Form 990

EXTENDED TO MAY 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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 Internal Revenue Service

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Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2022 Open to Public Inspection

<u>A</u> F	or th	e 2022 calendar year, or tax year beginning JUL 1, 2022 and	ending J	UN 30, 2023							
	heck if pplicab	le: C Name of organization		D Employer ider	ntificat	ion number					
	Addre	NEIGHBORHOOD LEGAL SERVICES ASSOCIATION									
	Name	Doing business as		25-11571	29						
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nur	nber						
	Final return/ terminated 928 PENN AVENUE 412-255-6700 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$										
				G Gross receipts \$		8,216,090.					
	Amen	FIIISBORGH, FA 15222		H(a) Is this a grou	ıp retu	m					
	Applie tion pendi	na		for subordina	ates?	Yes X No					
	·	SAME AS C ABOVE		H(b) Are all subordina	tes includ	led? Yes No					
<u> </u> T	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	If "No," attac	h a list	. See instructions					
	Vebsi			H(c) Group exem							
		f organization: X Corporation Trust Association Other	L Year	of formation: 1966	MS	tate of legal domicile: PA					
Ра	rt I	Summary									
e	1	Briefly describe the organization's mission or most significant activities: TO MEE		/IL LEGAL NEEDS	5 OF						
Governance		THE POOR AND VULNERABLE IN OUR COMMUNITY THROUGH EFFECTIVE L									
ernä	2	Check this box if the organization discontinued its operations or dispos		1							
Š	3				3	38					
	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	38					
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5						
ti	6	Total number of volunteers (estimate if necessary)			6	158					
Act		Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.					
	a	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	7b	0. Current Year					
		Contributions and grants (Dort)/III line 1b)		7,625,19	18	8,145,384.					
ne	8 9	Contributions and grants (Part VIII, line 1h)	5,32		1,080.						
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,67		7,212					
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,23		62,414.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,650,42	_	8,216,090.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		, , ,	0.	0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.					
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,072,03	31.	6,877,517.						
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.					
ben			134.								
ы		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,447,19	96.	1,009,383.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,519,22	27.	7,886,900.					
	19	Revenue less expenses. Subtract line 18 from line 12		131,20)1.	329,190.					
or			Be	ginning of Current Ye	ar	End of Year					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		4,035,19	94.	3,923,615.					
Ase	21	Total liabilities (Part X, line 26)		1,507,49	0.	1,066,721.					
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		2,527,70	94.	2,856,894.					
Pa	nrt II	Signature Block									
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best o	f my kn	owledge and belief, it is					
true	corre	and complete Declaration of preparer (other than officer) is based on all information of wh	hich preparer	has any knowledge							

Sign	Signature of officer			Date	
-	KRIS BERGSTROM, EXECUTIVE DIRECTOR Type or print name and title				
Paid	Print/Type preparer's name LISA RITTER	Fype preparer's name Preparer's signature Date			
Preparer	Firm's name MAHER DUESSEL, CPA'S			Firm's EIN 25-1622758	
Use Only	Firm's address 1800 LINGLESTOWN ROAD, SU	LTE 306			
	HARRISBURG, PA 17110			Phone no.717-232-1230	
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No	

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2022) NEIGHBORHOOD LEGAL SERVICES ASSOCIATION	25-1157129	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE MISSION STATEMENT OF NEIGHBORHOOD LEGAL SERVICES ASSOCIATION IS TO		
	MEET THE CIVIL LEGAL NEEDS OF THE POOR AND VULNERABLE IN OUR COMMUNITY		
	THROUGH EFFECTIVE LEGAL REPRESENTATION AND EDUCATION.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes [X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes [X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, and	I
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$7, 344, 349. including grants of \$) (Revenue (ue\$1,	,080.)
	NLS HANDLED 10.527 CASES DURING THE REPORTING PERIOD. THERE WERE 954		
	HANDLED BY PRO BONO ATTORNEYS. APPROXIMATELY 6% OF THE TOTAL CASES		
	INVOLVED CONSUMER ISSUES, 33% INVOLVED FAMILY ISSUES (80% OF THESE WERE		
	PFA'S), 47% INVOLVED HOUSING ISSUES, 7% INVOLVED INCOME MAINTENANCE		
	ISSUES (SSI, FOOD STAMPS, TANF, UNEMPLOYMENT), 5% INVOLVED EMPLOYMENT,		
	AND THE REMAINING 2% INVOLVED SUCH ISSUES AS HEALTH, DRIVER'S LICENSE		
	ISSUES, PROPERTY TAXES, AND ADVANCED DIRECTIVES. OF THE CASES HANDLED,		
	82% WERE FOR INDIVIDUALS BETWEEN THE AGES OF 18 AND 60, 17% FOR		
	INDIVIDUALS AGE 60 AND OVER, AND 1% FOR THOSE UNDER THE AGE OF 18. MOST		
	OF THESE INDIVIDUALS WERE FEMALE (74%). FORTY-SIX PERCENT (46%) OF THE		
	CLIENTS WERE WHITE; 46% WERE BLACK; AND 8% OF THE CLIENTS WERE OTHER		
	ETHNIC GROUPS SUCH AS ASIAN, HISPANIC, AND NATIVE AMERICAN. NON-ENGLISH		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	ue \$)
			,
4c	(Code:) (Expenses \$ including grants of \$) (Revenu)
40	(Code:) (Expenses \$ including grants of \$) (Revenue)	ie \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 7,344,349.		
		Form 99	(2022)

Eorm	000	(2022)
Form	990	(2022)

 Form 990 (2022)
 NEIGHBORHOOD LEGAL SERVICES ASSOCIATION

 Part IV
 Checklist of Required Schedules

25-1157129 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes." complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	–		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	x	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10		10		x
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	x	
h	Part VI			
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
•	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 total	44.		x
لم	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		- 21
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	л
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	A	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4		x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		- 21
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	x	
	Schedule D, Parts XI and XII	12a	А	
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		х
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 25
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	4.4%		х
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		А
15		45		х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		А
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			х
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		_A
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			w
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
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		Х

Form 990 (2022)

Form 990 (2022)	NEIGHBORHOOD		
Part IV	Checklist (of Required Scheo	lules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	• • • • • • • • • • • • • • • • • • • •	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O Tt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 37		100	110
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
5		-		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

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Form	990 (2022) NEIGHBORHOOD LEGAL SERVICES ASSOCIATION 25-115712	9	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 121			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	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		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such 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		X
b	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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a 10a	ł		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	10-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
~	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the experimentian an educational institution explored to the explored 1000 explored to see at insuration and	16		x
	If "Yes," complete Form 4720, Schedule O.			
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.			

