction	ns			6	
7 T	otal annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to what details in Part VI). See instructions	ich the organization is respons	sive (<i>pro</i>	ovide	8	
9	Distributable amount for 2022 from Section C, line 6				9	
10	ine 8 amount divided by Line 9 amount				10	
	, , , , , , , , , , , , , , , , , , ,			(ii)		(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Und	derdistribution Pre-2022	ns	Distributable Amount for 2022
1 D	istributable amount for 2022 from Section C, line 6					
	Inderdistributions, if any, for years prior to 2022					
	reasonable cause required explain in Part VI). ee instructions.					
	xcess distributions carryover, if any, to 2022:					
	From 2017					
	From 2018					
С	From 2019					
	From 2020			·		
	From 2021			-		
	otal of lines 3a through e					
	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Carryover from 2017 not applied (see nstructions)					
	emainder. Subtract lines 3g, 3h, and 3i from line 3f.					
	stributions for 2022 from Section D, line 7:					
<u>a</u> /	Applied to underdistributions of prior years					

National Veterans Legal Services Program Inc - Full Filing- Nonprofit Explorer - ProPublica

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nal Data						Return to Form
						ieuule A (1 01111 550) 2
turn Reference			E	xplanation	Sak	nedule A (Form 990) 2
	F	acts And Circun	nstances Tes	t		
nstructions).						
Section A, lines 1, 2, 3b, Part IV, Section D, lines Section D, lines 5, 6, and	. 3c, 4b, 4c, 5a, 6, 9a, 2 and 3; Part IV, Secti	9b, 9c, 11a, 11b on E, lines 1c, 2a	, and 11c; Pa , 2b, 3a and 3	rt IV, Section B, l Bb; Part V, line 1;	ines 1 and 2; Part V, Sectio	Part IV, Section C, line 1; In B, line 1e; Part V
orm 990) 2022						Pag
		Page	8 ——			
					Sche	edule A (Form 990) (20
om 2022					_	
om 2021						
		1				
om 2018						
n of line 7:						
stributions carryover	to 2023. Add lines					
and 4b from line 1. If the	e amount is greater					
ny. Subtract lines 3g an	d 4a from line 2.					
underdistributions for y						
	underdistributions for 2 and 4b from line 1. If the perplain in Part VI. Se stributions carryover of of line 7: om 2018	underdistributions for 2022. Subtract and 4b from line 1. If the amount is greater and 4b from line 1. If the amount is greater and 4b from line 1. If the amount is greater and 4b from line 1. See instructions. Stributions carryover to 2023. Add lines of line 7: om 2018 om 2019 om 2020 om 2021 om 2022 orrm 990) 2022 Supplemental Information. Provide the expection A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 7art IV, Section D, lines 5, 6, and 8; and Part V, Section Section D, lines 5, 6, and	underdistributions for 2022. Subtract and 4b from line 1. If the amount is greater and 4b from line 1. If the amount is greater and the from line 1. If the amount is greater and and the from line 1. If the amount is greater and the from line 1. If the amount is greater and the from line 7. If the amount is greater and the from 2013. If the from 2013. If the from 2013. If the from 2014. If the from 2020. If the from 2020. If the from 2021. If the from 2022. I	underdistributions for 2022. Subtract and 4b from line 1. If the amount is greater a, explain in Part VI. See instructions. stributions carryover to 2023. Add lines of line 7: om 2018 om 2019 om 2020 om 2021 om 2022 om 2022 om 204 om 205 om 205 om 206 om 206 om 207 om 208 om 208 om 209 om 209 om 209 om 2021 om 2022 Fage 8 Figure Page 8 Figu	underdistributions for 2022. Subtract and 4b from line 1. If the amount is greater vexplain in Part VI. See instructions. stributions carryover to 2023. Add lines and of line 7: om 2018	underdistributions for 2022. Subtract nd 4b from line 1. If the amount is greater explain in Part VI. See instructions. stributions carryover to 2023. Add lines of line 7: om 2018 om 2019 om 2020 om 2021 om 2022 Sche Page 8 Page 8 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition structions). Facts And Circumstances Test Software ID:

https://projects.propublica.org/nonprofits/organizations/521238058/202312869349300526/full

