EXTENDED TO NOVEMBER 16, 2020

Return of Organization Exempt From Income Tax

Form 990 (Rev. January 2020) Department of the Treasury Internal Revenue Service

932001 01-20-20

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.

2019
Open to Public Inspection

A F	or the 2	2019 calendar year, or tax year beginning and	ending					
Bca	heck if pplicable:	C Name of organization		D Employer identifica	ation number			
	Address	NATIONAL LAWYERS GUILD FTN, INC						
	Name change	Doing business as		13-333664	.0			
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 132 NASSAU STREET	Room/suite 922	E Telephone number 212-679-5	100			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,111,222.			
	Amended			H(a) Is this a group ret	urn			
	Applica- tion	F Name and address of principal officer: BRUCE D. NESTOR		for subordinates?	Yes X No			
	pending	132 NASSAU STREET, NEW YORK, NY 10038		H(b) Are all subordinates inc	luded? Yes No			
1.7	Tax-exen	npt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a li	ist. (see instructions)			
		▶ N/A		H(c) Group exemption				
		rganization: X Corporation Trust Association Other	L Year	of formation: 1986 M	State of legal domicile: NY			
Pa		Summary			~~~~			
0	1 B	riefly describe the organization's mission or most significant activities: PROT	ECTION	OF HUMAN RI	GHTS			
arc				U 050/ ('b 1				
Governarce	2 C	heck this box if the organization discontinued its operations or dispo	ALCOHOLD TO A STATE OF THE PARTY OF THE PART	ets. 15				
300	3 N	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b)		3	15			
8		otal number of independent voting members of the governing body (Fart VI, line 1b)			1			
Activities &		otal number of volunteers (estimate if necessary)			15			
tivi	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12			0.			
Ac		et unrelated business taxable income from Form 990-T, line 39			0.			
	2.11	or arrotated business taxable moone norm to the control of the con		Prior Year	Current Year			
	8 C	ontributions and grants (Part VIII, line 1h)		2,398,422.	640,413.			
nue		rogram service revenue (Part VIII, line 2g)		0.	0.			
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		115,354.	86,486.			
R		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	And the second second	2,513,776.	726,899.			
	_	rants and similar amounts paid (Part IX, column (A), lines 1-3)		998,618.	909,916.			
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		94,595.	97,864.			
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
xpe	b To	otal fundraising expenses (Part IX, column (D), line 25)	78.					
Ш	11 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		49,306.	52,493.			
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	Control of the Contro	1,142,519.	1,060,273.			
		evenue less expenses. Subtract line 18 from line 12		1,371,257.	-333,374.			
S OF			Ве	ginning of Current Year	End of Year			
Net Assets	20 To	otal assets (Part X, line 16)		4,737,164.	4,904,817.			
et A	21 To	otal liabilities (Part X, line 26)		251,277.	436,249.			
		et assets or fund balances. Subtract line 21 from line 20	ionina	4,485,887.	4,468,568.			
10.00	The Later Street, Stre	es of perjury, I declare that I have examined this return, including accompanying schedule	a and statem	anto and to the heat of mul	knowledge and ballof it is			
		es of perjury, I declare that I have examined this return, including accompanying schedule and complete. Declaration of preparer (other than officer) is based on all information of w			knowledge and belief, it is			
true	, correct,	and complete. Decial auton of preparer (other than officer) is based on an information of w	mon preparer	ilas ariy kilowieuge.				
Sign	.	Signature of officer		Date				
Her		BRUCE D. NESTOR, PRESIDENT		10-5.	7-20			
rici		Type or print name and title						
	F	Print/Type preparer's name Preparer's signature	1	Date Check	PTIN			
Paid		RACY L. BADGLEY TRACY TO BADGLE	Y 1	0/23/20 if self-employed	P00152200			
		irm's name PKF O'CONNOR DAVIES, LLD		Firm's EIN > 27-1728945				
		irm's address 254 ROUTE 17K						
		NEWBURGH, NY 12550	-	Phone no. 845	5-567-3600			
May	the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No			

Form 990 (2019)

Form 990 (2019) NATIONAL LAWYERS GUILD FTN, Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		_	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-		X
	Part VI	11a		A
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	445	х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Λ	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	440		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		22
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
		116	-	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- "		
128		12a	X	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120	**	
D		12b		X
49	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13		14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		-
• • • • • • • • • • • • • • • • • • • •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
19	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
_			000	