Form	990 (2022) NEIGHBORHOOD LEGAL SERVICES ASSOCIATION 25-1157		Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	a "No" r	espor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a3	8		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b		8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		х	
	more members of the governing body?	7a	Δ	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
8		80	х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?	<u>8a</u> 8b		x
9	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	00		
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10		x
	taxable entity during the year?	<u>16a</u>		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedPA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s onlv)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	, .,,,		
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	NEIGHBORHOOD LEGAL SERVICES ASSOCIATION - 412-255-6700			
	928 PENN AVENUE, PITTSBURGH, PA 15222			

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do		Pos	itior) than d		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	nd a d I	lirecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir				ated		organization	(W-2/1099-MISC/	from the
	related	Istee	trustee		æ	bensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ual tru	ional		ploye	t com		1099-NEC)		and related
	below line)	ndividual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RAY DEMMEL	40.00	-		0	\geq	Ξē	Ē			
CONTROLLER				x				91,508.	0.	34,141.
(2) PAMELA DALTON-ARLOTTI	40.00							,		<i>,</i>
DIRECTOR OF COMPLIANCE				х				113,819.	0.	34,922.
(3) KRISTINE BERGSTROM	40.00									
EXECUTIVE DIRECTOR				х				130,000.	0.	36,785.
(4) JULIE R. COLTON, ESQ	2.00									
PRESIDENT		Х		X				0.	0.	0.
(5) JOSHUA S. STEIN, ESQ	2.00									
PRESIDENT-ELECT		Х		х				0.	0.	0.
(6) NICHOLAS W. KENNEDY, ESQ	2.00									
SECRETARY		х		х				0.	0.	0.
(7) SHELBY RAY	2.00	_								
ASSISTANT SECRETARY		Х		х				0.	0.	0.
(8) KAITLIN DICHIERA, ESQ	2.00									
TREASURER		Х		х				0.	0.	0.
(9) ROCHELLE JACKSON	2.00									
ASSISTANT TREASURER		Х		х				0.	0.	0.
(10) STEPHANIE R. REISS, ESQ	2.00								_	_
IMMEDIATE PAST PRESIDENT		Х		X				0.	0.	0.
(11) SYLVIA BASICH	2.00									
DIRECTOR		Х						0.	0.	0.
(12) KENT BEY	2.00									
DIRECTOR		Х						0.	0.	0.
(13) DAVID A. BLANER	2.00									
DIRECTOR		Х						0.	0.	0.
(14) ERIC ABES, ESQ	2.00								_	_
DIRECTOR		х						0.	0.	0.
(15) DES'TYNE ADAMS	2.00									
	2.00	х						0.	0.	0.
(16) UYI ENYENIHI	2.00	Ţ							_	<u>^</u>
DIRECTOR	2 00	Х				-		0.	0.	0.
(17) SUSAN A. APEL, ESQ DIRECTOR	2.00	x						0.	0.	0
DIVECTOR		Δ			L			U.	U.	0.

Form 990 (2022) NEIGHBORHOOD									25-11571	29	P	age 8
Part VII Section A. Officers, Directors, Trus		ploy	ees,		<u>d Hi</u> g C)	ghes	st C		· ,			
(A) Name and title	(B) Average hours per week	verage urs per (do not box, uni				is both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount c other		of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	or	npensa from th ganizat nd relat ganizati	e ion ed
(18) BEATRIZ DIAZ-COTHEN, ESQ	2.00											
DIRECTOR (19) WILLIAM KOZICH	2.00	Х		-		-		0.	0	·		0.
DIRECTOR	2.00	х						0.	0			٥.
(20) JAMEY C. BELIN, ESQ	2.00									-		
DIRECTOR		х						0.	0			0.
(21) CHRISTOPHER LOVATO DIRECTOR	2.00	x						0.	0			٥.
(22) JESSICA L. ALTOBELLI, ESQ	2.00									·		••
DIRECTOR		х						0.	0	.		0.
(23) NANCY L. JONES	2.00											
DIRECTOR		х						0.	0	•		0.
(24) ADRIENNE LANGER, ESQ	2.00											
DIRECTOR (25) ROBERT KLUG	2.00	Х						0.	0	•		0.
DIRECTOR	2.00	x						0.	0			Ο.
(26) ELIZABETH MAVERO	2.00									•		
DIRECTOR		х						0.	0	.		Ο.
1b Subtotal								335,327.	0		105,	848.
c Total from continuation sheets to Part VI								0.	0			0.
d Total (add lines 1b and 1c)								335,327.	0	•	105,	848.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	dab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			2
											Yes	No
3 Did the organization list any former officer,										3		x
line 1a? <i>If "Yes," complete Schedule J for s</i> 4 For any individual listed on line 1a, is the su										3		
and related organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	edule	e J fe	or such individual		4	Х	
5 Did any person listed on line 1a receive or a												77
rendered to the organization? <i>If</i> "Yes." <i>corr</i> Section B. Independent Contractors	plete Schedule	e J fo	or sl	ıch ı	bers	on .				5		X
1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100.000 of compens	ation f		
the organization. Report compensation for												
(A) Name and business	address	NO						(B) Description of s	envices		(C) ensatio	n
	2001655	NO	NE				_	Description of s		Comp	51154110	
							_					
							\dashv					
• Total number of independent contractors (ait - 1	4 +	th		+!		are then			
2 Total number of independent contractors (ii \$100,000 of compensation from the organi	•	στ IIN	niteo	101		se lis 0	ted	above) who received me	bre than			