A . I	ObjectId: 202312869349300526 - Submis	51011. 2023-10-13	TIN: 52-1238058
Schedule B	Schedule of C	ontributors	OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to Form 990, ► Go to <u>www.irs.gov/Form990</u>		2022
Name of the organization NATIONAL VETERANS LEGAL S PROGRAM INC	SERVICES		Employer identification number 52-1238058
Organization type (check o	ne):		
Filers of:	Section:		
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization	1	
	4947(a)(1) nonexempt charitable trust	not treated as a private foundation	on
	☐ 527 political organization		
Form 990-PF	☐ 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust	treated as a private foundation	
	☐ 501(c)(3) taxable private foundation		
General Rule For an organization money or other procontributions.	i filing Form 990, 990-EZ, or 990-PF that rec perty) from any one contributor. Complete Pa	eived, during the year, contribution arts I and II. See instructions for de	ns totaling \$5,000 or more (in etermining a contributor's total
For an organization money or other pro	า filing Form 990, 990-EZ, or 990-PF that rec perty) from any one contributor. Complete Pa	eived, during the year, contribution arts I and II. See instructions for de	ns totaling \$5,000 or more (in etermining a contributor's total
For an organization money or other procontributions. Special Rules For an organization of under sections 509(a received from any or	described in section 501(c)(3) filing Form 990. described in 170(b)(1)(A)(vi), that checked Schelle contributor, during the year, total contribution, or (ii) Form 990-EZ, line 1. Complete Parts	or 990-EZ that met the 33 ¹ /3% sudue A (Form 990 or 990-EZ), Partons of the greater of (1) \$5,000 or	etermining a contributor's total pport test of the regulations III, line 13, 16a, or 16b, and that
For an organization money or other procontributions. Special Rules For an organization of under sections 509(a received from any or 990, Part VIII, line 11 for an organization of during the year, total	perty) from any one contributor. Complete Padescribed in section 501(c)(3) filing Form 990(a)(1) and 170(b)(1)(A)(vi), that checked Schelle contributor, during the year, total contribution	or 990-EZ that met the 33 ¹ /3% sudule A (Form 990 or 990-EZ), Partons of the greater of (1) \$5,000 or I and II.	pport test of the regulations ill, line 13, 16a, or 16b, and that (2) 2% of the amount on (i) Form
For an organization money or other procontributions. Special Rules For an organization of under sections 509(a received from any or 990, Part VIII, line 11 for an organization of during the year, total purposes, or for the for an organization of during the year, contif this box is checked purpose. Don't comp	described in section 501(c)(3) filing Form 990(a)(1) and 170(b)(1)(A)(vi), that checked Schene contributor, during the year, total contributin, or (ii) Form 990-EZ, line 1. Complete Parts described in section 501(c)(7), (8), or (10) filing contributions of more than \$1,000 exclusive	or 990-EZ that met the 33 ¹ /3% sudule A (Form 990 or 990-EZ), Partons of the greater of (1) \$5,000 or I and II. In Form 990 or 990-EZ that receively for religious, charitable, scientificomplete Parts I, II, and III. In Form 990 or 990-EZ that receive tec., purposes, but no such contrict received during the year for an exelection and the second sec	pport test of the regulations II, line 13, 16a, or 16b, and that (2) 2% of the amount on (i) Form any one contributor, c, literary, or educational ved from any one contributor, butions totaled more than \$1,000 or clusively religious, charitable, etc.
For an organization money or other procentributions. Special Rules For an organization of under sections 509(a received from any or 990, Part VIII, line 11 for an organization of during the year, total purposes, or for the For an organization of during the year, contif this box is checked purpose. Don't compreligious, charitable, Caution: An organization th 990-EZ, or 990-PF), but it money and the procent in the section of the sectio	described in section 501(c)(3) filing Form 990 (a)(1) and 170(b)(1)(A)(vi), that checked Schelle contributor, during the year, total contributing, or (ii) Form 990-EZ, line 1. Complete Parts described in section 501(c)(7), (8), or (10) filing contributions of more than \$1,000 exclusives or evention of cruelty to children or animals. Of the described in section 501(c)(7), (8), or (10) filing ributions exclusively for religious, charitable, it, enter here the total contributions that were lete any of the parts unless the General Rul	or 990-EZ that met the 33 ¹ /3% sudule A (Form 990 or 990-EZ), Partons of the greater of (1) \$5,000 or I and II. In Form 990 or 990-EZ that receively for religious, charitable, scientificomplete Parts I, II, and III. In Form 990 or 990-EZ that receively for religious, charitable, scientificomplete Parts I, II, and III. In Form 990 or 990-EZ that receively for an experience of the source of the second o	pport test of the regulations II, line 13, 16a, or 16b, and that (2) 2% of the amount on (i) Form (but on any one contributor, c, literary, or educational (c) tender of the decision of the contributor, colusively religious, charitable, etc. and the state of the contributor, or education of the colusively of the contributor, or education of the colusively of the colusively of the state of the colusively of the column
For an organization money or other procentributions. Special Rules For an organization of under sections 509(a received from any or 990, Part VIII, line 11 for an organization of during the year, total purposes, or for the For an organization of during the year, contif this box is checked purpose. Don't compreligious, charitable, Caution: An organization th 990-EZ, or 990-PF), but it mor on its Form 990PF, Part I.	described in section 501(c)(3) filing Form 990(a)(1) and 170(b)(1)(A)(vi), that checked Schene contributor, during the year, total contribution, or (ii) Form 990-EZ, line 1. Complete Parts described in section 501(c)(7), (8), or (10) filing contributions of more than \$1,000 exclusive prevention of cruelty to children or animals. Of the described in section 501(c)(7), (8), or (10) filing ributions exclusively for religious, charitable, letter any of the parts unless the General Rul etc., contributions totaling \$5,000 or more during the contributions totaling \$5,000 or more during the contributions totaling \$5,000 or more during the contributions totaling \$5,000 or more during \$1,000 or more dur	or 990-EZ that met the 33 ¹ /3% sudule A (Form 990 or 990-EZ), Partons of the greater of (1) \$5,000 or I and II. In Form 990 or 990-EZ that receively for religious, charitable, scientificomplete Parts I, II, and III. In Form 990 or 990-EZ that receively for religious, charitable, scientificomplete Parts I, II, and III. In Form 990 or 990-EZ that receively for an experience of the source of the second o	pport test of the regulations II, line 13, 16a, or 16b, and that (2) 2% of the amount on (i) Form red from any one contributor, c, literary, or educational red from any one contributor, butions totaled more than \$1,000. It received recei
For an organization money or other procontributions. Special Rules For an organization of under sections 509(a received from any or 990, Part VIII, line 11 for an organization of during the year, total purposes, or for the For an organization of during the year, contif this box is checked purpose. Don't compreligious, charitable, Caution: An organization the 990-EZ, or 990-PF), but it mor on its Form 990PF, Part I, 990-EZ, or 990-PF).	described in section 501(c)(3) filing Form 990(a)(1) and 170(b)(1)(A)(vi), that checked Schene contributor, during the year, total contribution, or (ii) Form 990-EZ, line 1. Complete Parts described in section 501(c)(7), (8), or (10) filing contributions of more than \$1,000 exclusive prevention of cruelty to children or animals. Of the described in section 501(c)(7), (8), or (10) filing ributions exclusively for religious, charitable, letter any of the parts unless the General Rul etc., contributions totaling \$5,000 or more during the contributions totaling \$5,000 or more during the contributions totaling \$5,000 or more during the contributions totaling \$5,000 or more during \$1,000 or more dur	or 990-EZ that met the 33½% sudule A (Form 990 or 990-EZ), Partons of the greater of (1) \$5,000 or I and II. Ing Form 990 or 990-EZ that received for religious, charitable, scientificomplete Parts I, II, and III. Ing Form 990 or 990-EZ that received complete Parts I, II, and III. Ing Form 990 or 990-EZ that received during the year for an example applies to this organization becausing the year	pport test of the regulations II, line 13, 16a, or 16b, and that (2) 2% of the amount on (i) Form red from any one contributor, c, literary, or educational red from any one contributor, butions totaled more than \$1,000. It received recei

