

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 2019

Form 990 header section containing organization name (NEW YORK LEGAL ASSISTANCE GROUP INC.), EIN (13-3505428), address (7 HANOVER SQUARE, 18TH FLOOR, NEW YORK, NY 10004), and principal officer (BETH GOLDMAN, ESQ. PRESIDENT).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, and fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block section with fields for officer signature, preparer name (CANDICE METH), firm name (EISNERAMPER LLP), and firm address.

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)

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

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://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](http://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 or print  | Enter filer's identifying number, see instructions                     |   |
|--|--|---|
|  | Name of exempt organization or other filer, see instructions.          | Employer identification number (EIN) or |
|  | NEW YORK LEGAL ASSISTANCE GROUP INC.                                   | 13-3505428                              |
|  | Number, street, and room or suite no. If a P.O. box, see instructions. | Social security number (SSN)            |
| 7 HANOVER SQUARE, 18TH FLOOR   |  |   |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions. |  |   |
| NEW YORK, NY 10004   |  |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . .

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | 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          |

BETH GOLDMAN, ESQ

- The books are in the care of ► 7 HANOVER SQUARE, 18TH FL NEW YORK NY 10004

Telephone No. ► 212 750-0800 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  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20\_\_\_\_ or
- tax year beginning 07/01, 2018, and ending 06/30, 2019.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

[ ] 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

[ ] Yes [X] No

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

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

4a (Code: ) (Expenses \$ 5,957,111. including grants of \$ 120,538. ) (Revenue \$ )

ATTACHMENT 2

4b (Code: ) (Expenses \$ 5,513,386. including grants of \$ ) (Revenue \$ 159,116. )

LEGALHEALTH UNIT:

NYLAG'S LEGALHEALTH PARTNERS WITH MEDICAL PROFESSIONALS TO ADDRESS THE NON-MEDICAL NEEDS OF LOW-INCOME PEOPLE WITH SERIOUS HEALTH PROBLEMS. LEGALHEALTH COMPLEMENTS HEALTH CARE WITH LEGAL CARE - PROVIDING FREE LEGAL SERVICES IN MEDICAL FACILITIES AND TRAINING HEALTHCARE PROFESSIONALS TO UNDERSTAND THE LEGAL ISSUES THEIR PATIENTS FACE. LEGALHEALTH EXTENDS ITS MISSION NATIONALLY BY PROVIDING TECHNICAL ASSISTANCE TO BRING MEDICAL AND LEGAL PARTNERS TOGETHER.

4c (Code: ) (Expenses \$ 4,137,687. including grants of \$ ) (Revenue \$ )

ATTACHMENT 3

4d Other program services (Describe in Schedule O.)

(Expenses \$ 12,394,679. including grants of \$ 306,009. ) (Revenue \$ 656,288. )

4e Total program service expenses 28,002,863.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS requirements like grants, compensation, tax-exempt bonds, and excess benefit transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> 381   |     |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .   | X   |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  |     | X  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .  |     |    |
| <b>4a</b>  | 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)? . . |     | X  |
| <b>b</b>   | If "Yes," enter the name of the foreign country: <b>▶</b> _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  |     | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .  |     |    |
| <b>6a</b>  | 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? . . . . .                              |     | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>a</b>   | 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? . . . . .  | X   |    |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .  | X   |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   |     | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>  |     |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .   |     | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .   |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .                                       |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .   |     |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .  |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>  |     |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>   |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>a</b>   | Gross income from members or shareholders <b>11a</b>   |     |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11b</b>  |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>   |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? . . . . .<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                     |     |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>   |     |    |
| <b>c</b>   | Enter the amount of reserves on hand <b>13c</b>  |     |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .   |     | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .  |     |    |
| <b>15</b>  | 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? . . . . .<br>If "Yes," see instructions and file Form 4720, Schedule N.             |     | X  |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.  |     | X  |

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (23), 1b (23), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY,
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 only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

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

| (A)<br>Name and Title                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) JILL L. ROSENBERG, ESQ.<br>CHAIR          | 4.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) JOSEPH POLIZZOTTO, ESQ.<br>VICE CHAIR     | 2.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) DAVID I. SULTANIK, CPA<br>TREASURER       | 2.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) RON ABRAMSON, ESQ.<br>SECRETARY           | 2.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) ELKAN ABRAMOWITZ, ESQ.<br>BOARD MEMBER    | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) IRA AKSELRAD<br>BOARD MEMBER              | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) JOSEPH S. ALLERHAND, ESQ.<br>BOARD MEMBER | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) DANIEL S. ALTER, ESQ.<br>BOARD MEMBER     | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) JOSEPH BAUMGARTEN<br>BOARD MEMBER         | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) MATTHEW BIBEN, ESQ.<br>BOARD MEMBER      | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) JAMES E. BRANDT, ESQ.<br>BOARD MEMBER    | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) SHARON COHEN LEVIN, ESQ.<br>BOARD MEMBER | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) BRIDGET M. HEALY, ESQ.<br>BOARD MEMBER   | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) LINDA JESSELSO, ESQ.<br>BOARD MEMBER     | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ( 15) PAUL LEVY, ESQ.<br>-----<br>BOARD MEMBER                           | 1.00<br>-----<br>0.  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 16) LEWIS J. LIMAN, ESQ.<br>-----<br>BOARD MEMBER                      | 1.00<br>-----<br>0.  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 17) THEODORE N. MIRVIS, ESQ.<br>-----<br>BOARD MEMBER                  | 1.00<br>-----<br>0.  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 18) SCOTT D. MUSOFF, ESQ.<br>-----<br>BOARD MEMBER                     | 1.00<br>-----<br>0.  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 19) PAUL S. PEARLMAN, ESQ.<br>-----<br>BOARD MEMBER                    | 1.00<br>-----<br>0.  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 20) STEPHEN A. RADIN, ESQ.<br>-----<br>BOARD MEMBER                    | 1.00<br>-----<br>0.  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 21) MICHELE COHN TOCCI<br>-----<br>BOARD MEMBER                        | 1.00<br>-----<br>0.  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 22) RICHARD ZABEL, ESQ.<br>-----<br>BOARD MEMBER                       | 1.00<br>-----<br>0.  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 23) ABBY S. MILSTEIN, ESQ.<br>-----<br>BOARD MEMBER                    | 1.00<br>-----<br>0.  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 24) BETH GOLDMAN, ESQ.<br>-----<br>PRESIDENT & ATTORNEY-IN-CHARGE      | 40.00<br>-----<br>0.   |   |                       | X       |              |                              |        | 238,731.   | 0.  | 17,918.   |
| ( 25) SARA MEYERS<br>-----<br>CHIEF OPERATING OFFICER                    | 40.00<br>-----<br>0.   |   |                       | X       |              |                              |        | 177,741.   | 0.  | 12,751.   |
| <b>1b Sub-total</b> . . . . .  |  |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |        | 1,549,239.   | 0.  | 236,645.  |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              |        | 1,549,239.   | 0.  | 236,645.  |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 39