(A) Name and title (B) Hours per (list any per veck (list any per ve	Form 990 NEIGHBORHOO Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, a	nd H	ligh	est (Compensated Employe	es (continued)	
Name and title Average hours per week (list ary particular) related organization related organization related organization related organization related organizations below line) Peoprable graph are particular to other compensation from related organization related organization and related organization related organization and related organizations below line) Peoprable graph are particular to other compensation from related organization related organization and related organization (W2/1099-MISC) Reportable graph are particular to other compensation from the organization organization and related organization and related organization and related organization (W2/1099-MISC) Reportable graph are particular to other compensation from the organization organization organization and related organization (W2/1099-MISC) Reportable graph are particular to other compensation from the organization organization organization organization organization and related organization organization and related organization (W2/1099-MISC) Reportable graph are particular to other compensation from the organization organizati				-						, ,	(F)
week (itstary hours for related organization below bine) week (itstary related organization below below bine) week itstary bine bine week itstary bine bine week bine bine week bine bine bine week bine bine week bine		Average hours	(c		Pos	ition		ly)	Reportable compensation	Reportable compensation	Estimated amount of
DIRECTOR X 0. <t< th=""><th></th><th>week (list any hours for related organizations below</th><th>Individual trustee or director</th><th>Institutional trustee</th><th>Officer</th><th>Key em ployee</th><th>Highest com pensated em ployee</th><th>Former</th><th>the organization</th><th>organizations</th><th>compensation from the organization and related</th></t<>		week (list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	the organization	organizations	compensation from the organization and related
(28) DIANA PURDOM 2.00 x 0. 0. 0. 0. DIRECTOR x 0. 0. 0. 0. 0. 0. DIRECTOR x 0. <td< td=""><td>(27) JACQUELINE ROBINSON</td><td>2.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(27) JACQUELINE ROBINSON	2.00									
DIRECTOR x 0. 0. 0. 0. 01(29) ELIZABETH A. PARKER, ESQ 2.00 x 0. 0. 0. 0. 01RECTOR x 0. <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0</td>			Х						0.	0.	0
DIRECTOR X 0. 0. 0. 0. (30) RICHARD TAYLOR 2.00 X 0. 0. 0. 0. 0IRECTOR X 0. 0. 0. 0. 0. 0. 01RECTOR X 0. 0		2.00	x						0.	0.	0
(30) RICHARD TAYLOR 2.00 x 0. 0. 0. 0. DIRECTOR x 0. <td>(29) ELIZABETH A. PARKER, ESQ</td> <td>2.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(29) ELIZABETH A. PARKER, ESQ	2.00									
VINCECTORX00.0(31) DANA M. ADIPIETRO, ESQ2.00X0.0.0DIRECTORX0.0.0.0(32) LESLIE A. DUTCHCOT, ESQ2.00X0.0.0DIRECTORX0.0.0.0(33) JEFFREY POLLOCK, ESQ2.00X0.0.0DIRECTORX0.0.0.0(34) JOAN ZANGRILLI, ESQ2.00X0.0.0DIRECTORX0.0.0.0(35) MARGARET S. COLEMAN, ESQ2.00X0.0.0DIRECTORX0.0.0.00(36) JESSIE ALLEN, ESQ2.00X0.0.0DIRECTORX0.0.0.00(37) KENNETH J. HOROHO, JR., ESQ2.00X0.0.0(38) MACKENZIE A. BAIRD, ESQ2.00X0.0.0(39) MAREN MARIE FREEDMAN-AHMED2.00X0.0.0DIRECTORX0.0.0.00(40) CHAUNTEL HARDY2.00X0.0.00(41) GRACE ORSSATTI, ESQ2.00X0.0.00	DIRECTOR		х						٥.	0.	0
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(32) LESLIE A. DUTCHCOT, ESQ 2.00 x 0. 0. 0 DIRECTOR x 0. 0. 0. 0 (33) JEFFREY POLLOCK, ESQ 2.00 x 0. 0. 0 DIRECTOR x 0. 0. 0. 0 (34) JOAN ZANGRILLI, ESQ 2.00 x 0. 0. 0 DIRECTOR x 0. 0. 0. 0 (35) MARGARET S. COLEMAN, ESQ 2.00 x 0. 0. 0 DIRECTOR x 0. 0. 0. 0 0 (36) JESSIE ALLEN, ESQ 2.00 x 0. 0. 0 0 DIRECTOR x 0. 0. 0. 0 <	(31) DANA M. ADIPIETRO, ESQ DIRECTOR	2.00	x						0.	0.	0
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(34) JOAN ZANGRILLI, ESQ 2.00 x 0. 0. 0 DIRECTOR x 0. 0. 0. 0 (35) MARGARET S. COLEMAN, ESQ 2.00 x 0. 0. 0 DIRECTOR x 0. 0. 0. 0 0 (36) JESSIE ALLEN, ESQ 2.00 x 0. 0. 0 0 DIRECTOR x 0. 0. 0. 0 0 0 (36) JESSIE ALLEN, ESQ 2.00 x 0. 0. 0 0 0 (37) KENNETH J. HOROHO, JR., ESQ 2.00 x 0. 0. 0 0 0 (38) MACKENZIE A. BAIRD, ESQ 2.00 x 0. 0. 0 0 0 DIRECTOR x 0. 0. 0. 0		2.00								0	0
DIRECTORX00.0(35) MARGARET S. COLEMAN, ESQ2.00X0.0.0DIRECTORX0.0.0.0(36) JESSIE ALLEN, ESQ2.00X0.0.0DIRECTORX0.0.0.0(37) KENNETH J. HOROHO, JR., ESQ2.00X0.0.0DIRECTORX0.0.0.00(38) MACKENZIE A. BAIRD, ESQ2.00X0.0.0DIRECTORX0.0.0.00(39) KAREN MARIE FREEDMAN-AHMED2.00X0.0.0(40) CHAUNTEL HARDY2.00X0.0.00(41) GRACE ORSSATTI, ESQ2.004440.0.0		2.00	X						U.	0.	0
(35) MARGARET S. COLEMAN, ESQ 2.00 X 0. 0. 0. 0 DIRECTOR X 0. 0. 0. 0. 0 0 (36) JESSIE ALLEN, ESQ 2.00 X 0. 0. 0. 0 0 DIRECTOR X 0. 0. 0. 0. 0 0 (37) KENNETH J. HOROHO, JR., ESQ 2.00 X 0. 0. 0 0 DIRECTOR X 0. 0. 0. 0 0 0 01RECTOR X 0. 0. 0. 0 0 0 0 01RECTOR X 0. 0. 0. 0. 0 <t< td=""><td></td><td>2.00</td><td>v</td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td></t<>		2.00	v						0	0	0
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(38) MACKENZIE A. BAIRD, ESQ2.00x00.0DIRECTORx00.0.0(39) KAREN MARIE FREEDMAN-AHMED2.00x0.0.0DIRECTORx00.0.0(40) CHAUNTEL HARDY2.00x0.0.0DIRECTORx00.0.0(41) GRACE ORSSATTI, ESQ2.004440.	(37) KENNETH J. HOROHO, JR., ESQ	2.00									
DIRECTORX0.0.0(39) KAREN MARIE FREEDMAN-AHMED2.00X0.0.DIRECTORX0.0.0.0(40) CHAUNTEL HARDY2.00X0.0.0DIRECTORX0.0.0.0(41) GRACE ORSSATTI, ESQ2.000000	DIRECTOR		х						0.	0.	0
(39) KAREN MARIE FREEDMAN-AHMED2.00X0.0.0DIRECTORX0.0.0.0(40) CHAUNTEL HARDY2.00X0.0.0DIRECTORX0.0.0.0(41) GRACE ORSSATTI, ESQ2.000000	(38) MACKENZIE A. BAIRD, ESQ	2.00									
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(40) CHAUNTEL HARDY 2.00 x 0. 0. 0 <td>(39) KAREN MARIE FREEDMAN-AHMED</td> <td>2.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(39) KAREN MARIE FREEDMAN-AHMED	2.00									
DIRECTOR X 0. 0. 0	DIRECTOR		Х						0.	0.	0
(41) GRACE ORSSATTI, ESQ 2.00		2.00	-							_	_
			х						0.	0.	0
	(41) GRACE ORSSATTI, ESQ DIRECTOR	2.00	x						0.	0.	0
						\vdash					
			$\left \right $			\vdash					
						\vdash					