Schedule B (Form 990) (2022)

Employer identification number

NATIONAL	VEIEKAND	LEGAL	DEKATC	Ξ.
	TNC			

FROGRAM I			
Part I Contributo	Contributors (see instructions). Use duplicate copies of Part I if additional spa	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTE	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	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
-		\$	Person Payroll Noncash (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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		<u> </u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2022)
0.1	Page 3 ———		
Name of org	ETERANS LEGAL SERVICES	Employer identification 52-1238058	Page 3 on number
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	(c) FMV (or estimate) (See instructions)	(d) Date received

-				\$_	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or est		(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or est (See instruc		(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given	(C) FMV (or est (See instruc		(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given	(C) FMV (or est (See instruc		(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given	(C) FMV (or est		(d) Date received
-				\$	
Schedule	B (Form 990) (2022)	Page 4 ————			Schedule B (Form 990) (2022) Page 4
Name of o NATIONAL PROGRAM	rganization VETERANS LEGAL SERVICES INC			oloyer identi .238058	fication number
Part III	Exclusively religious, charitable, etc., conthan \$1,000 for the year from any one conorganizations completing Part III, enter the year. (Enter this information once. See insuled the duplicate copies of Part III if additional seconds.)	ntributor. Complete columns (a) the total of exclusively religious, clustructions.) \(\bigsim \)	ribed in section (nrough (e) and th	501(c)(7), (8), ne following	line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descript	ion of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship of tr	ransferor to t	ransferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descript	ion of how gift is held
-					
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship of t	ransferor to t	ransferee
(5)					
(a)		1			

Part I	(b) Fulpose of glit	(c) USE OF GIFT	(u) Description of now grit is nero
	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Relatio	enship of transferor to transferee
			Schedule B (Form 990) (202
Additiona	I Data		Return to Form

Software ID: Software Version:

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ObjectId: 202312869349300526 - Submission: 2023-10-13 **Political Campaign and Lobbying Activities**

TIN: 52-1238058

OMB No. 1545-0047

SCHEDULE C (Form 990)

Department of the Treasury

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.

Open to Public

IIICIIIa	Neverlue Service		►Go to <u>www.irs.gov</u>	//Form990	for instructions a	nd the latest i	nformation.			Inspe	ction
• S • S • S If the	ection 501(c)(3) org Section 501(c) (othe Section 527 organiz o rganization ans	ganization er than se ations: Co wered "Y	Yes" on Form 990, Pai ss: Complete Parts I-A ction 501(c)(3)) organi complete Part I-A only. Yes" on Form 990, Pai ns that have filed Form	and B. Do no zations: Con	ot complete Part I-C nplete Parts I-A and or Form 990-EZ, I	C. I C below. Do no Part VI, line 47 (ot complete Pa	art I-B. tivities	s), t	hen	
• 8	Section 501(c)(3) or	ganizatio	ns that have NOT filed	Form 5768	(election under sec	tion 501(h)): Co	mplete Part II-	B. Do	not	complete Pa	ırt II-A.
	organization ans (y Tax) (see separ		es" on Form 990, Par	rt IV, Line 5	(Proxy Tax) (see s	eparate instruc	tions) or For	m 990-	-EZ	, Part V, line	35C
			organizations: Complet	te Part III.							
NAT:	ne of the organizati IONAL VETERANS LEG GRAM INC		ES				Employ 52-1238		ntifi	ication num	ber
Parl	t I-A Complet	e if the	organization is ex	cempt und	ler section 501	(c) or is a se	ction 527 o	rgani	zat	tion.	
1	Provide a descript "political campaign		e organization's direct a	and indirect p	political campaign a	ctivities in Part	IV. See instruc	ctions f	or o	definition of	
2	Political campaign	activity e	expenditures. See instr	uctions				•	\$_		
3			l campaign activities. S						_		
Par	t I-B Complet	e if the	organization is ex	cempt und	ler section 501	(c)(3).					
1			cise tax incurred by the	-				>	\$ _		
2			cise tax incurred by or						\$ _		
3	3		a section 4955 tax, d		,					☐ Yes	☐ No
4a	Was a correction r	made?								\square Yes	□ No
b	If "Yes," describe										
Par	t I-C Complet	e if the	organization is ex	cempt und	ler section 501	(c), except s	ection 501((c)(3)			
1		•	expended by the filing	-		•		•	\$ _		
2			ng organization's fund					•	\$_		
3	Total exempt func	tion expe	nditures. Add lines 1 a	nd 2. Enter l	here and on Form 1	120-POL, line 1	7b l	•	\$_		
4	Did the filing orga	nization f	ile Form 1120-POL fo	or this year?						☐ Yes	☐ No
5	organization made of political contrib	e paymen utions rec	s and employer identif ts. For each organizati ceived that were prom mmittee (PAC). If addi	on listed, en ptly and dire	ter the amount paid ctly delivered to a s	d from the filing separate politica	organization's I organization,	funds	. Al	so enter the	
(a)	Name		(b) Address		(c) EIN		(d) Amount p filing organiz funds. If non -0	ation's	5	(e) Amo political con received and and directly to a separa organization enter	tributions d promptly delivered te political n. If none,
1											
2											
3											
4											
5											
6											
For Pa	aperwork Reduction	Act Notice	l e, see the instructions f	or Form 990.	1	Cat. No. 50	0084S	So	ched	dule C (Form	990) 2022
					 Page 2 						