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 4                     |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ( 26) ALISON LAVAN<br>-----<br>CHIEF FINANCIAL OFFICER               | 40.00<br>-----<br>0.   |   |                       | X       |              |                              |        | 135,329.   | 0.  | 28,813.   |
| ( 27) RANDYE RETKIN<br>-----<br>DIRECTOR, LEGAL HEALTH               | 40.00<br>-----<br>0.   |   |                       |         | X            |                              |        | 184,232.   | 0.  | 31,234.   |
| ( 28) IRINA MATIYCHENKO<br>-----<br>DIRECTOR, IMMIGRANT PROTECTION   | 40.00<br>-----<br>0.   |   |                       |         | X            |                              |        | 156,206.   | 0.  | 23,563.   |
| ( 29) RANDAL JEFFREY<br>-----<br>GENERAL COUNSEL                     | 40.00<br>-----<br>0.   |   |                       |         |              | X                            |        | 148,855.   | 0.  | 30,719.   |
| ( 30) VALERIE BOGART<br>-----<br>DIRECTOR, EVELYN FRANK LEGAL        | 40.00<br>-----<br>0.   |   |                       |         |              | X                            |        | 139,571.   | 0.  | 23,239.   |
| ( 31) LISA RIVERA<br>-----<br>MANAGING ATTORNEY                      | 40.00<br>-----<br>0.   |   |                       |         |              | X                            |        | 132,964.   | 0.  | 30,003.   |
| ( 32) CAPRICE JENERSON<br>-----<br>DIR, PRO BONO & VOLUNTEER UNIT    | 40.00<br>-----<br>0.   |   |                       |         |              | X                            |        | 117,017.   | 0.  | 16,623.   |
| ( 33) LAURA DAVIS<br>-----<br>DIRECTOR SEU & HCAP                    | 40.00<br>-----<br>0.   |   |                       |         |              | X                            |        | 118,593.   | 0.  | 21,782.   |
| <b>1b Sub-total</b> .....  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 39