Form 990 (2019) NATIONAL LAWYERS G
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
04 -	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
L	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
LOU	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	- 1	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			1
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	1	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			-
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule 0 T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Charles Control to Con			
	Check if Schedule O contains a response or note to any line in this Part V	********	Van	MI-
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
U	(analytical submission to spins spins and	1c	Х	
	(gambling) winnings to prize winners?		990	(001

20141102 756359 2116210.002

2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filled for the calendary pare anding with or within the year covered by this return. b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Notes if the sum of lines 1a and 2a is greater than 250, you may be required to a-line give instructions). 3a Did the organization have unleaded business gross increme of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990°T for this year? If "No" to line 3b, provide an explanation on Schedule O. 3b At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country level as a bank account, securities account, or other financial accounts? 5c If "Yes to line 6a or 5b, did the organization the Tenes of the financial accounts (FBAR), see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), see instructions for filing requirements for measure of the secondary of		Contractor	-	Yes	No
b if a least one is reported on line 2e, did the organization file all required federal employment tax returns? Note: if the sum of lines 1 and 2a is greater than 50, you may be required to _eff. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5b if 1'*es,* install filed a prom 900 for this year? If 'Po' to line 3c, provide an explenation on Schedule 0 5c	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	140
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return 2a 1			
3a X Y Y Y X X X X X X	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b If "Yes," has it field a Form 990-T for this year? (" Yeo' to line 3b, provide an explanation on Schedule O A At any time during the calendary 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)? 4		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A 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)? b if "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes" to line Sar of St, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sar of St, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes", and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or a charitable contributions. 6a X 7 Organizations that may receive deductible contributions under section 170(c). a lid the organization receive a payment in excess of \$75 male party as a contribution and party for goods and services provided to the payor? 7 If Yes," indicate the number of Forms 8822 filed during the year 6 Did the organization end protective promises a payment and property for which it was required to file Form 8822? 7 If If Yes," indicate the number of Forms 8822 filed during the year 9 Did the organization received a contribution of qualified intellectual property, did the organization free love a contribution of qualified intellectual property, did the organization free love a contribution of qualified intellectual property, did the organization free love a contribution of qualified intellectual property, did the organization free love a contribution of qualified intellectual property, did th			За		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if 1*Yea,** retret the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I*Yea* to line 5a or 5b, did the organization file Form 8886-17? 6b Does the organization are 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? 6c I*Yea* to lid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that many receive deductible contributions under section 170(c). 8 Did the organization receive apament in excess of \$75 made party as a contribution of any party for goods and services provided to the payor? 7 b I*Yea*, did the organization notify the donor of the value of the goods or services provided? 7 b I*Yea*, did the organization notify the donor of the value of the goods or services provided? 7 b I*Yea*, indicate the number of Forms 8282 filed during the year 8 c Ibid the organization received accorribution of qualified intellectual property, did the organization free forms 8282 filed during the year 9 c Ibid the organization received accorribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8892 as required? 9 if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8892 as sequired? 9 if the organization have excess business holdings at any time during the year? 9 sponsoring organization make any taxable distributions under section 4966? 9 section 501(x)? organization m	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinGEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 59 Did any taxable party notify the regardantation that it was or is a party to a prohibited tax shelter transaction? 50 Did any taxable party notify the regardantation that it was or is a party to a prohibited tax shelter transaction? 50 Did so set 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? 50 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 50 Organizations that may receive deductible contributions under section 170(c). 51 If "Yes," did the organization notify the donor of the value of the goods or services provided? 52 Did the organization notify the donor of the value of the goods or services provided? 53 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 54 If "Yes," indicate the number of Forms 8282 filed during the year 55 Did the organization received an contribution of cusified intellectual property, did the organization file a Form 1098-C? 55 Did the organization received a contribution of cusified intellectual property, did the organization file a Form 1098-C? 56 Did the sponsoring organization have excess business holdings at any time during the year? 57 Sponsoring organization have access business holdings at any time during the year? 58 Sponsoring organization have access business holdings at any time during the year? 59 Sponsoring organization have access business holdings at any time during the year? 50 Did the sponsoring organization make a distribution of qualified intellectual property, did the orga	4a				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 8 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 8 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? 8 Dif 1 Yes, 6 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 Organizations that may receive deductible contributions under section 170(c). 9 Did the organization receive apyment in excess of \$75 made party as a contribution of any party for goods and services provided to the payor? 9 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization received an contribution of cars, boats, airplanes, or other vehicles, did the organization for Form 8282? filed during the year 9 Did the organization received an contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 9 Sponsoring organization has maintaining doon advised funds. Did a doon advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(12) organizations. Enter: 1 International forms of the sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(12) organizations included on Part VIII, line 12 organization forms or shareholders 1 Did the sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(12) organizations. Enter: 1 Internation form of the sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 1 Section 501(c)(22) organizations. En		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization file Form 8889-17? 6a Does the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 If Yes," indicate the number of Forms 8282 filed during the year c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If Yes," indicate the number of Forms 8282 filed during the year e Did the organization received a contribution of qualified intellectual property, did the organization flee Form 8899 as required? 7 If Yes, and the organization received a contribution of qualified intellectual property, did the organization flee Form 8899 as required? 7 If Yes, and the organization make a distribution or advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have accessed funds. 10 Did the sponsoring organization make a distribution to a donor, donor advised, fund maintained by the sponsoring organization have accessed business holdings at any time during the year? 9 Sponsoring from minimal property of the during the year? 10 Section 50 f(x/2) qualification make an interest received or accrued du	b				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5					
c if "Yes" to line Sa or Sb, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization that may receive deductible contributions under section 170(c). a 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? 7 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8 d If "Yes," indicate the number of Forms 8282 filed during the year 9 c Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 c					_
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Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	а		13a		
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c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 If "Yes," complete Form 4720, Schedule O.	b	Enter the amount of reserves the organization is required to maintain by the states in which the			
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 If "Yes," complete Form 4720, Schedule O.		organization is licensed to issue qualified health plans			
Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	C				
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? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	b		14b		
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	15				
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X
If "Yes," complete Form 4720, Schedule O.	4.5				77
	16		16		A
		ir res, complete rorm 4720, scrieduje O.	Forn	990	(2010)