ai		II Statement of Re	ven	ue						
		Check if Schedule O	conta	ains a respoi	nse	or note to any line				
						Т	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue exclu
								function revenue	business revenue	from tax un sections 512 -
_										Sections 512 -
ts	1 a	Federated campaigns		1a						
n	b	Membership dues		1b						
Other Revenue Program Service Contributions, Gifts, Gran Revenue and Other Similar Amoun		Fundraising events								
Ā										
lar		Related organizations								
Ē	е	Government grants (cont	ributi	ons) 1e		3,581,306.				
ŝ	f	All other contributions, gifts,	grant	s, and						
Je		similar amounts not included				4,564,078.				
ö										
p	-	Noncash contributions included in	lines '	a-1f 1g \$			0 4 4 5 0 0 4			
a	h	Total. Add lines 1a-1f					8,145,384.			
						Business Code				
	2 a	FELLOWSHIP/LAW SCHO	OL			541100	1,000.	1,000.		
	b					541100	80.	80.		
ue										
en	С									
ev	d					ļļ				
,œ	е									
	f	All other program service	reve	nue						
							1,080.			
		Total. Add lines 2a-2f					2,000.			
	3	Investment income (inclue	•							
		other similar amounts)					7,212.			7,2
	4	Income from investment of	of tax	exempt bor	nd p	roceeds				
	5	Royalties		-	-	Γ				
	•		· · · · · · · · · · · · · · · · · · ·	(i) Real		(ii) Personal				
					<u> </u>					
	6 a	Gross rents	6a	4,5						
	b	Less: rental expenses	6b		Ο.					
	с	Rental income or (loss)	6c	4,5	00.					
		Net rental income or (loss		,			4,500.	4,500.		
		·	" <u>…</u>	(i) Coouriti			-,	-,		
Revenue	7 a	Gross amount from sales of		(i) Securiti	es	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses	7b							
			7c							
Š		Gain or (loss)								
č	d	Net gain or (loss)			·····					
ē	8 a	Gross income from fundraisi	ng ev	ents (not						
31		including \$		of						
Chther Revenue Other Revenue Program Service Revenue		contributions reported on								
				-						
		Part IV, line 18			<u>8a</u>					
	b	Less: direct expenses			8b					
	с	Net income or (loss) from	fund	raising even	ts	<u></u>				
		Gross income from gamir								
	. u	-	-							
		Part IV, line 19			<u>9a</u>					
	b	Less: direct expenses			9b	L				
	с	Net income or (loss) from	gam	ing activities						
.		D a Gross sales of inventory, less returns								
					10a					
	-	and allowances								
	b	Less: cost of goods sold	Less: cost of goods sold 10b		┦					
	с	Net income or (loss) from	Net income or (loss) from sales of inventory							
Τ					Business Code					
.	11 -	MISCELLANEOUS				900099	57,914.	57,914.		
ue					_		,			
en	b					├				
ev	С					ļļ				
щ	d	All other revenue						<u> </u>		
- I		Total. Add lines 11a-11d					57,914.			
	е									

Part IX Statement of Functional Expenses

NEIGHBORHOOD LEGAL SERVICES ASSOCIATION

25-1157129 Page **10**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 276,438. 431,901. trustees, and key employees 155,318 145. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 152,378. Other salaries and wages 4,296,365. 4,128,291. 15,696. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,773,145 1,689,696, 77,565 5,884. Other employee benefits 9 376,106 352,607 22,290 1,209. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 307,902. 284,533. 22,017 1,352. column (A), amount, list line 11g expenses on Sch 0.) 17,511 17,511. Advertising and promotion 12 77,991. 83,128. 4,930. 207. Office expenses 13 Information technology 14 15 Royalties 171,622. 160,920. 10,173 529. 16 Occupancy 1,835 47,995, 45,960, 200. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 78,440 75,358, 2,860 222. Depreciation, depletion, and amortization 22 46,420. 46,256 164. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) TELEPHONE 99.872. 93,603, 5,916, 353. а LIBRARY UPKEEP 40,682. 40,682. b PRINTING & POSTAGE 33,799. 19,830, 796, 13,173. С 32,370. 32,370. OTHER d 49,642. 48,559, 1,083 е All other expenses 7,886,900, 7,344,349 503,417 39,134. Total functional expenses. Add lines 1 through 24e 25 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)

Liabilities

Net Assets or Fund Balances

33

Total liabilities and net assets/fund balances

	<u>1 990 (</u> 2		
Pa	rt X	Balance Sheet	
		Check if Schedule O contains a response or note to any line in this Part X	
			(A) Beginning of year
	1	Cash - non-interest-bearing	431,4
	2	Savings and temporary cash investments	2,599,0
	3	Pledges and grants receivable, net	
	4	Accounts receivable, net	642,0
	5	Loans and other receivables from 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	
	6	Loans and other receivables from other disqualified persons (as defined	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	
ŝ	7	Notes and loans receivable, net	
Assets	8	Inventories for sale or use	
As	9	Prepaid expenses and deferred charges	36,8
	100	Land buildings, and aquipments east as other	

1 Cash - non-interest-bearing			431,457.	1	378,852.
2 Savings and temporary cash investments			2,599,040.	2	2,382,365.
3 Pledges and grants receivable, net				3	
4 Accounts receivable, net			642,042.	4	543,600.
5 Loans and other receivables from any current or					
trustee, key employee, creator or founder, substa					
controlled entity or family member of any of thes				5	
Loans and other receivables from other disqualif	•				
under section 4958(f)(1)), and persons described	in sectio	on 4958(c)(3)(B)		6	
Notes and loans receivable, net				7	
Inventories for sale or use				8	
Description of the second state of the second			36,893.	9	200,675.
Da Land, buildings, and equipment: cost or other					
basis. Complete Part VI of Schedule D	10a	1,712,706.			
b Less: accumulated depreciation		1,712,706. 1,442,289.	315,084.	10c	270,417.
Investments - publicly traded securities				11	
Investments - other securities. See Part IV, line 1				12	
Investments - program-related. See Part IV, line 1				13	
Intangible assets				14	
Other assets. See Part IV, line 11			10,678.	15	147,706.
Total assets. Add lines 1 through 15 (must equa			4,035,194.	16	3,923,615.
Accounts payable and accrued expenses	89,635.	17	47,722.		
Grants payable	1,407,177.	18	839,387.		
	Deferred revenue				
	ilities				
Escrow or custodial account liability. Complete F			10,678.	21	12,419.
Loans and other payables to any current or form	er officer	, director,			
trustee, key employee, creator or founder, substa	antial cor	ntributor, or 35%			
controlled entity or family member of any of thes	e person	s		22	
Secured mortgages and notes payable to unrela	ted third	parties		23	
Unsecured notes and loans payable to unrelated	third par	rties		24	
Other liabilities (including federal income tax, pay	ables to	related third			
parties, and other liabilities not included on lines	17-24). (Complete Part X			
of Schedule D			0.	25	167,193.
Total liabilities. Add lines 17 through 25			1,507,490.	26	1,066,721.
Organizations that follow FASB ASC 958, chee	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.				
• • • • •					
Net assets without donor restrictions	2,527,704.	27	2,856,894.		
Net assets with donor restrictions		28			
Organizations that do not follow FASB ASC 95	58, checl	k here			
and complete lines 29 through 33.					
Capital stock or trust principal, or current funds	apital stock or trust principal, or current funds				
Paid-in or capital surplus, or land, building, or eq	uipment	fund		30	
Retained earnings, endowment, accumulated inc	come, or	other funds		31	
Total net assets or fund balances			2,527,704.	32	2,856,894.
Total lightlitics and not apparts/fund halanapa			4 035 194	22	3 923 615

(B) End of year

Form 990 (2022)

3,923,615.

4,035,194.