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**

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

|  |  |                               |             | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |                      |
|--|--|-------------------------------|-------------|----------------------|--|---|--|----------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                | <b>1a</b> Federated campaigns . . . . .  | <b>1a</b>                     | 1,471,202.  |                      |  |   |  |                      |
|  | <b>b</b> Membership dues . . . . .   | <b>1b</b>                     |             |                      |  |   |  |                      |
|  | <b>c</b> Fundraising events . . . . .  | <b>1c</b>                     | 1,128,852.  |                      |  |   |  |                      |
|  | <b>d</b> Related organizations . . . . .   | <b>1d</b>                     |             |                      |  |   |  |                      |
|  | <b>e</b> Government grants (contributions) . . . . .   | <b>1e</b>                     | 21,696,755. |                      |  |   |  |                      |
|  | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above . . . . .   | <b>1f</b>                     | 6,132,776.  |                      |  |   |  |                      |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .   |                               | 15,095.     |                      |  |   |  |                      |
|  | <b>h Total.</b> Add lines 1a-1f . . . . .  |                               |             |                      |  |   |  | 30,429,585.          |
|  | <b>Program Service Revenue</b>   | <b>2a</b> COURT ATTORNEY FEES |             |                      |  |   |  | <b>Business Code</b> |
|  |  |                               | 541100      | 815,404.             | 815,404.   |   |  |                      |
| <b>b</b> _____   |  |                               |             |                      |  |   |  |                      |
| <b>c</b> _____   |  |                               |             |                      |  |   |  |                      |
| <b>d</b> _____   |  |                               |             |                      |  |   |  |                      |
| <b>e</b> _____   |  |                               |             |                      |  |   |  |                      |
| <b>f</b> All other program service revenue . . . . .                             |  |                               |             |                      |  |   |  |                      |
| <b>g Total.</b> Add lines 2a-2f . . . . .  |  |                               |             | 815,404.             |  |   |  |                      |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts). . . . .  |                               |             |                      | 57,704.  |   | 57,704.  |                      |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .  |                               |             |                      | 0.   |   |  |                      |
|  | <b>5</b> Royalties . . . . .   |                               |             |                      | 0.   |   |  |                      |
|  |  |                               |             | (i) Real             | (ii) Personal                                      |   |  |                      |
|  | <b>6a</b> Gross rents . . . . .  |                               |             |                      |  |   |  |                      |
|  | <b>b</b> Less: rental expenses . . . . .   |                               |             |                      |  |   |  |                      |
|  | <b>c</b> Rental income or (loss) . . . . .   |                               |             |                      |  |   |  |                      |
|  | <b>d</b> Net rental income or (loss) . . . . .   |                               |             |                      | 0.   |   |  |                      |
|  | <b>7a</b> Gross amount from sales of<br>assets other than inventory  |                               |             | (i) Securities       | (ii) Other   |   |  |                      |
|  | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . .   |                               |             |                      |  |   |  |                      |
|  | <b>c</b> Gain or (loss) . . . . .  |                               |             |                      |  |   |  |                      |
|  | <b>d</b> Net gain or (loss) . . . . .  |                               |             |                      | 0.   |   |  |                      |
|  | <b>8a</b> Gross income from fundraising<br>events (not including \$ 1,128,852.<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . |                               |             | <b>a</b>             | 224,325.   |   |  |                      |
|  | <b>b</b> Less: direct expenses . . . . .   |                               |             | <b>b</b>             | 224,325.   |   |  |                      |
|  | <b>c</b> Net income or (loss) from fundraising events . . . . .  |                               |             |                      | 0.   |   |  |                      |
| <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . . |  |                               | <b>a</b>    | 0.                   |  |   |  |                      |
| <b>b</b> Less: direct expenses . . . . .   |  |                               | <b>b</b>    | 0.                   |  |   |  |                      |
| <b>c</b> Net income or (loss) from gaming activities . . . . .                   |  |                               |             | 0.                   |  |   |  |                      |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .    |  |                               | <b>a</b>    | 0.                   |  |   |  |                      |
| <b>b</b> Less: cost of goods sold . . . . .                                      |  |                               | <b>b</b>    | 0.                   |  |   |  |                      |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .                  |  |                               |             | 0.                   |  |   |  |                      |
| <b>Miscellaneous Revenue</b>   |  |                               |             | <b>Business Code</b> |  |   |  |                      |
| <b>11a</b> RECOVERY OF FUNDS   |  |                               |             | 900099               | 128,584.   | 128,584.                                |  |                      |
| <b>b</b> MISCELLANEOUS INCOME  |  |                               |             | 900099               | 27,335.  | 27,335.                                 |  |                      |
| <b>c</b> _____   |  |                               |             |                      |  |   |  |                      |
| <b>d</b> All other revenue . . . . .   |  |                               |             |                      |  |   |  |                      |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                      |  |                               |             |                      | 155,919.   |   |  |                      |
| <b>12 Total revenue.</b> See instructions. . . . .                               |  |                               |             |                      | 31,458,612.  | 971,323.                                | 57,704.  |                      |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 401,030.              | 401,030.                        |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   | 25,517.               | 25,517.                         |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  | 0.                    |                                 |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .   | 0.                    |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .  | 927,946.              | 342,620.                        | 585,326.                               |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   | 0.                    |                                 |  |                             |
| <b>7</b> Other salaries and wages . . . . .  | 20,594,878.           | 18,878,765.                     | 1,287,695.                             | 428,418.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  | 0.                    |                                 |  |                             |
| <b>9</b> Other employee benefits . . . . .   | 3,681,716.            | 3,291,681.                      | 317,557.                               | 72,478.                     |
| <b>10</b> Payroll taxes . . . . .  | 1,705,701.            | 1,523,116.                      | 148,639.                               | 33,946.                     |
| <b>11</b> Fees for services (non-employees):   |                       |                                 |  |                             |
| <b>a</b> Management . . . . .  | 0.                    |                                 |  |                             |
| <b>b</b> Legal . . . . .   | 210,427.              | 134,091.                        | 76,336.                                |                             |
| <b>c</b> Accounting . . . . .  | 52,000.               | 32,535.                         | 18,804.                                | 661.                        |
| <b>d</b> Lobbying . . . . .  | 156,832.              |                                 | 156,832.                               |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.  | 0.                    |                                 |  |                             |
| <b>f</b> Investment management fees . . . . .  | 0.                    |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .  | 419,513.              | 358,163.                        | 51,338.                                | 10,012.                     |
| <b>12</b> Advertising and promotion . . . . .  | 0.                    |                                 |  |                             |
| <b>13</b> Office expenses . . . . .  | 3,054.                |                                 | 3,054.                                 |                             |
| <b>14</b> Information technology . . . . .   | 68,940.               | 63,803.                         | 4,089.                                 | 1,048.                      |
| <b>15</b> Royalties . . . . .  | 0.                    |                                 |  |                             |
| <b>16</b> Occupancy . . . . .  | 2,325,208.            | 2,078,406.                      | 202,736.                               | 44,066.                     |
| <b>17</b> Travel . . . . .   | 35,825.               | 20,349.                         | 14,863.                                | 613.                        |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   | 0.                    |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .   | 120,495.              | 68,441.                         | 49,990.                                | 2,064.                      |
| <b>20</b> Interest . . . . .   | 0.                    |                                 |  |                             |
| <b>21</b> Payments to affiliates . . . . .   | 0.                    |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .  | 148,267.              | 134,192.                        | 11,203.                                | 2,872.                      |
| <b>23</b> Insurance . . . . .  | 79,710.               | 71,690.                         | 6,486.                                 | 1,534.                      |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  |                       |                                 |  |                             |
| <b>a</b> ADMINISTRATIVE EXPENSES   | 433,592.              | 365,339.                        | 54,019.                                | 14,234.                     |
| <b>b</b> REPAIRS AND MAINTENANCE   | 214,060.              | 193,737.                        | 16,177.                                | 4,146.                      |
| <b>c</b> MLHC VEHICLE COST   | 19,388.               | 19,388.                         |  |                             |
| <b>d</b> MISCELLANEOUS   | 80,975.               |                                 | 80,975.                                |                             |
| <b>e</b> All other expenses _____  |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 31,705,074.           | 28,002,863.                     | 3,086,119.                             | 616,092.                    |
| <b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0.                    |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year  |
|---|--|--------------------------|-------------|---------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing . . . . .   | 113,455.                 | <b>1</b>    | 137,240.            |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 8,036,202.               | <b>2</b>    | 7,136,761.          |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 8,684,575.               | <b>3</b>    | 8,598,210.          |
|   | <b>4</b> Accounts receivable, net . . . . .  | 0.                       | <b>4</b>    | 0.                  |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   | 0.                       | <b>5</b>    | 0.                  |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . | 0.                       | <b>6</b>    | 0.                  |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | 0.                       | <b>7</b>    | 0.                  |
|   | <b>8</b> Inventories for sale or use . . . . .   | 0.                       | <b>8</b>    | 0.                  |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 504,444.                 | <b>9</b>    | 285,116.            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | <b>10a</b> 2,081,287.    |             |                     |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b> 1,877,535.    | 273,768.    | <b>10c</b> 203,752. |
|   | <b>11</b> Investments - publicly traded securities . . . . .   | 0.                       | <b>11</b>   | 1,511,953.          |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 . . . . .   | 0.                       | <b>12</b>   | 0.                  |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 . . . . .  | 0.                       | <b>13</b>   | 0.                  |
|   | <b>14</b> Intangible assets . . . . .  | 0.                       | <b>14</b>   | 0.                  |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 87,890.                  | <b>15</b>   | 184,796.            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 17,700,334.  | <b>16</b>                | 18,057,828. |                     |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 935,866.                 | <b>17</b>   | 1,232,992.          |
|   | <b>18</b> Grants payable . . . . .   | 0.                       | <b>18</b>   | 0.                  |
|   | <b>19</b> Deferred revenue . . . . .   | 172,224.                 | <b>19</b>   | 366,995.            |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  | 0.                       | <b>20</b>   | 0.                  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  | 0.                       | <b>21</b>   | 0.                  |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .   | 0.                       | <b>22</b>   | 0.                  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 0.                       | <b>23</b>   | 0.                  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   | 0.                       | <b>24</b>   | 0.                  |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .  | 87,890.                  | <b>25</b>   | 184,796.            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 1,195,980.               | <b>26</b>   | 1,784,783.          |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |             |                     |
|   | <b>27</b> Unrestricted net assets . . . . .  | 15,335,071.              | <b>27</b>   | 15,178,193.         |
|   | <b>28</b> Temporarily restricted net assets . . . . .  | 1,169,283.               | <b>28</b>   | 1,094,852.          |
|   | <b>29</b> Permanently restricted net assets . . . . .  | 0.                       | <b>29</b>   | 0.                  |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |             |                     |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>30</b>   |                     |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>31</b>   |                     |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>32</b>   |                     |
|   | <b>33</b> Total net assets or fund balances . . . . .  | 16,504,354.              | <b>33</b>   | 16,273,045.         |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 17,700,334.  | <b>34</b>                | 18,057,828. |                     |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 31,458,612. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 31,705,074. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -246,462.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 16,504,354. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 15,153.     |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | 0.          |
| <b>7</b>  | Investment expenses  | <b>7</b>  | 0.          |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 0.          |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0.          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 16,273,045. |