NATIONAL LAWYERS GUILD FTN. INC 13-3336640 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? X 8h b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available

for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website

X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records NATIONAL LAWYERS GUILD FD - 212-679-5100

132 NASSAU ST STE 922, NEW YORK, NY 10038

Form 990 (2019)

Form 990 (2019) 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

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

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

(A) Name and title	(B) Average hours per week	box	not c	Pos heck as per	more	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BARBARA DUDLEY	0.90									
DIRECTOR		X						0.	0.	0.
(2) BRUCE NESTOR PRESIDENT	2.30	X		x				0.	0.	0.
(3) ELENA COHEN	0.40	-		-						
DIRECTOR		x						0.	0.	0.
(4) DAVID GESPASS	0.40									
DIRECTOR		X						0.	0.	0.
(5) JEFFREY PETRUCELLY	1.20									
TREASURER		X		X				0.	0.	0.
(6) JUDY SOMBERG	0.80									
ASST TREASURER		X		X				0.	0.	0.
(7) KAREN JO KOONAN	0.90									
DIRECTOR		X						0.	0.	0.
(8) NATASHA LYCIA ORA BANNON	0.40									
DIRECTOR		X						0.	0.	0.
(9) POOJA GEHI	4.20									
DIRECTOR		X						0.	0.	0.
(10) REBECCA SHERMAN	0.40									
DIRECTOR		X						0.	0.	0.
(11) P. BOBBY SHUKLA	0.40									
DIRECTOR		X				\perp	╙	0.	0.	0.
(12) SANDRA TSUNG	0.40								_	
DIRECTOR		X			_	1	_	0.	0.	0.
(13) TIM HOFFMAN	0.40	١								
DIRECTOR	- 10	X	-	-	-	-	-	0.	0.	0.
(14) ALEX WESTENHAVER-LORETZ (THRU 7 DIRECTOR	0.40	x						0.	0.	0.
(15) MILES ASHTON (7/5/19 THRU 12/19	0.40									
DIRECTOR		X						0.	0.	0.
(16) AMREET SANDHU (BEGINNING 12/19/	0.40									
DIRECTOR		X						0.	0.	0.
(17) DANIEL MCGEE	35.00									
MANAGING DIRECTOR				X				81,113.	0.	10,297.