Schedule C (Form 990) 2022

Page 2

	Check if the filing organization belongs to expenses, and share of excess lob		in Part IV each af	filiated group me	mber's name, a	ddress, EIN,
		, - ,	visions annly			
	<u> </u>	ying Expenditures			a) Filing (tanization's totals	a) Affiliated group totals
3	Total lobbying expenditures to influence public of	opinion (grass roots lobbying)			0	
•	Total lobbying expenditures to influence a legisla	, , , , ,			2,175	
2	Total lobbying expenditures (add lines 1a and 1	, , , , , , , , , , , , , , , , , , , ,			2,175	
ı	Other exempt purpose expenditures	<i>'</i> 			7,721,546	
•	Total exempt purpose expenditures (add lines 1	c and 1d)			7,723,721	
f	columns.				536,186	
	If the amount on line 1e, column (a) or (b)	is: The lobbying nontaxal	ole amount is:			
	Not over \$500,000	20% of the amount on line 1	e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the ex	cess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the ex	cess over \$1,000,0	00.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the exc	ess over \$1,500,000	0.		
	Over \$17,000,000	\$1,000,000.				
i	section 4911 tax for this year?	er -0line 1i, did the organ	nization file Form	L(h)		Yes No
i	Subtract line 1g from line 1a. If zero or less, end Subtract line 1f from line 1c. If zero or less, end If there is an amount other than zero on either section 4911 tax for this year?	er -0line 1i, did the organ	nization file Form er Section 50:	L(h) ve to complet	e all of the f	
i	Subtract line 1g from line 1a. If zero or less, end Subtract line 1f from line 1c. If zero or less, end If there is an amount other than zero on either section 4911 tax for this year?	er -0line 1i, did the organ r Averaging Period Unde e a section 501(h) elect	nization file Form er Section 50: ion do not ha	L(h) ve to complet 2a through 2	e all of the f	
i	Subtract line 1g from line 1a. If zero or less, end Subtract line 1f from line 1c. If zero or less, end If there is an amount other than zero on either section 4911 tax for this year?	er -0	nization file Form er Section 50: ion do not ha	L(h) ve to complet 2a through 2	e all of the f	
i i	Subtract line 1g from line 1a. If zero or less, ent Subtract line 1f from line 1c. If zero or less, ent If there is an amount other than zero on either section 4911 tax for this year?	r Averaging Period Under a section 501(h) elect ee the separate instruct Expenditures During 4-Y	er Section 50: ion do not ha ions for lines	L(h) ve to complet 2a through 2 g Period	e all of the f	ive (e) Total
i j	Subtract line 1g from line 1a. If zero or less, ent Subtract line 1f from line 1c. If zero or less, ent If there is an amount other than zero on either section 4911 tax for this year?	r Averaging Period Undo e a section 501(h) elect ee the separate instruct Expenditures During 4-1 (a) 2019	er Section 50: ion do not ha ions for lines (ear Averagin (b) 2020	L(h) ve to complet 2a through 2 g Period (c) 2021	ce all of the f f.) (d) 2022	(e) Total
i j	Subtract line 1g from line 1a. If zero or less, ent Subtract line 1f from line 1c. If zero or less, ent If there is an amount other than zero on either section 4911 tax for this year?	r Averaging Period Undo e a section 501(h) elect ee the separate instruct Expenditures During 4-1 (a) 2019	er Section 50: ion do not ha ions for lines (ear Averagin (b) 2020	L(h) ve to complet 2a through 2 g Period (c) 2021	ce all of the f f.) (d) 2022	(e) Total 2,055,100 3,082,650
	Subtract line 1g from line 1a. If zero or less, ent Subtract line 1f from line 1c. If zero or less, ent If there is an amount other than zero on either section 4911 tax for this year?	r Averaging Period Undo e a section 501(h) elect ee the separate instruct Expenditures During 4-1 (a) 2019	er Section 50: ion do not ha ions for lines (ear Averagin (b) 2020	L(h) ve to complet 2a through 2 g Period (c) 2021	(d) 2022	(e) Total 2,055,100 3,082,650 2,175
	Subtract line 1g from line 1a. If zero or less, ent Subtract line 1f from line 1c. If zero or less, ent If there is an amount other than zero on either section 4911 tax for this year? 4-Yea (Some organizations that mad columns below. S Lobbying Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures	r Averaging Period Under a section 501(h) elect ee the separate instruct Expenditures During 4-Y (a) 2019 487,677	er Section 50: ion do not hations for lines (ear Averagin (b) 2020	L(h) ve to complet 2a through 2 g Period (c) 2021	(d) 2022	(e) Total 2,055,100 3,082,650 2,175
	Subtract line 1g from line 1a. If zero or less, ent Subtract line 1f from line 1c. If zero or less, ent If there is an amount other than zero on either section 4911 tax for this year?	r Averaging Period Under a section 501(h) elect ee the separate instruct Expenditures During 4-Y (a) 2019 487,677	er Section 50: ion do not hations for lines (ear Averagin (b) 2020	L(h) ve to complet 2a through 2 g Period (c) 2021	ce all of the ff.) (d) 2022 536,186	(e) Total 2,055,100 3,082,650 2,175 513,776 770,664
	Subtract line 1g from line 1a. If zero or less, ent Subtract line 1f from line 1c. If zero or less, ent If there is an amount other than zero on either section 4911 tax for this year?	r Averaging Period Under a section 501(h) elect ee the separate instruct Expenditures During 4-Y (a) 2019 487,677	er Section 50: ion do not hations for lines (ear Averagin (b) 2020	L(h) ve to complet 2a through 2 g Period (c) 2021	ce all of the ff.) (d) 2022 536,186	(e) Total 2,055,100 3,082,650 2,175
g h i j	Subtract line 1g from line 1a. If zero or less, ent Subtract line 1f from line 1c. If zero or less, ent If there is an amount other than zero on either section 4911 tax for this year?	r Averaging Period Under a section 501(h) elect ee the separate instruct Expenditures During 4-Y (a) 2019 487,677	er Section 50: ion do not hations for lines (ear Averagin (b) 2020	L(h) ve to complet 2a through 2 g Period (c) 2021	ce all of the ff.) (d) 2022 536,186	(e) Total 2,055 3,082 5 2 770