**Part XII Financial Statements and Reporting**

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

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

|   |   |
|---|---|
| <b>Name of the organization</b><br>NEW YORK LEGAL ASSISTANCE GROUP INC. | <b>Employer identification number</b><br>13-3505428 |
|---|---|

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - 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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2014    | (b) 2015    | (c) 2016    | (d) 2017    | (e) 2018    | (f) Total    |
|---|-------------|-------------|-------------|-------------|-------------|--------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   | 22,866,318. | 23,392,652. | 26,106,173. | 27,872,689. | 30,429,585. | 130,667,417. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |             |             |             |             |             | 0.           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |             |             |             |             |             | 0.           |
| <b>4 Total.</b> Add lines 1 through 3. . . . .  | 22,866,318. | 23,392,652. | 26,106,173. | 27,872,689. | 30,429,585. | 130,667,417. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . . |             |             |             |             |             | 0.           |
| <b>6 Public support.</b> Subtract line 5 from line 4  |             |             |             |             |             | 130,667,417. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2014    | (b) 2015    | (c) 2016    | (d) 2017    | (e) 2018    | (f) Total                |
|--|-------------|-------------|-------------|-------------|-------------|--------------------------|
| <b>7</b> Amounts from line 4. . . . .  | 22,866,318. | 23,392,652. | 26,106,173. | 27,872,689. | 30,429,585. | 130,667,417.             |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .   | 95,257.     | 6,449.      | 6,192.      | 5,444.      | 57,704.     | 171,046.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  |             |             |             |             |             | 0.                       |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .   | 6,144.      | 1,770,917.  | 34,917.     | 211,297.    | 155,919.    | 2,179,194.               |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .  |             |             |             |             |             | 133,017,657.             |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |             |             |             |             | <b>12</b>   |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |             |             |             |             |             | <input type="checkbox"/> |

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

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). . . . .   | <b>14</b> | 98.23%                              |
| <b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .  | <b>15</b> | 98.14%                              |
| <b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .  |           | <input type="checkbox"/>            |
| <b>17a 10%-facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .     |           | <input type="checkbox"/>            |
| <b>b 10%-facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .  |           | <input type="checkbox"/>            |



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 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**

| Calendar year (or fiscal year beginning in) ►   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5. . . . .  |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</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 . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .  |          |          |          |          |          |           |

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

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

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .                       | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)), . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .                          | <b>18</b> | % |

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

|           |   | Yes         | No |
|-----------|---|-------------|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?   |             |    |
| <b>a</b>  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | <b>11 a</b> |    |
| <b>b</b>  | A family member of a person described in (a) above?   | <b>11 b</b> |    |
| <b>c</b>  | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  | <b>11 c</b> |    |

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

|          |   | Yes      | No |
|----------|---|----------|----|
| <b>1</b> | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i> | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|          |  | Yes      | No |
|----------|--|----------|----|
| <b>1</b> | 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? | <b>1</b> |    |
| <b>2</b> | 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   | <b>2</b> |    |
| <b>3</b> | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  | <b>3</b> |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|          |  |           |  |
|----------|--|-----------|--|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |           |  |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |           |  |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |           |  |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |           |  |
| <b>2</b> | Activities Test. <b>Answer (a) and (b) below.</b>  |           |  |
| <b>a</b> | 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? <i>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.</i> | <b>2a</b> |  |
| <b>b</b> | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>  | <b>2b</b> |  |
| <b>3</b> | Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>  |           |  |
| <b>a</b> | 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? <i>Provide details in Part VI.</i>  | <b>3a</b> |  |
| <b>b</b> | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   | <b>3b</b> |  |

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

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

| <b>Section A - Adjusted Net Income</b>  |          | (A) Prior Year | (B) Current Year (optional) |
|---|----------|----------------|-----------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b> |                |                             |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b> |                |                             |
| <b>3</b> Other gross income (see instructions)  | <b>3</b> |                |                             |
| <b>4</b> Add lines 1 through 3.   | <b>4</b> |                |                             |
| <b>5</b> Depreciation and depletion   | <b>5</b> |                |                             |
| <b>6</b> 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) | <b>6</b> |                |                             |
| <b>7</b> Other expenses (see instructions)  | <b>7</b> |                |                             |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)   | <b>8</b> |                |                             |

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

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

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

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

| Section D - Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in Part VI). See instructions.   |              |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6.  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |              |
| 9 Distributable amount for 2018 from Section C, line 6   |              |
| 10 Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2018   |                             |  |   |
| a From 2013 . . . . .   |                             |  |   |
| b From 2014 . . . . .   |                             |  |   |
| c From 2015 . . . . .   |                             |  |   |
| d From 2016 . . . . .   |                             |  |   |
| e From 2017 . . . . .   |                             |  |   |
| f <b>Total</b> of lines 3a through e  |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2018 distributable amount  |                             |  |   |
| i Carryover from 2013 not applied (see instructions)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4 Distributions for 2018 from Section D, line 7:                     \$   |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2018 distributable amount  |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.   |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| a Excess from 2014 . . . .  |                             |  |   |
| b Excess from 2015 . . . .  |                             |  |   |
| c Excess from 2016 . . . .  |                             |  |   |
| d Excess from 2017 . . . .  |                             |  |   |
| e Excess from 2018 . . . .  |                             |  |   |

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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ATTACHMENT 1