33

Form	990 (2022) NEIGHBORHOOD LEGAL SERVICES ASSOCIATION	25-1157129	1	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	216,	090.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,	886,	900.
3	Revenue less expenses. Subtract line 2 from line 1	3		329,	190.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2 ,	527,	704.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2	856,	894.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	L	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

Form **990** (2022)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990)

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

Name of the organization

Nam	e of t	he organization						Employer	identification number
	_			RVICES ASSOCIATION					25-1157129
Pa	τI	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.	
The o	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b) (1	I)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	Х	An organization that norma	lly receives a substar	ntial part of its support f	rom a gove	ernmental	unit or from th	ie general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10		An organization that norma						•	•
		activities related to its exem		•	. ,				•
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Cor							
11		An organization organized a	•	, ,	•				
12		An organization organized a	•	•	•				
		more publicly supported or	-						Check the box on
_		lines 12a through 12d that						-	- t. t
а		Type I. A supporting orga		-	• • • •	-			
		the supported organization			i majority o	f the direc	tors or trustee	es of the su	ipporting
		organization. You must o						- (-)	·
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ns that co	ntroi or manaç	ge the supp	orted
_		organization(s). You mus	-		in connect	ion with a	and functional	lu into avoto	d with
С		J Type III functionally inte						ly integrate	a with,
لم		its supported organization		•	-	-		tod organi-	ration(a)
d		Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)							
	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.							reness	
~		- · · ·	-	-					
е	L	Check this box if the orga functionally integrated, or					турет, турет	п, туре п	
f	Ente	er the number of supported of		<i>y c i i</i>	ng organiz	ation.			
י מ		vide the following information	•	d organization(s)					
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
_									
Tota									

NEIGHBORHOOD LEGAL SERVICES ASSOCIATION

25-1157129

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or 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 grants.")	5,453,424.	5,792,135.	7,728,383.	7,472,326.	8,145,384.	34,591,652.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5,453,424.	5,792,135.	7,728,383.	7,472,326.	8,145,384.	34,591,652.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	a a lu ura un (f)						
6							34,591,652.
	Public support. Subtract line 5 from line 4. ction B. Total Support						54,551,052.
		(-) 2018	(h) 2010	(a) 2020	(4) 0001	(a) 2022	
	ndar year (or fiscal year beginning in)	(a) 2018 5,453,424.	(b) 2019 5,792,135.	(c) 2020 7,728,383.	(d) 2021 7,472,326.	(e) 2022 8,145,384.	(f) Total 34,591,652.
	Amounts from line 4	5,155,121.	5,752,155.	1,120,303.	7,472,520.	0,110,501.	51,551,052.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2 502		2	2 685	F 010	
	and income from similar sources \dots	3,723.	4,414.	3,206.	3,675.	7,212.	22,230.
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.)	325.	-1,717.	25,038.	26,302.	63,494.	113,442.
11	Total support. Add lines 7 through 10						34,727,324.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	123,948.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	99.61 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	99.75 %
16a	33 1/3% support test - 2022. If the c	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this boy	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test		•				
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-	-		
h	10% -facts-and-circumstances test	-		• • • •			
~	more, and if the organization meets th						
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio		•				
10	i mate roundation. If the organizatio			, 100, 17a, 01 170	, one on this but al		

Schedule A (Form 990) 2022

Schedule A	(Form	990	2022
		000	1 2022

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

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

Sec	alon A. Fublic Support						
Cale	ndar year (or 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 grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified 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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or 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, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				1	<u> </u>	
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	rourth, or fifth tax	year as a section 5	oU1(c)(3) organiza	ition,
<u></u>		a Cummant Day					
	tion C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021					16	%
	tion D. Computation of Inves					T T	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the box of	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	-	•				, and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization			-		-	

1

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes." *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Part I	e A (Form 990) 2022 NEIGHBORHOOD LEGAL SERVICES ASSOCIATION 25-11 V Supporting Organizations (continued) 25-11		1 0	age 5
			Yes	No
1 Ha	as the organization accepted a gift or contribution from any of the following persons?			
a A	person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11	c below, the governing body of a supported organization?	11a		
b At	family member of a person described on line 11a above?	11b		
c A	35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	tail in Part VI.	11c		
ectio	n B. Type I Supporting Organizations			
			Yes	No
mo dir eff org su	d the governing body, members of the governing body, officers acting in their official capacity, or membership of one or ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, rectors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> <i>fectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ganization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the oported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> d the organization operate for the benefit of any supported organization other than the supported	1		
org	ganization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in			
Pa	rt VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
su	pervised, or controlled the supporting organization.	2		
ectio	n C. Type II Supporting Organizations			
			Yes	N
l We	ere a majority of the organization's directors or trustees during the tax year also a majority of the directors			
or	trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
or	management of the supporting organization was vested in the same persons that controlled or managed			

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

Section E. Type III Functionally Integrated Supporting Organizations

The organization satisfied the Activities Test. Complete line 2 below. а

b		The organization is the	parent of each of its supported	organizations. Complete line 3 below.
---	--	-------------------------	---------------------------------	---------------------------------------

С		The organization supported a govern	nmental entity. Describe in Part VI how	you supported a governmental entity (see instruction <u>s).</u>
---	--	-------------------------------------	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a

2b

3a

Yes No

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Schedule A (Form 990) 2022

6

5 Income tax imposed in prior year

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

emergency temporary reduction (see instructions).

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

5

6

Schedule A (Form 990) 2022

Section D - Distributions

1	Amounts paid to supported organizations to accomplish exempt purposes			1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	າຣ	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Current Year

Schedule A	A (Form 990) 2022 NEIGHBORHOOD LEGAL SERVICES ASSOCIATION	25-1157129 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this (See instructions.)); Part II, line 17a or 17b; Part III, line 12; /, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

:	NEIGHBORHOOD LEGAL SERVICES ASSOCIATION	25-1157129		
Organization type (chec	Prganization type (check one):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	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			
, ,	on is covered by the General Rule or a Special Rule .			
Note: Only a section 50°	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.		

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
LSC 3333 K STREET, NW 3RD FLOOR WASHINGTON, DC 20007	\$1,935,001.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
PENNSYLVANIA COMMISSION ON CRIME AND DELINQUENCY P.O. BOX 1167 HARRISBURG, PA 17108-1167	\$520,268.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
PA IOLTA 601 COMMONWEALTH AVENUE, SUITE 2400 HARRISBURG, PA 17120-0901	\$242,392.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Occupient Payroll Payroll Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

NEIGHBORHOOD LEGAL SERVICES ASSOCIATION

118 LOCUST STREET

HARRISBURG, PA 17101

Name of organization

Part I

(a)

No.

(a) No.

(a) No.

3

(a) No.

(a) No.

(a) No.

4

2

1

PLAN

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Schedule B (Form 990) (2022)

Employer identification number

(d)

Type of contribution

X

25-1157129

(c)

Total contributions

\$

3,423,126.