Schedul **Part**

_			a <i>)</i>	(D)
ror e activ	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C	Media advertisements?			
d	Mailings to members, legislators, or the public?			

0/21/2	National Veterans Legal Services Program Inc - Full Filing- Nonprofit Explo	rer - Prol	Publica		
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), o	r section		
	56-(4)(6).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
1 2	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
С	Total	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures. See Instructions	5			
	art IV Supplemental Information		<u>l</u>		
Pro	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list);	Part II-	A, lines 1 an	d 2 (se	e
ınst	ructions), and Part II-B, line 1. Also, complete this part for any additional information.				
	Return Reference Explanation				
		Sched	ule C (Form	990)	2022
		_			
Αc	lditional Data		Return to	Forn	n

Software ID: Software Version:

efile Public Visual Render

ObjectId: 202312869349300526 - Submission: 2023-10-13

TIN: 52-1238058

SCHEDULE D

(Form 990)

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.

OMB No. 1545-0047

Open to Public

	I Revenue Service Go to <u>www.irs.gov/Form990</u> for instructions and the latest info	rmation	1-		spection
	me of the organization		oyer identifi		
	IONAL VETERANS LEGAL SERVICES GRAM INC	F2 12	20050		
			38058		
Ра	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	JI ACCO	uiits.		
	(a) Donor advised funds	(b) Funds and	other	accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advisors property, subject to the organization's exclusive legal control?		nds are the		Yes 🗆 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose private benefit?			ole	Yes 🗆 No
Pa	rt II Conservation Easements.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization (check all that apply).				
	Preservation of land for public use (e.g., recreation or education) Preservation of ar	historic	ally important	t land a	area
	Protection of natural habitat Preservation of a	certified	historic struct	ture	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the fo	rm of a c	conservation		
	easement on the last day of the tax year.		Held at the	End o	f the 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 structure included in (a)	2c			
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by tax year	the orga	anization durir	ng the	
4	Number of states where property subject to conservation easement is located				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling and enforcement of the conservation easements it holds?	of violati		Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing c	onservat			g the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conser	rvation e	asements dur	ing the	year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 1	.70(h)(4))(B)(i)		_
	and section 170(h)(4)(B)(ii)?			Yes	□ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and experiments balance sheet, and include, if applicable, the text of the footnote to the organization's financial state the organization's accounting for conservation easements.				
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Oth Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	ner Sim	ilar Assets	i.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement historical treasures, or other similar assets held for public exhibition, education, or research in furth Part XIII, the text of the footnote to its financial statements that describes these items.				
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement at historical treasures, or other similar assets held for public exhibition, education, or research in furth following amounts relating to these items:				
(i) Revenue included on Form 990, Part VIII, line 1		▶ \$		
	i)Assets included in Form 990, Part X		· 		
2	If the organization received or held works of art, historical treasures, or other similar assets for fina following amounts required to be reported under FASB ASC 958 relating to these items:			е	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$_		
b	Assets included in Form 990, Part X		> \$		

Cat. No. 52283D

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

Schedule D (Form 990) 2022

---- Page 2 -----

Sched	dule D	(Form 990) 2022							Page 2
Part	III	Organizations Maintaining Co	llections of Ar	t, Historical Tre	asures, (or Other Similar	Assets (con	inued)	
3		the organization's acquisition, accessio (check all that apply):	n, and other reco		e following	that are a significan	it use of its co	lection	
а		Public exhibition		d _ L	oan or exc	hange programs			
b	Scholarly research e Other								
С		Preservation for future generations							
4	Provid Part X	de a description of the organization's co	llections and expla	ain how they further	the organ	nization's exempt pur	pose in		
5		g the year, did the organization solicit o s to be sold to raise funds rather than to					☐ Yes		lo
Par	t IV	Escrow and Custodial Arrange Complete if the organization answ line 21.		Form 990, Part I\	/, line 9, d	or reported an amo	ount on Forn	າ 990,	Part X,
1a	Is the includ	organization an agent, trustee, custod led on Form 990, Part X?	ian or other intern	nediary for contribu	tions or ot 	her assets not	☐ Yes		lo
b	If "Ye	s," explain the arrangement in Part XIII	I and complete the	e following table:			Amount		_
С	Begin	ning balance				1c			<u> </u>
d	Additi	ons during the year				1d			
е	Distril	outions during the year				1e			
f	Endin	g balance				1f			
2a	Did th	ne organization include an amount on Fo	orm 990, Part X, li	ine 21, for escrow o	r custodial	account liability?	. 🗆 Yes		lo
b	If "Yes	s," explain the arrangement in Part XIII	. Check here if the	e explanation has b	een provid	ed in Part XIII	. 🗆		
Pai	rt V	Endowment Funds. Complete if the organization answers	wordd "Voc" on	Form OOO Part IV	/ line 10				
		Complete if the organization ansi	(a) Current year			years back (d) Three	years back (e)	Four yea	ırs back
1a	Beginni	ing of year balance							
b	Contrib	outions							
c I	Net inv	estment earnings, gains, and losses							
d (Grants	or scholarships							
		expenditures for facilities ograms							
f /	Admini	strative expenses							
g	End of	year balance							
2 a		de the estimated percentage of the curr designated or quasi-endowment	ent year end bala	nce (line 1g, columi	n (a)) held	as:			
b	Perma	anent endowment 🕨							
c	Term	endowment 🕨							
•		ercentages on lines 2a, 2b, and 2c shou	•	taantaa khan aa bala	l and admi	Catabassa d Cass No.			
3a		nere endowment funds not in the posses ization by:	ssion of the organ	ization that are neit	ı and admı	mistered for the		Yes	No
	(i) Ur	nrelated organizations					3a(i)		
		elated organizations					3a(ii))	
		s" on 3a(ii), are the related organization ibe in Part XIII the intended uses of the	•				. 3b		<u> </u>
4				idowinient funds.					
Par	t VI	Land, Buildings, and Equipme Complete if the organization answ		Form 990, Part I\	/, line 11a	a. See Form 990, F	Part X, line 1	0.	
	Descri	ption of property (a) Cost or ot (investm	her basis (b) (Cost or other basis (oth		ccumulated depreciation		ook valu	е
1a	Land								
b I	Building	gs							
c I	Leaseh	old improvements							
d I	Equipm	nent		31,	605	6,88	1		24,724
_				•	117	24,78	60		4,337
Tota	I. Add I	lines 1a through 1e. (Column (d) must	equal Form 990, F	Part X, column (B),	line 10(c).		chedule D (F		29,061