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## SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION           | 2014          | 2015              | 2016           | 2017            | 2018            | TOTAL             |
|-----------------------|---------------|-------------------|----------------|-----------------|-----------------|-------------------|
| MISCELLANEOUS REVENUE | 6,144.        | 1,770,917.        | 34,917.        | 211,297.        | 155,919.        | 2,179,194.        |
| TOTALS                | <u>6,144.</u> | <u>1,770,917.</u> | <u>34,917.</u> | <u>211,297.</u> | <u>155,919.</u> | <u>2,179,194.</u> |

**Schedule of Contributors**

**2018**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

|  |  |
|--|--|
| Name of the organization<br>NEW YORK LEGAL ASSISTANCE GROUP INC. | Employer identification number<br>13-3505428 |
|--|--|

**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

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

**Special Rules**

- 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 or 990-EZ), 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 . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization **NEW YORK LEGAL ASSISTANCE GROUP INC.**Employer identification number  
13-3505428**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 1          | NYC HUMAN RESOURCES ADMINISTRATION<br>150 GREENWICH STREET, 36 FLOOR<br>NEW YORK, NY 10007 | \$ 7,855,814.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | NYS OFFICE OF COURT ADMINISTRATION<br>25 BEAVER STREET<br>NEW YORK, NY 10004               | \$ 4,642,576.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | NYC MAYOR'S OFFICE OF IMMIGRANT AFFAIRS<br>CITY HALL<br>NEW YORK, NY 10007                 | \$ 2,096,612.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | UJA-FEDERATION OF NEW YORK<br>130 E 59TH STREET<br>NEW YORK, NY 10022                      | \$ 1,471,202.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | NYS INTEREST ON LAWYER ACCOUNT FUND<br>11 E 44TH ST #1406<br>NEW YORK, NY 10017            | \$ 1,095,416.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | NYS OFFICE OF TEMPORARY DISABILITY ASSIS<br>317 MALCOLM X BLVD #8<br>NEW YORK, NY 10027    | \$ 794,565.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



Name of organization **NEW YORK LEGAL ASSISTANCE GROUP INC.**

**Employer identification number**  
13-3505428

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 7          | MAYOR'S FUND TO ADVANCE NEW YORK CITY<br><br>253 BROADWAY<br><br>NEW YORK, NY 10007 | \$ 722,250.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization **NEW YORK LEGAL ASSISTANCE GROUP INC.**

**Employer identification number**

13-3505428

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|---------------------------|--|---|----------------------|
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |

Name of organization **NEW YORK LEGAL ASSISTANCE GROUP INC.**

Employer identification number  
**13-3505428**

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

|  |  |
|--|--|
| Name of organization<br>NEW YORK LEGAL ASSISTANCE GROUP INC. | Employer identification number<br>13-3505428 |
|--|--|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

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

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

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1)      |             |         |   |  |
| (2)      |             |         |   |  |
| (3)      |             |         |   |  |
| (4)      |             |         |   |  |
| (5)      |             |         |   |  |
| (6)      |             |         |   |  |

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

Schedule C (Form 990 or 990-EZ) 2018

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

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br><b>(The term "expenditures" means amounts paid or incurred.)</b>  |  | <b>(a)</b> Filing organization's totals         | <b>(b)</b> Affiliated group totals                       |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|--|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .  |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .  |  | 156,832.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .  |  | 156,832.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures . . . . .  |  | 31,548,242.                                     |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .  |  | 31,705,074.                                     |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.   |  | 1,000,000.                                      |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |  | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:                 |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000  | 20% of the amount on line 1e.                      |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000. |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000   | \$1,000,000.                                       |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .  |  | 250,000.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .  |  | 0.  | 0.   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .  |  | 0.  | 0.   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .  |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>      |                 |                 |                 |                 |                  |
|--|-----------------|-----------------|-----------------|-----------------|------------------|
| Calendar year (or fiscal year beginning in)                      | <b>(a)</b> 2015 | <b>(b)</b> 2016 | <b>(c)</b> 2017 | <b>(d)</b> 2018 | <b>(e)</b> Total |
| <b>2a</b> Lobbying nontaxable amount                             | 1,000,000.      | 1,000,000.      | 1,000,000.      | 1,000,000.      | 4,000,000.       |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))   |                 |                 |                 |                 | 6,000,000.       |
| <b>c</b> Total lobbying expenditures                             | 156,646.        | 156,848.        | 156,672.        | 156,832.        | 626,998.         |
| <b>d</b> Grassroots nontaxable amount                            | 250,000.        | 250,000.        | 250,000.        | 250,000.        | 1,000,000.       |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |                 |                 |                 |                 | 1,500,000.       |
| <b>f</b> Grassroots lobbying expenditures                        |                 |                 |                 |                 |                  |

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

Part IV Supplemental Information

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

Horizontal lines for providing supplemental information.

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**Part IV** Supplemental Information *(continued)*

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

NEW YORK LEGAL ASSISTANCE GROUP INC.

Employer identification number

13-3505428

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2018



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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses . . . . .     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            |                  |                |                    |                      |                     |

**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** Temporarily restricted 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:

|   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .  | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |

**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 (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      |                                 |                              |                |
| <b>b</b> Buildings . . . . .   |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements . . . . .  |                                      | 6,070.                          | 3,540.                       | 2,530.         |
| <b>d</b> Equipment . . . . .   |                                      | 1,820,192.                      | 1,618,970.                   | 201,222.       |
| <b>e</b> Other . . . . .   |                                      | 255,025.                        | 255,025.                     |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . |                                      |                                 |                              | 203,752.       |

**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<br>(including name of security)     | (b) Book value | (c) Method of valuation:<br>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)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► |                |  |

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, 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)   |                |
| <b>Total.</b> (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.

| 1. (a) Description of liability   | (b) Book value |          |
|---|----------------|----------|
| (1) Federal income taxes  |                |          |
| (2) FUNDS HELD IN ESCROW  | 184,796.       |          |
| (3)   |                |          |
| (4)   |                |          |
| (5)   |                |          |
| (6)   |                |          |
| (7)   |                |          |
| (8)   |                |          |
| (9)   |                |          |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► |                | 184,796. |