Person Payroll

Noncash

(Complete Part II for

noncash contributions.)

ame of or	rganization	Em	ployer identification number
EIGHBOR	HOOD LEGAL SERVICES ASSOCIATION		25-1157129
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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 estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2022)

Schedule E	B (Form 990) (2022)			Page 4			
Name of or	rganization		En	nployer identification number			
NEIGHBOR	RHOOD LEGAL SERVICES ASSOCIATION			25-1157129			
Part III		a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or less	For organizations				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	ion of how gift is held			
-		(e) Transfer of gift					
-	Transferee's name, address,	and ZIP + 4	Relationship of transfe	ror to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	ion of how gift is held			
	(e) Transfer of gift						
-	Transferee's name, address, and ZIP + 4		Relationship of transfe	ror to transferee			
(-) N-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	ion of how gift is held			
			_				
		(e) Transfer of gift					
-	Transferee's name, address,	and ZIP + 4	Relationship of transfe	ror to transferee			
(a) No.		[
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	ion of how gift is held			
		(e) Transfer of gift	Dolotionship of two of	ror to transform			
-	Transferee's name, address,	ano ZIP + 4	Relationship of transfe	ror to transteree			

		Supplement	al Einancial S	tatomonte		OMB No. 1	545-0047
	HEDULE D n 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10	tal Financial Statements ganization answered "Yes" on Form 990, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			20	22
	ment of the Treasury I Revenue Service	A Go to www.irs.gov/Form99	ttach to Form 990. 0 for instructions and	the latest information.		Open to Inspect	o Public
	e of the organizat				Em	ployer identificatio	
	- - - - - - - -	NEIGHBORHOOD LEGAL SERVICES	ASSOCIATION			25-1157129	
Pa	rt I 🛛 Organiz	ations Maintaining Donor Advise	d Funds or Other	Similar Funds or Ac	cour	nts. Complete if t	he
	organizatio	on answered "Yes" on Form 990, Part IV, lin	e 6.				
			(a) Donor advis	ed funds (b) Fun	nds and other accou	unts
1	Total number at e	nd of year					
2		of contributions to (during year)					
3	Aggregate value of	of grants from (during year)					
4	Aggregate value a	at end of year					
5	Did the organizati	on inform all donors and donor advisors in v	writing that the assets h	eld in donor advised fund	ls		
	are the organization	on's property, subject to the organization's	exclusive legal control?			Yes	🗌 No
6	Did the organizati	on inform all grantees, donors, and donor a	dvisors in writing that g	rant funds can be used or	nly		
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or for a	ny other purpose conferri	ng		
_	impermissible priv						No No
Pa	t II Conserv	vation Easements. Complete if the org	ganization answered "Y	es" on Form 990, Part IV,	line 7.		
1		servation easements held by the organization	· · · ·	_			
		n of land for public use (for example, recrea	tion or education)	Preservation of a histo	-	-	а
		of natural habitat	L	Preservation of a certi	fied his	storic structure	
		n of open space					
2		a through 2d if the organization held a qualif	ied conservation contril	oution in the form of a cor	nserva I		
	day of the tax yea					Held at the End of t	le lax rear
		onservation easements			2a		
	-				2b		
с		rvation easements on a certified historic stru			2c		
d		rvation easements included in (c) acquired a					
~		listed in the National Register			2d		
3		rvation easements modified, transferred, rel	eased, extinguished, or	terminated by the organiz	zation	during the tax	
4	year	where property subject to conservation eas	sement is located				
5		ation have a written policy regarding the per		tion handling of			
5	-	forcement of the conservation easements it				Yes	No
6		er hours devoted to monitoring, inspecting,		nd enforcing conservatio			
Ŭ			nanaling of violatione, e		iii ouoc	sinence daning the y	04
7	Amount of expense	 ses incurred in monitoring, inspecting, hand	lling of violations, and e	nforcing conservation eas	semen [.]	ts during the year	
8	Does each conser	rvation easement reported on line 2(d) abov	e satisfy the requiremer	its of section 170(h)(4)(B)	i)		
	and section 170(h					Yes	🗌 No
9	In Part XIII, descri	be how the organization reports conservation	on easements in its reve	nue and expense statem	ent an	d	
	balance sheet, an	d include, if applicable, the text of the footn	note to the organization?	s financial statements tha	t desc	cribes the	
		counting for conservation easements.					
Pa	t III Organiz	ations Maintaining Collections of	Art, Historical Tre	easures, or Other S	imila	r Assets.	
	Complete i	if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its re	venue statement and bala	ince sł	heet works	
	of art, historical tr	easures, or other similar assets held for pub	olic exhibition, education	n, or research in furtheran	ce of p	public	
	service, provide in	n Part XIII the text of the footnote to its finar	ncial statements that de	scribes these items.			
b	-	elected, as permitted under FASB ASC 95					
	-	sures, or other similar assets held for public	exhibition, education, e	or research in furtherance	of pul	blic service,	
	•	ring amounts relating to these items:					
		uded on Form 990, Part VIII, line 1				\$	
	.,					\$	
2	It the organization	n received or held works of art, historical trea	asures, or other similar	assets for financial gain, p	provide	e	

the following amounts required to be reported under FASB ASC 958 relating to these	items:
a Revenue included on Form 990, Part VIII, line 1	