Schedule D (Form 990) 2022 Page **3**

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, F	Part IV.	line 11b.See For	m 990. Part X.	line 12.
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of various or end-of-year	aluation:
(1) Financial derivatives				
(2) Closely-held equity interests				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F	Dart IV	line 11c See Fo	rm 000 Part V	lino 12
(a) Description of investment	ait iv,	(b) Book value	(c) Meth	nod of valuation:
(1)			Cost of end-	of-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV. I	ine 11d. See For	m 990. Part X.	line 15.
(a) Description				(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities.				
Complete if the organization answered 'Yes' on Form 990, P		ine 11e or 11f.S	ee Form 990, F	
1. (a) Description of liability	у			(b) Book value

/21/24, 9:51 PM National Veterans	Legal Services Progr	am Ind	e - Full Filing- N	onprofit Ex	plorer - ProP	Publica
,						
otal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)					•	
Liability for uncertain tax positions. In Part XIII, provide the tex	xt of the footnote to	the o	rganization's fin			t reports the
ganization's liability for uncertain tax positions under FIN 48 (AS			-			
Same and the same of the same and the same and the same of the sam	or , roy, enear nere				•	D (Form 990) 2022
						()
	— Page 4 ——					
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hedule D (Form 990) 2022						Page 4
Part XI Reconciliation of Revenue per Audited Fi Complete if the organization answered 'Yes' or				e per Ke	eturn.	
Total revenue, gains, and other support per audited financia					1	6,679,367
Amounts included on line 1 but not on Form 990, Part VIII,						2,72.2,72.2
a Net unrealized gains (losses) on investments	Ī	2a		-934,781		
b Donated services and use of facilities		2b				
c Recoveries of prior year grants		2c				
d Other (Describe in Part XIII.)	F	2d		106,134		
e Add lines 2a through 2d					2e	-828,647
Subtract line 2e from line 1					3	7,508,014
Amounts included on Form 990, Part VIII, line 12, but not o	on line 1:					7-1-2/-
a Investment expenses not included on Form 990, Part VIII, I	i	4a		33,348		
b Other (Describe in Part XIII.)		4b		,		
c Add lines 4a and 4b					4c	33,348
Total revenue. Add lines 3 and 4c. (This must equal Form 9	90, Part I, line 12.)				5	7,541,362
Part XII Reconciliation of Expenses per Audited F				ses per l	Return.	72 722
Complete if the organization answered 'Yes' or						
. Total expenses and losses per audited financial statements					1	7,796,507
Amounts included on line 1 but not on Form 990, Part IX, lin	ne 25:					
a Donated services and use of facilities		2a				
b Prior year adjustments		2b				
c Other losses		2c				
d Other (Describe in Part XIII.)	[2d		106,134		
e Add lines 2a through 2d		-		•	2e	106,134
Subtract line 2e from line 1					3	7,690,373
Amounts included on Form 990, Part IX, line 25, but not on	line 1:	ı				
a Investment expenses not included on Form 990, Part VIII, I	ine 7b	4a		33,348		
b Other (Describe in Part XIII.)	[4b				
c Add lines 4a and 4b					4c	33,348
Total expenses. Add lines 3 and 4c. (This must equal Form	990, Part I, line 18.				5	7,723,721
Part XIII Supplemental Information						
Provide the descriptions required for Part II, lines 3, 5, and 9; Pa					V, line 4; Pa	art X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this	s part to provide an	/ addi				
Return Reference				anation		
) ITS CONSIDERATION EPORTING UNCERTAIN
INCOME	TAXES AND HAS D	ETERM	INED THAT NO	MATERIAL	UNCERTAI	N TAX POSITIONS QUA
	HER RECOGNITION					
	AISING EVENT EXPE					4. FINANCIAL STATEN

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES SHOWN AS EXPENSE ON THE 106,134. FINANCIAL STATEMENTS

Schedule D (Form 990) 2022

Additional Data

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SCHEDULE G

(Form 990)

efile Public Visual Render

ObjectId: 202312869349300526 - Submission: 2023-10-13

TIN: 52-1238058

OMB No. 1545-0047

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

Supplemental Information Regarding

organization entered more than \$15,000 on Form 990-EZ, line 6a. Department of the Treasury Attach to Form 990 or Form 990-EZ. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** NATIONAL VETERANS LEGAL SERVICES PROGRAM INC 52-1238058 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b ☐ Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 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 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. (v) Amount paid to (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (vi) Amount paid to or entity (fundraiser) from activity (or retained by) (or retained by) fundraiser have fundraiser listed in custody or organization control of col. (i) contributions? Yes No 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. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990) 2022 Page 2 Schedule G (Form 990) 2022 Page 2

Fundraising Events. 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

https://projects.propublica.org/nonprofits/organizations/521238058/202312869349300526/full

gross receipts greater than \$5,000.