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

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

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

|   |   |    |             |             |
|---|---|----|-------------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .        |    | <b>1</b>    | 65,072,706. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                       |    |             |             |
| a | Net unrealized gains (losses) on investments . . . . .                                    | 2a | 15,153.     |             |
| b | Donated services and use of facilities . . . . .  | 2b | 33,598,941. |             |
| c | Recoveries of prior year grants . . . . .   | 2c |             |             |
| d | Other (Describe in Part XIII.) . . . . .  | 2d |             |             |
| e | Add lines 2a through 2d . . . . .   |    | <b>2e</b>   | 33,614,094. |
| 3 | Subtract line 2e from line 1 . . . . .  |    | <b>3</b>    | 31,458,612. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                      |    |             |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                | 4a |             |             |
| b | Other (Describe in Part XIII.) . . . . .  | 4b |             |             |
| c | Add lines 4a and 4b . . . . .   |    | <b>4c</b>   |             |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . |    | <b>5</b>    | 31,458,612. |

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

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

|   |  |    |             |             |
|---|--|----|-------------|-------------|
| 1 | Total expenses and losses per audited financial statements . . . . .                       |    | <b>1</b>    | 65,304,015. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                          |    |             |             |
| a | Donated services and use of facilities . . . . .   | 2a | 33,598,941. |             |
| b | Prior year adjustments . . . . .   | 2b |             |             |
| c | Other losses . . . . .   | 2c |             |             |
| d | Other (Describe in Part XIII.) . . . . .   | 2d |             |             |
| e | Add lines 2a through 2d . . . . .  |    | <b>2e</b>   | 33,598,941. |
| 3 | Subtract line 2e from line 1 . . . . .   |    | <b>3</b>    | 31,705,074. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:                         |    |             |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                 | 4a |             |             |
| b | Other (Describe in Part XIII.) . . . . .   | 4b |             |             |
| c | Add lines 4a and 4b . . . . .  |    | <b>4c</b>   |             |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . |    | <b>5</b>    | 31,705,074. |

**Part XIII Supplemental Information.**

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

SEE PAGE 5

**Part XIII** Supplemental Information *(continued)*

SCHEDULE D, PART X, LINE 2

NYLAG IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (THE "FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, RELATING TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. BECAUSE OF THE ORGANIZATION'S GENERAL TAX-EXEMPT STATUS, MANAGEMENT BELIEVES ASC TOPIC 740 HAS NOT HAD, AND IS NOT EXPECTED TO HAVE, A MATERIAL IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|  |   | (a) Event #1         | (b) Event #2 | (c) Other events | (d) Total events                |
|--|---|----------------------|--------------|------------------|---------------------------------|
|  |   | GALA<br>(event type) | (event type) | (total number)   | (add col. (a) through col. (c)) |
| Revenue  | <b>1</b> Gross receipts . . . . .   | 1,353,177.           |              |                  | 1,353,177.                      |
|  | <b>2</b> Less: Contributions . . . . .  | 1,128,852.           |              |                  | 1,128,852.                      |
|  | <b>3</b> Gross income (line 1 minus line 2) . . . . .                             | 224,325.             |              |                  | 224,325.                        |
| Direct Expenses  | <b>4</b> Cash prizes . . . . .  |                      |              |                  |                                 |
|  | <b>5</b> Noncash prizes . . . . .   |                      |              |                  |                                 |
|  | <b>6</b> Rent/facility costs . . . . .  | 63,321.              |              |                  | 63,321.                         |
|  | <b>7</b> Food and beverages . . . . .   | 114,017.             |              |                  | 114,017.                        |
|  | <b>8</b> Entertainment . . . . .  | 300.                 |              |                  | 300.                            |
|  | <b>9</b> Other direct expenses . . . . .  | 46,687.              |              |                  | 46,687.                         |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |                      |              |                  | 224,325.                        |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |   |                      |              |                  |                                 |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|---|---|---|--|
|                 |   |   |   |   |  |
| Revenue         | <b>1</b> Gross revenue . . . . .  |   |   |   |  |
| Direct Expenses | <b>2</b> Cash prizes . . . . .  |   |   |   |  |
|                 | <b>3</b> Noncash prizes . . . . .   |   |   |   |  |
|                 | <b>4</b> Rent/facility costs . . . . .  |   |   |   |  |
|                 | <b>5</b> Other direct expenses . . . . .  |   |   |   |  |
|                 | <b>6</b> Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |   |   |   |  |
|                 | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |   |   |   |  |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |            |   |
|-------------------------------|------------|---|
| a The organization's facility | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

NEW YORK LEGAL ASSISTANCE GROUP INC.

Employer identification number

13-3505428

**Part I General Information on Grants and Assistance**

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

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

| 1 (a) Name and address of organization or government   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) SAKHI FOR SOUTH ASIAN WOMEN<br>PO BOX 1333 CHURCH STREET STATION                         | 13-3593806 | 501(C)(3)                       | 12,346.                  |                                   | FMV   |                                       | GRANT SUBCONTRACTS                 |
| (2) NEW YORK COUNTY LAWYER'S ASSOCIATION<br>14 VESEY STREET NEW YORK, NY 10007               | 13-5273040 | 501(C)(3)                       | 89,106.                  |                                   | FMV   |                                       | GRANT SUBCONTRACTS                 |
| (3) CHINESE-AMERICAN PLANNING COUNCIL, INC.<br>150 ELIZABETH STREET NEW YORK, NY 10012       | 13-6202692 | 501(C)(3)                       | 120,538.                 |                                   | FMV   |                                       | GRANT SUBCONTRACTS                 |
| (4) BROOKLYN BAR ASSOCIATION VOLUNTEER LAWYERS<br>44 COURT ST. SUITE 1206 BROOKLYN, NY 11201 | 11-3155182 | 501(C)(3)                       | 89,106.                  |                                   | FMV   |                                       | GRANT SUBCONTRACTS                 |
| (5) VIOLENCE INTERVENTION PROGRAM, INC<br>PO BOX 1161, TRIBOROUGH STATION                    | 13-3540337 | 501(C)(3)                       | 14,300.                  |                                   | FMV   |                                       | GRANT SUBCONTRACTS                 |
| (6) WOMANKIND<br>32 BROADWAY, 10TH FL NEW YORK, NY 10004                                     | 13-3286250 | 501(C)(3)                       | 19,543.                  |                                   | FMV   |                                       | GRANT SUBCONTRACTS                 |
| (7) ARIVA INC<br>69 E 167TH STREET BRONX, NY 10452   | 32-0028598 | 501(C)(3)                       | 56,000.                  |                                   | FMV   |                                       | GRANT SUBCONTRACTS                 |
| (8)  |            |                                 |                          |                                   |   |                                       |                                    |
| (9)  |            |                                 |                          |                                   |   |                                       |                                    |
| (10)   |            |                                 |                          |                                   |   |                                       |                                    |
| (11)   |            |                                 |                          |                                   |   |                                       |                                    |
| (12)   |            |                                 |                          |                                   |   |                                       |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 7.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2018)



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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 INDIVIDUAL ASSISTANCE         | 350.                     | 25,517.                  |                                   | FMV   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

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

SCHEDULE I, PART I, LINE 2:

NEW YORK LEGAL ASSISTANCE GROUP (NYLAG) MONITORS THE USE OF GRANTS FOR ORGANIZATIONS AND INDIVIDUALS BY REVIEWING THE DETAILED APPLICATIONS FOR CASH ASSISTANCE AND MAKING SURE THEY COMPLY WITH THE REQUIREMENTS OF THE FUNDING.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

NEW YORK LEGAL ASSISTANCE GROUP INC.