232051 09-01-22

\$

\$

PartIL Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued) 3 Using the organization's accurston, and other records, check any of the following that make significant use of its collections there (check all that apply): Pathies within a	Sche		DD LEGAL SERVIC							25-115		Р	age 2
colection ifems (check all that apply): a Debte exhibition d Loan or exchange program b Scholarly research e Other	Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tre	easures, oi	r Othe	er Si	milar	Assets	(contin	nued)	
a Public exhibition d Can or exchange program b Scholary research e Other	3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	make s	signifi	cant u	se of its			
a Public exhibition d Can or exchange program b Scholary research e Other		collection items (check all that apply):				Ū.		•					
b Scholary research e Other c Previde a description of the organization solic or receive donations of art, historical treasures, or other similar asserts to be solid the organization solic or receive donations of art, historical treasures, or other similar asserts No Part M Escrow and Custochial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. b if 'Yes,'' explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year 1a Interment Funds. Complete if the organization answered 'Yes' on Form 980, Part X, line 21. 2a Did the organization include an amount on Form 990, Part X, line 21. Ine explanation include ananount on Form 990, Part X, line 21. 2b If the organization include an amount or Form 990, Part X, line 21. Ine explanation include an amount on Form 990, Part X, line 21. b Grifting balance (a) Current year (b) Prory year (c) Two years back (d) Three years back (e) Four years back 1b	а		c		Loan or exc	change progra	am						
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collection? Yes No Part IV Sectorw and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 19 Is the organization answered 'Yes' and Form 990, Part X, line 21. 19 Is the organization answered 'Yes' and Form 990, Part X, line 21. 19 Is the organization answered 'Yes' and Form 990, Part X, line 21. 19 Is the organization on Form 990, Part X, line 21. 10 If 'Yes, 'explain the arrangement in Part XIII character if the organization is or other assets not included on Form 990, Part X? Define the organization or other intermediary for contributions or other assets not included on Form 990, Part X. Define the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Define the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Define the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Define the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Define the organization fund. Complete if the organization nawwerd 'Yes' on Form 990, Part X, line 10. Define the organization for the organization answerd 'Yes' on Form 990, Part X, line 10. Define the organization for the organization answerd 'Yes' on Form 990, Part X, line 10. Define the estimated precentage of the current year dial balance (ine 1g, column (a)) held as: Board designated or quasi-endowment9% D erram endowment9% D erram endowment index on the prosession of the organization that are held and administere													
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization a collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X2 Beginning balance Le Beginning balance Le Distributions during the year Le Distributions Le Distributions Le Distributions Le Distributions Le Le Distributions Le Le			-										
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization angement. Insusee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP es No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c c Beginning balance Id Id Id Id d Additions during the year Id Id Id Id Id Id 2a Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? X Yes No b If "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII. X Yes No b Grants or scholarships Im Im Im X X c Net investment earnings, gains, and losses Im Im Im X Yes No a Grants or scholarships Im Im Im Im	_		lections and explain	n how t	hev further t	he organizatio	n's eve	mnt r	nurnos	e in Part	XIII		
tops old for raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete If the organization answered 'Yes' on Form 990, Part IV, Ine 9, or reported an amount on Form 990, Part X, Ine 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Illi and complete the following table: Amount Ic Amount Ic Id			=		•	-			-	o intrait	/		
Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Ine 21. Image: Complete intermediary for contributions or other assets not included on Form 990, Part X // Ine 21. b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21. Image: Complete intermediary for escrow or custodial account liability? Image: Complete intermediary interex intery intermediary intermediary intermediary inter	Ŭ			,		,					Ves		No
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. Ives X No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete table: Image: Complete table: Image: Complete table: Image: Complete table: Image: Completet	Par												
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b If "Yes," explain the arrangement in Part XIII and complete the following table:	Та											v	_
c Beginning balance										∟	_ ¥es		
c Beginning balance 10 d Additions during the year 16 f Ending balance 16 2a Distributions during the year 16 f Ending balance 17 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accounti liability? X Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII X Yes No b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (c) Three years back c No thinwestment earnings, gains, and losses (b) Prior year (c) Two years back (d) Three years back a Grants or scholarships (a) (b) Three years back (d) Three years back (e) Four years back f Administrative expenditures for facilittes (a) Cost or ther	b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing	table:			Г			A.m.o.un		
d Additions during the year 1d e Distributions during the year 1e f Ending balance 1t 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No Dart V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part V, line 10. X Yes No b Contributions (a) Current year (b) Prior year (c) Ture years back (e) Four years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Ture years back (e) Four years back a Grants or scholarships (a) Current year (b) Prior year (c) Ture years back (e) Four years back c Not investment examings, gains, and losses (b) Prior year (c) Ture years back (e) Four years back d Grants or scholarships (c) Ture year end balance (line 1g, column (a)) held as: (c) Ture designated or quasi-endowment (c) g End of year balance % % % % % Pervide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment % b Permanent endowment % % <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>ŀ</td><td></td><td></td><td>Amoun</td><td>L</td><td></td></t<>								ŀ			Amoun	L	
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f Ending balance									1d				
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b Contributions			(a) Current year	(b)	Prior year	(c) Two year	rs back	(d)	hree ye	ears back	(e) Fou	years	back
c Net investment earnings, gains, and losses	1a	Beginning of year balance											
d Grants or scholarships	b	Contributions											
e Other expenditures for facilities and programs	с	Net investment earnings, gains, and losses											
and programs	d	Grants or scholarships											
f Administrative expenses													
f Administrative expenses		and programs											
g End of year balance	f												
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% main percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations													
a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	-		rent vear end balanc	e (line 1	a. column (a	a)) held as:							
b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а		•	•	3 , (
c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (other) (c) Accumulated depreciation (d) Book value basis (other) (c) Accumulated depreciation (d) Book value depreciation (d) Equipment. (e) Other (f) So (f) So													
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organization is endowment funds. (iiii) Cost or ther function (incomplete) (c) Accumulated depreciation (d) Book value (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Cost or ther basis (other) (c) Accumulated depreciation (d) Book value (d) Equipment <li(d) equipment<="" li=""> (d) Equipment</li(d)>													
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(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1, 352, 905. 418, 505. 934, 400. c Leasehold improvements 359, 801. 1, 023, 784. -663, 983. e Other Other 0 0 0	00											Yes	No
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Fart VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings 1, 352, 905. 418, 505. b Buildings 359, 801. 1, 023, 784. c Cher 60 ther 63, 983.		0 2									3a(i)		
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1,352,905. 418,505. 934,400. b Buildings 359,801. 1,023,784. -663,983. e Other 0 0 0	Par			wment	iunus.								
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basis (investment) basis (other) depreciation 1a Land											()		
1a Land 1,352,905. 418,505. 934,400. b Buildings 1,352,905. 418,505. 934,400. c Leasehold improvements 2 2 2 d Equipment 359,801. 1,023,784. -663,983. e Other 2 2 2		Description of property								a	(d) Boo	k valu	ie
b Buildings 1,352,905. 418,505. 934,400. c Leasehold improvements d Equipment 359,801. 1,023,784. -663,983. e Other			· · ·	nentj	Dasis		de	sprec	auon				
c Leasehold improvements d Equipment e Other									410 -	0.5		0.2.4	400
d Equipment 359,801. 1,023,784. -663,983. e Other					1	L,352,905.			418,5	05.		934,	400.
e Other													
	d	Equipment				359,801.		1,	023,7	84.	-	-663,	983.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)													
	Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X. colu</u>	mn (B), line 1	10c.)						270,	417.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 NEIGHBORHOOD LEGAL SERVICES ASSOCIATION	N
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Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 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, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes 62,111. FINANCING LEASE (2)OPERATING LEASE 74,598. (3) RETURN OF UNUSED GRANT FUNDS 30,484. (4) (5) (6) (7) (8) (9) 167,193.

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

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

Sche	dule D (Form 990) 2022 NEIGHBORHOOD LEGAL SERVICES ASSOCIA	TION		25-1157129	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With R	evenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	8,597,163.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	381,073.		
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	381,073.
3	Subtract line 2e from line 1			3	8,216,090.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,216,090.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	tements With E	Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	8,267,973.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	381,073.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	381,073.
3	Subtract line 2e from line 1			3	7,886,900.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)		5	7,886,900.
Pa	rt XIII Supplemental Information.	· · · · · · · · · · · · · · · · · · ·			

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

PART IV, LINE 2B:

CLIENT DEPOSITS ARE HELD IN ESCROW BY NEIGHBORHOOD LEGAL SERVICES

ASSOCIATION TO COVER COURT RELATED COSTS.

SC	CHEDULE J Compensation Information		OMB No. 1545-0		1545-004	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to Public				
	tment of the Treasury	Attach to Form 990.						
	al Revenue Service le of the organizatior	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer ide			mber		
	ie er ute erganization	NEIGHBORHOOD LEGAL SERVICES ASSOCIATION	25-115					
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropria	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	harter travel Housing allowance or residence for perso	nal use					
	Travel for com	panions Payments for business use of personal re	sidence					
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S					
	Discretionary s	pending account Personal services (such as maid, chauffer	ır, chef)					
b	If any of the boxes of							
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain							
2	Did the organization	require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
-								
3		y, of the following the organization used to establish the compensation of the organization's						
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to					
		ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
		ompensation consultant						
	E Form 990 of of	ther organizations	ommittee					
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
-	organization or a re							
а	-	e payment or change-of-control payment?		4a		x		
		eive payment from a supplemental nonqualified retirement plan?		41		x		
		eive payment from an equity-based compensation arrangement?				x		
-		es 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	,							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n					
	contingent on the re	evenues of:						
а	The organization?			5a		X		
		ation?		5b		X		
	If "Yes" on line 5a o	r 5b, describe in Part III.						
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the n							
				<u>6a</u>		X		
b		ation?		6b		X		
		r 6b, describe in Part III.						
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
-		es 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	10	-		v		
~				8		X		
9		d the organization also follow the rebuttable presumption procedure described in		•				
		53.4958-6(c)?		9				
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Schedule	J (⊢orr	n 990)	2022		

232111 10-18-22

Schedule J (Form 990) 2022

25-1157129

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KRISTINE BERGSTROM	(i)	130,000.	0.	0.	4,529.	32,256.	166,785.	0.
EXECUTIVE DIRECTOR	(ii)	٥.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 25–1157129

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

NEIGHBORHOOD LEGAL SERVICES ASSOCIATION

REPRESENTATION AND EDUCATION

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

SPEAKERS COMPRISED 1% OF OUR CLIENTS.