Part II

		(a) Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		ANNUAL BENEFIT	(a) (ant to ma)	(total number)	col. (c))
		(event type)	(event type)	(total number)	
115210					
Revenue					
eve					
~					
	1 Gross receipts	730,400			730,400
	2 Less: Contributions	717,200			717,200
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes	13,200			13,200
	5 Noncash prizes				
Ses	6 Rent/facility costs				
ben	7 Food and beverages				
Ψ	8 Entertainment				
Direct Expenses	9 Other direct expenses	106,134			106,134
Ω	10 Direct expense summary. Add lines 4 t				106,134
	11 Net income summary. Subtract line 10				-92,934
Par	t III Gaming. Complete if the orga		s" on Form 990, Part I	IV, line 19, or reported	
1115210	on Form 990-EZ, line 6a.			<u> </u>	<u> </u>
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
eve					(a) amougn com(c))
	1 Gross revenue				
enses	2 Cash prizes				
Exper	3 Noncash prizes				
т ш	4 Rent/facility costs				
Direct					
	5 Other direct expenses	□ Voc %	☐ Voc %	□ Vos %	
	6 Volunteer labor	☐ Yes <u>%</u>	☐ Yes%_	☐ Yes	
	To to take the take t	U NO	U NO	U NO	
	7 Direct expense summary. Add lines 2 t	through 5 in column (d)		•	
	8 Net gaming income summary. Subtract	t line 7 from line 1, colum	n (d)	🕨	
9	Enter the state(s) in which the organizati	on conducts gaming activi	ities:		
a	Is the organization licensed to conduct ga				☐ Yes ☐ No
Ь	If "No," explain:				
10a b	Were any of the organization's gaming lic If "Yes," explain:				☐ Yes ☐ No
	11 гез, ехринт				
				S	chedule G (Form 990) 2022

1								Page
	Does the organization conduct gar	ming activities with nonmembers?				Yes	□No	
2	Is the organization a grantor, bene formed to administer charitable ga			entity		Yes		
}	Indicate the percentage of gaming	activity conducted in:				∪ ies		
а	The organization's facility .				13a			
b	An outside facility				13b			
	Enter the name and address of the	e person who prepares the organi	zation's gaming/special events b	ooks and r	ecords:			
	Name							
a	Address Does the organization have a contrevenue?		n the organization receives gami	ng				
b	If "Yes," enter the amount of gam amount of gaming revenue retains	ing revenue received by the organ	nization 🕨 \$			□ les	_110	
С	If "Yes," enter name and address	of the third party:						
	Name 🕨							
	Address							
	Name Gaming manager compensation	* \$						
	Description of services provided	,						
	☐ Director/officer	Employee	☐ Independent contra	actor				
	Mandatory distributions: Is the organization required under retain the state gaming license?	state law to make charitable disl	ributions from the gaming proce	eds to 		☐ Yes	□No	
b	Enter the amount of distributions in the organization's own exempt	·		s or spent		∪ les		
art		nation. Provide the explanation b, 15c, 16, and 17b, as applications.						5.
	Return Reference		Explanation					
				0.1	la C (F	orm 990) 2		
				Scned	uie G (F	oriii 990) 2	022	

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Schedule J (Form 990)

efile Public Visual Render ObjectId: 202312869349300526 - Submission: 2023-10-13 TIN: 52-1238058

Compensation Information

OMB No. 1545-0047

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 <u>www.irs.gov/Form990</u> for instructions and the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Employer identification number Name of the organization NATIONAL VETERANS LEGAL SERVICES PROGRAM INC 52-1238058 Part I Questions Regarding Compensation No Yes 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. Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 3 Compensation committee Written employment contract \checkmark Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: Receive a severance payment or change-of-control payment? . . . 4a No Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b No Participate in, or receive payment from, an equity-based compensation arrangement? . 4c No If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: 5a No Any related organization? . . . 5b No If "Yes," on line 5a or 5b, describe in Part III. 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: No The organization? . . 6b Any related organization? No If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Yes Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 No If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section

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Cat. No. 50053T

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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 PAUL WRIGHT EXECUTIVE DIRECTOR/PRESIDENT	(i)	212,067	0	0	8,600	14,143	234,810	0
	(ii)	0	0	0	0	0	- 0	0
2 RENEE BURBANK DIRECTOR OF LITIGATION	(i)	193,842	10,000	0	6,124	9,775	219,741	0
	(ii)	0	0	0	0	0	- 0	0
3 ANA REYES DIR OF DEVELOPMENT	(i)	163,365	10,000	0	10,113	29,089	212,567	0
	(ii)	0	0	0	0	0	- 0	0
4 RICHARD SPATARO DIR OF TRNG/V PRES	(i)	171,867	0	0	9,986	20,959	202,812	0
	(ii)	0	0	0	0	0	- - 0	0