Employer identification number

13-3505428

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

|    | Yes | No |
|----|-----|----|
| 1a |     |    |
| 1b |     |    |
| 2  |     |    |
| 3  |     |    |
| 4a |     | X  |
| 4b |     | X  |
| 4c |     | X  |
| 5a |     | X  |
| 5b |     | X  |
| 6a |     | X  |
| 6b |     | X  |
| 7  |     | X  |
| 8  |     | X  |
| 9  |     |    |

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

Schedule J (Form 990) 2018

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

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

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

| (A) Name and Title                                     | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 BETH GOLDMAN, ESQ.<br>PRESIDENT & ATTORNEY-IN-CHARGE | (i)  | 238,731.                            | 0.                                  | 0.   | 16,800.                 | 1,118.                          | 256,649.  |
|  | (ii)   | 0.                                  | 0.                                  | 0.   |                         |                                 |   |
| 2 SARA MEYERS<br>CHIEF OPERATING OFFICER               | (i)  | 177,741.                            | 0.                                  | 0.   | 4,412.                  | 8,339.                          | 190,492.  |
|  | (ii)   | 0.                                  | 0.                                  | 0.   |                         |                                 |   |
| 3 RANDYE RETKIN<br>DIRECTOR, LEGAL HEALTH              | (i)  | 184,232.                            | 0.                                  | 0.   | 8,982.                  | 22,252.                         | 215,466.  |
|  | (ii)   | 0.                                  | 0.                                  | 0.   |                         |                                 |   |
| 4 IRINA MATIYCHENKO<br>DIRECTOR, IMMIGRANT PROTECTION  | (i)  | 156,206.                            | 0.                                  | 0.   | 7,596.                  | 15,967.                         | 179,769.  |
|  | (ii)   | 0.                                  | 0.                                  | 0.   |                         |                                 |   |
| 5 RANDAL JEFFREY<br>GENERAL COUNSEL                    | (i)  | 148,855.                            | 0.                                  | 0.   | 7,866.                  | 22,853.                         | 179,574.  |
|  | (ii)   | 0.                                  | 0.                                  | 0.   |                         |                                 |   |
| 6 VALERIE BOGART<br>DIRECTOR, EVELYN FRANK LEGAL       | (i)  | 139,571.                            | 0.                                  | 0.   | 7,203.                  | 16,036.                         | 162,810.  |
|  | (ii)   | 0.                                  | 0.                                  | 0.   |                         |                                 |   |
| 7 ALISON LAVAN<br>CHIEF FINANCIAL OFFICER              | (i)  | 135,329.                            | 0.                                  | 0.   | 6,963.                  | 21,850.                         | 164,142.  |
|  | (ii)   | 0.                                  | 0.                                  | 0.   |                         |                                 |   |
| 8 LISA RIVERA<br>MANAGING ATTORNEY                     | (i)  | 132,964.                            | 0.                                  | 0.   | 6,404.                  | 23,599.                         | 162,967.  |
|  | (ii)   | 0.                                  | 0.                                  | 0.   |                         |                                 |   |
| 9  | (i)  |                                     |                                     |  |                         |                                 |   |
|  | (ii)   |                                     |                                     |  |                         |                                 |   |
| 10   | (i)  |                                     |                                     |  |                         |                                 |   |
|  | (ii)   |                                     |                                     |  |                         |                                 |   |
| 11   | (i)  |                                     |                                     |  |                         |                                 |   |
|  | (ii)   |                                     |                                     |  |                         |                                 |   |
| 12   | (i)  |                                     |                                     |  |                         |                                 |   |
|  | (ii)   |                                     |                                     |  |                         |                                 |   |
| 13   | (i)  |                                     |                                     |  |                         |                                 |   |
|  | (ii)   |                                     |                                     |  |                         |                                 |   |
| 14   | (i)  |                                     |                                     |  |                         |                                 |   |
|  | (ii)   |                                     |                                     |  |                         |                                 |   |
| 15   | (i)  |                                     |                                     |  |                         |                                 |   |
|  | (ii)   |                                     |                                     |  |                         |                                 |   |
| 16   | (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, PART I, LINE 3 - DETERMINATION OF COMPENSATION:

THE FULL BOARD APPROVES THE COMPENSATION OF THE PRESIDENT BASED UPON THE RECOMMENDATION OF THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD. THE EXECUTIVE COMPENSATION COMMITTEE ANALYZES AND REVIEWS INDUSTRY DATA TO DETERMINE ITS COMPENSATION RECOMMENDATION. THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS AND APPROVES THE COMPENSATION FOR THE CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER BASED ON A COMBINATION OF INDUSTRY DATA AND RECOMMENDATIONS BY THE PRESIDENT. THE LAST REVIEW TOOK PLACE IN FISCAL-YEAR 2019.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

NEW YORK LEGAL ASSISTANCE GROUP INC.

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

13-3505428

FORM 990, PART I, LINE I: CONTINUATION OF MISSION STATEMENT

WE ADDRESS EMERGING AND URGENT LEGAL NEEDS WITH COMPREHENSIVE, FREE CIVIL  
LEGAL SERVICES, IMPACT LITIGATION, POLICY ADVOCACY, AND COMMUNITY  
EDUCATION.

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

THE 990 IS REVIEWED BY THE BOARD PRIOR TO FILING. IF THE BOARD OF  
DIRECTORS HAS ANY QUESTIONS, THEY ARE ADDRESSED.