WE CLOSED 8,046 CASES AS FOLLOWS:

ALLEGHENY COUNTY CLOSED 6,623 CASES -ADVICE/LIMITED SERVICES (64%) AND

EXTENDED REPRESENTATION (34%). FAMILY LAW CASES COMPRISED 33%, HOUSING

49%, CONSUMER 6%, EMPLOYMENT 5%, INCOME MAINTENANCE 6%, AND 1%

MISCELLANEOUS.

BUTLER COUNTY CLOSED 266 CASES - ADVICE/LIMITED SERVICES (79%) AND

EXTENDED REPRESENTATION (21%). FAMILY LAW CASES COMPRISED 29%, HOUSING

40%, CONSUMER 10%, EMPLOYMENT 6%, INCOME MAINTENANCE 14%, AND 1%

MISCELLANEOUS.

BEAVER COUNTY CLOSED 725 CASES- ADVICE/LIMITED SERVICES (62%) AND

EXTENDED REPRESENTATION (38%). FAMILY LAW CASES COMPRISED 40%, HOUSING

42%, CONSUMER 5%, EMPLOYMENT 4%, INCOME MAINTENANCE 7%, AND 2%

MISCELLANEOUS,

LAWRENCE COUNTY CLOSED 432 CASES- ADVICE/LIMITED SERVICES (56%) AND

EXTENDED REPRESENTATION (44%). FAMILY LAW CASES COMPRISED 40%, HOUSING

44%, CONSUMER 7%, EMPLOYMENT 3%, INCOME MAINTENANCE 4%, AND 2%

MISCELLANEOUS.

NLSA HELD 38 DEBT ADVICE CLINICS FOR 282 CLIENTS. WE CONTINUE TO

PROVIDE NUMEROUS REDUCED FEE REFERRALS IN ALL 4 COUNTIES FOR LEGAL

ISSUES SUCH AS DIVORCE, SUPPORT, CUSTODY, AND BANKRUPTCY. OUR RECORDS

INDICATE THAT OVER THE PAST FISCAL YEAR, WE HELPED 17,562 PERSONS WITH

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

Name of the organization NEIGHBORHOOD LEGAL SERVICES ASSOCIATION	Employer identification numbe 25-1157129
THEIR LEGAL ISSUES.	
FORM 990, PART VI, SECTION A, LINE 7A:	

DIRECTOR OF PROGRAM PERFORMANCE AND COMPLIANCE. THE FORM 990 IS THEN

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

FORM 990, PART VI, SECTION A, LINE 8B:

CLIENT ADVOCACY GROUPS.

PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

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

A CONFLICT QUESTIONNAIRE IS SENT TO BOARD MEMBERS EACH YEAR AND THESE ARE

GREATER PITTSBURGH WHILE CLIENT BOARD MEMBERS ARE NOMINATED BY DESIGNATED

EACH COMMITTEE REPORTS THE DISCUSSIONS AND ACTIVITIES OF THE COMMITTEE

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, CONTROLLER, AND THE

MEETING AT THE SUBSEQUENT FULL BOARD OF DIRECTORS MEETING.

REVIEWED BY THE BOARD PRESIDENT BY THE PROGRAM DIRECTOR FOR COMPLIANCE AND

PERFORMANCE FOR CONFLICTS.

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

THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS DOES AN EVALUATION AND

SALARY COMPARABILITY REVIEW OF THE EXECUTIVE DIRECTOR EVERY TWO YEARS. THE

RECOMMENDATIONS AND EVALUATIONS ARE PRESENTED TO THE FULL BOARD FOR

APPROVAL. THE LAST SALARY ADJUSTMENT FOR THE EXECUTIVE DIRECTOR WAS

APPROVED IN DECEMBER 2010. MANAGERS ARE PAID A SALARY INCREMENT FOR THE

Name of the organization NEIGHBORHOOD LEGAL SERVICES ASSOCIATION	Employer identification number 25-1157129
POSITION AND RECEIVE THE EQUIVALENT RAISES UNDER THE COLLECTIVE BARGAINING	
AGREEMENT. THE SALARIES OF MANAGERS/ADMINISTRATORS ARE BASE ON	
RESPONSIBILITIES AND SENIORITY DETERMINED BY THE EXECUTIVE DIRECTOR WITH	
THE ADVICE AND CONSENT OF THE NLSA BOARD PRESIDENT AND PRESIDENT ELECT.	
FORM 990, PART VI, SECTION C, LINE 19:	
NLSA MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990 PART XII, LINE 2C	
PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

Page **2**

Employer identification number

Schedule O (Form 990) 2022

Name of the organization

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

•				-		
►	File a	separate	application	for	each return.	

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type o	Name of exempt organization or other filer, see instructions.			Taxpayer identification number (TIN)				
	NEIGHBORHOOD LEGAL SERVICES ASSOCIATION			25-1157129				
File by the due date filing your	Infor Number, street, and room or suite no. If a P.O. box, see instructions.							
return. Se instructio								
Enter the Return Code for the return that this application is for (file a separate application for each return)							1	
Application		Return	Application			Re	eturn	
Is For		Code	Is For			Code		
Form 990 or Form 990-EZ		01	Form 1041-A				08	
Form 4720 (individual)		03	Form 4720 (other than individual)				09	
Form 990-PF		04	Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069				11	
Form 990-T (trust other than above)		06	Form 8870				12	
Form 990-T (corporation)		07						
NEIGHBORHOOD LEGAL SERVICES ASSOCIATION								
• The books are in the care of 🕨 928 PENN AVENUE - PITTSBURGH, PA 15222								
Telephone No. ▶ 412-255-6700 Fax No. ▶ ● If the organization does not have an office or place of business in the United States, check this box ▶ ● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the extension is for.								
t D	the organization named above. The extension is for the organization's return for:							
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$		0.	
-	this application is for Forms 990-PF, 990-T, 4720, or 6069	onter any	refundable credits and		φ		· ·	
	stimated tax payments made. Include any prior year overpa			Зb	\$		٥.	
_	Balance due. Subtract line 3b from line 3a. Include your pa			30	Ψ			
	sing EFTPS (Electronic Federal Tax Payment System). See		, I , ,	3c	\$		0.	
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.								

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)