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5 STACY TROMBLE DIR OF CAVC LIT	(i)	162,123	7,000	0	9,381	21,353	199,857	0
	(ii)	0	0	0	0	0	- 0	0
6 CHRISTINE HILL SPECIAL COUNSEL	(i)	193,732	0	0	0	225	193,957	0
	(ii)	0	0	0	0	0	- 0	0
7 ROCHELLE BOBROFF DIR OF LAWYERS SERVING WARRIORS	(i)	151,326	0	0	9,064	32,604	192,994	0
	(ii)	0	0	0	0	0	 0	0
8 JEFFREY ZANGHI DIR OF FIN./TREASURER/SECRETARY	(i)	135,980	5,000	0	3,660	12,526	157,166	0
	(ii)	0	0	0	0	0	 0	0
	•					s	chedule J (Fo	orm 990) 2022
		Pag	e 3 ———					
Schedule J (Form 990) 2022								Page 3
Part III Supplemental Information		2 4 4 4 5	FI 6 61 7	10 16 5 :-		1	1192	
Provide the information, explanation, or descrip Return Reference	tions required for Part I, lines 1a, 1b,	3, 4a, 4b, 4c, 5a,		d 8, and for Part I Ianation	I. Also complete t	his part for any	additional info	rmation.
	COMPENSATION IS REPORTED IN PAR	RT II. COLUMN (B		iaiiatiOii				
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TIN: 52-1238058

OMB No. 1545-0047

2022

Employer identification number

Open to Public Inspection

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 990-EZ.

PROGRAM INC 52-1238058

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE RETURN WAS PREPARED BY THE OUTSIDE ACCOUNTANTS. A DRAFT OF THE RETURN WAS REVIEWED BY THE ORGANIZATION'S SENIOR MANAGEMENT, AUDIT COMMITTEE AND A VOLUNTEER TAX ATTORNEY. EACH DIRECTOR RECEIVED A COPY OF THE FINAL FORM 990 BEFORE IT WAS FILED.
FORM 990, PART VI, SECTION B, LINE 12C	NVLSP REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY BY REQUIRING EACH OFFICER, DIRECTOR AND KEY EMPLOYEE TO ANNUALLY COMPLETE AND SIGN A CONFLICT OF INTEREST DECLARATION ("DECLARATION"). THE COMPLETED DECLARATIONS ARE REVIEWED BY THE AUDIT COMMITTEE AND OR THE EXECUTIVE DIRECTOR AND ARE AVAILABLE FOR INSPECTION BY THE BOARD OF DIRECTORS AND THE OFFICERS OF NVLSP AND BY SUCH OTHER PERSONS AS THE EXECUTIVE DIRECTOR MAY DEEM APPROPRIATE. THE AUDIT COMMITTEE IS DELEGATED TO HANDLE ANY CONFLICTS INVOLVING A BOARD MEMBER OR THE EXECUTIVE DIRECTOR. ANY CONFLICTS INVOLVING ANOTHER OFFICER OR KEY EMPLOYEE IS HANDLED BY THE EXECUTIVE DIRECTOR. NVLSP'S PERSONNEL MANUAL CONTAINING THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL STAFF AT TIME OF HIRE. STAFF ALSO SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT ON AN ANNUAL BASIS. IF THERE IS A CONFLICT DISCLOSED, THE BOARD MEMBER OR OFFICER RECUSES HIM/HERSELF FROM VOTING OR INFLUENCING OTHERS ON THOSE MATTERS. AS NEW IDEAS OR ISSUES COME UP AT BOARD OR COMMITTEE MEETINGS, INDIVIDUAL MEMBERS VOLUNTARILY DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST AND DISCUSS THEM WITH THE GROUP. THE MEMBER OR OFFICER THEN RECUSES HIM/HERSELF FROM THAT MATTER.
FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION OF THE PRESIDENT IS SET ANNUALLY BY NVLSP'S EXECUTIVE COMPENSATION COMMITTEE ("ECC"). THE ECC IS COMPOSED OF THREE MEMBERS OF THE BOARD, NONE OF WHOM HAS A CONFLICT OF INTEREST IN DETERMINING THE COMPENSATION OF THE PRESIDENT. THE PRINCIPAL FACTORS CONSIDERED BY THE ECC IN DETERMINING THE PRESIDENT'S COMPENSATION ARE: (A) THE EXPERIENCE OF THE PRESIDENT IN ADMINISTERING THE AFFAIRS OF NVLSP OR COMPARABLE ORGANIZATION; (B) THE EXPERTISE OF THE PRESIDENT IN VETERANS LAW; (C) THE RANGE OF COMPENSATION PAID TO SIMILARY QUALIFIED EXECUTIVES OF OTHER NON PROFIT ORGANIZATIONS OF SIMILAR SIZE AND BUDGET IN THE WASHINGTON, DC, GEOGRAPHIC REGION, AS DOCUMENTED BY PUBLISHED DATA SUCH AS THE LATEST SURVEY OF "ALL NON PROFIT ORGRANIZATIONS, DISTRICT OF COLUMBIA" BY ABBOTT LANGER ASSOCIATES; AND (D) THE QUALITY OF THE PRESIDENT'S JOB PERFORMANCE. THE ECC REVIEWS THE PRESIDENT'S COMPENSATION ANNUALLY (TYPICALLY IN DECEMBER) AND SETS HIS OR HER LEVEL OF COMPENSATION FOR THE COMING YEAR BASED ON THE FOREGOING CONSIDERATIONS. CONTEMPORANEOUS DOCUMENTATION MEMORIALIZING THE ECC'S DISCUSSIONS AND DECISIONS IS MAINTAINED. THE LAST COMPENSATION REVIEW TOOK PLACE DECEMBER 2022. THE PRESIDENT DETERMINES THE COMPENSATION FOR THE OTHER OFFICERS AND KEY EMPLOYEES BASED ON THEIR PERFORMANCE AND COMPARABLE SALARY DATA. THE PROCESS IS DOCUMENTED BY A MEMO TO THE PERSONNEL FILES.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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

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Schedule O (Form 990) 2022

Additional Data

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