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

NYLAG HAS A CONFLICT-OF-INTEREST POLICY WHICH APPLIES TO THE  
ORGANIZATION'S DIRECTORS, OFFICERS, KEY EMPLOYEES, SUBSTANTIAL  
CONTRIBUTORS, AND RELATIVES OF ALL SUCH PARTIES. EACH YEAR, BOARD  
MEMBERS, OFFICERS AND KEY EMPLOYEES FILL OUT A QUESTIONNAIRE DISCLOSING  
THAT THEY DID NOT ENGAGE IN ANY CONFLICT-OF-INTEREST TRANSACTIONS, OR  
DISCLOSING ANY CONFLICT-OF-INTEREST TRANSACTIONS THEY MAY HAVE ENGAGED  
IN. THE PRESIDENT OF THE BOARD REVIEWED THE QUESTIONNAIRES, AND FOUND NO  
CONFLICT-OF- INTEREST TRANSACTIONS THAT REQUIRED DISCLOSURE.

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

THE FULL BOARD APPROVES THE COMPENSATION OF THE PRESIDENT BASED UPON THE  
RECOMMENDATION OF THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD. THE  
EXECUTIVE COMPENSATION COMMITTEE ANALYZES AND REVIEWS INDUSTRY DATA TO  
DETERMINE ITS COMPENSATION RECOMMENDATION. THE EXECUTIVE COMPENSATION

|  |  |
|--|--|
| Name of the organization<br>NEW YORK LEGAL ASSISTANCE GROUP INC. | Employer identification number<br>13-3505428 |
|--|--|

COMMITTEE REVIEWS AND APPROVES THE COMPENSATION FOR THE CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER BASED ON A COMBINATION OF INDUSTRY DATA AND RECOMMENDATIONS BY THE PRESIDENT. THE LAST REVIEW TOOK PLACE IN FISCAL-YEAR 2019.

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

NYLAG MAKES ITS GOVERNING DOCUMENTS, THE FINANCIAL STATEMENTS AND CONFLICT-OF-INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE NEW YORK LEGAL ASSISTANCE GROUP USES THE POWER OF THE LAW TO HELP NEW YORKERS IN NEED COMBAT SOCIAL AND ECONOMIC INJUSTICE. WE ADDRESS EMERGING AND URGENT LEGAL NEEDS WITH COMPREHENSIVE, FREE CIVIL LEGAL SERVICES, IMPACT LITIGATION, POLICY ADVOCACY, AND COMMUNITY EDUCATION.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

IMMIGRANT PROTECTION: DEDICATED TO SOCIAL JUSTICE, NYLAG'S IMMIGRANT PROTECTION UNIT (IPU) PROVIDES NEW YORK'S LOW-INCOME IMMIGRANT COMMUNITIES WITH COMPREHENSIVE LEGAL SERVICES THROUGH CONSULTATION AND DIRECT REPRESENTATION. IPU ASSISTS INDIVIDUALS IN SECURING OR CONTINUING LAWFUL STATUS IN THE UNITED STATES THROUGH ADJUSTMENT OF STATUS AND OTHER COMPLEX LEGAL REMEDIES THAT MAY BE AVAILABLE TO THEM. IPU ALSO AIMS TO FACILITATE FAMILY REUNIFICATION THROUGH FAMILY-BASED IMMIGRANT PETITIONS, HUMANITARIAN PAROLE AND OTHER FORMS OF RELIEF. AS ONE OF THE

|  |  |
|--|--|
| Name of the organization<br>NEW YORK LEGAL ASSISTANCE GROUP INC. | Employer identification number<br>13-3505428 |
|--|--|

ATTACHMENT 2 (CONT'D)

LARGEST IMMIGRANT SERVICES PROVIDERS IN THE STATE OF NEW YORK, IPU EDUCATES IMMIGRANT COMMUNITIES ABOUT THE DANGERS OF FRAUDULENT IMMIGRATION LAW PRACTITIONERS AND OTHER BARRIERS TO ATTAINING CITIZENSHIP. THROUGH ITS COMPREHENSIVE APPROACH, IPU SEEKS TO BROADEN AND IMPROVE ACCESS TO QUALITY LEGAL REPRESENTATION AND ADDRESS THE SOCIAL WELFARE NEEDS OF NEW YORK'S LOW-INCOME IMMIGRANT COMMUNITY. SERVICES INCLUDE: NATURALIZATION, ADJUSTMENT OF STATUS, VIOLENCE AGAINST WOMEN ACT (VAWA) SELF PETITIONS, U-VISAS FOR CRIME VICTIMS, ASYLUM, REMOVAL DEFENSE, PUBLIC BENEFITS AND ENTITLEMENTS.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4C

## TENANT'S RIGHTS:

NYLAG ATTORNEYS FIGHT TO ENSURE FAIR HOUSING PRACTICES AND FOR THE RIGHTS OF NEW YORKERS TO REMAIN IN SAFE, AFFORDABLE HOUSING. IN 2017, NEW YORK CITY ENACTED A GROUNDBREAKING LAW THAT, AT FULL IMPLEMENTATION, WILL GUARANTEE A RIGHT TO COUNSEL TO HOUSEHOLDS UNDER 200% OF THE FEDERAL POVERTY LINE WHO ARE FACING EVICTION. NYLAG IS A KEY PLAYER IN THE CITY'S ROLL-OUT OF THE PROGRAM, SERVING TENANTS IN BROOKLYN, MANHATTAN, AND QUEENS. NEW YORK'S UNIVERSAL ACCESS TO COUNSEL PROGRAM IS ALREADY CLOSING THE JUSTICE GAP, SUBSTANTIALLY REDUCING THE NUMBER OF TENANTS UNREPRESENTED IN HOUSING COURT. NYLAG ATTORNEYS STAND UP FOR TENANTS ON THE BRINK OF HOMELESSNESS, MANY OF WHOM ARE ELDERLY OR

|  |  |
|--|--|
| Name of the organization<br>NEW YORK LEGAL ASSISTANCE GROUP INC. | Employer identification number<br>13-3505428 |
|--|--|

ATTACHMENT 3 (CONT'D)

SINGLE MOTHERS WITH CHILDREN, TO FIGHT TO PRESERVE THEIR HOMES IN THE MIDST OF SKYROCKETING RENTS. FOR MANY OF THESE FAMILIES, ACCESS TO AN ATTORNEY MEANT STAYING OUT OF A SHELTER AND IN THEIR HOMES.

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u>   | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| JUST-TECH, LLC<br>14 PENNSYLVANIA PLAZA 9TH FLOOR<br>NEW YORK, NY 10122 | IT CONSULTING SVS              | 451,974.            |