932007 01-20-20

Form 990 (2019)

(A) Name and title	hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	Reportable compensation from	Reportable compensation from related	(F) Estimated amount of other		of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	mpensa from the ganizate nd relate ganizate	tion ted
												_
deg terror								01 112			10.0	0.7
b Subtotal c Total from continuation sheets to Pa d Total (add lines 1b and 1c)	art VII, Section A							81,113. 0. 81,113.	0		10,2	0
Total number of individuals (including compensation from the organization		ose	liste	d ab	ove) wh	o rec	ceived more than \$100,	000 of reportable		Yes	N
Did the organization list any former o line 1a? If "Yes," complete Schedule	for such individual									3		Х
For any individual listed on line 1a, is a and related organizations greater than Did any person listed on line 1a receive	\$150,000? If "Yes,	, " cc	mple	ete S	Sche	dule	J fo	or such individual		4		X
rendered to the organization? If "Yes. ection B. Independent Contractors	* complete Schedul	e J t	or si	ıch ı	oers	on				5		X
Complete this table for your five higher the organization. Report compensation	n for the calendar y							the organization's tax y			(C)	
Name and bus		N	ONI	3				(B) Description of s	ervices		pensatio	nc
		=										
					·							
Total number of independent contract \$100,000 of compensation from the contract states.		ot li	mite	d to		se lis	ted	above) who received m	ore than			

NATIONAL LAWYERS GUILD FTN, INC 13-3336640 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (B) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 640,413. similar amounts not included above 50,646 g Noncash contributions included in lines 1a-1f 640,413. h Total. Add lines 1a-1f Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 65,232 65,232. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a b Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7a 405,577. assets other than inventory b Less: cost or other basis 7ь 384, 323. and sales expenses 7c 21,254. c Gain or (loss) 21,254. d Net gain or (loss) 21,254. 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 11 a d All other revenue

2019.04030 NATIONAL LAWYERS GUILD FT 21162101

86,486.

726,899.

Total revenue. See instructions

e Total. Add lines 11a-11d

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 (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 909,916. 909,916. and domestic governments. See Part IV. line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 24,334. 81,112. 28,389. 28,389. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 10,297. 3,089. 3,604. 3,604. Other employee benefits 1,936. 2,259. 6,455. 10 Payroll taxes Fees for services (nonemployees): Management Legal 12,900. 12,900. Accounting Lobbying Professional fundraising services. See Part IV, line 17 20,463. 20,463. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 9,169. 19,130. 4,136. 5,825. OFFICE EXPENSE e All other expenses 76,784. 40,078. 1,060,273. 943,411. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2019)
Part X Balance Sheet

	T A	Check if Schedule O contains a response or note to	any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		239,009.	1	198,267.
	2	Savings and temporary cash investments		1,119,716.	2	799,493.
	3	Pledges and grants receivable, net	1,322,554.	3	809,005.	
	4	Accounts receivable, net		34,210.	4	18,414.
	5	Loans and other receivables from any current or fo				
		trustee, key employee, creator or founder, substant	tial contributor, or 35%			
		controlled entity or family member of any of these p	persons		5	
	6	Loans and other receivables from other disqualified	persons (as defined			
		under section 4958(f)(1)), and persons described in	section 4958(c)(3)(B)		6	
23	7	Notes and loans receivable, net	*************************************		7	
Assets	8	Inventories for sale or use			8	
₹	9	Prepaid expenses and deferred charges		1,492.	9	1,612.
	10a	Land, buildings, and equipment: cost or other		1313		
			0a			
	b	Less: accumulated depreciation	0b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11	2,020,183.	12	3,078,026.	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal I	ine 33)	4,737,164.	16	4,904,817
	17	Accounts payable and accrued expenses	***************************************	13,656.	17	12,719
	18	Grants payable	237,621.	18	423,530	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Par	t IV of Schedule D		21	
S	22	Loans and other payables to any current or former	officer, director,			
Ě		trustee, key employee, creator or founder, substan	tial contributor, or 35%			
Liabilities		controlled entity or family member of any of these	***************************************		22	
_	23	Secured mortgages and notes payable to unrelated			23	
	24	Unsecured notes and loans payable to unrelated the	nird parties		24	
	25	Other liabilities (including federal income tax, payal				
		parties, and other liabilities not included on lines 17	7-24). Complete Part X			
		of Schedule D		051 055	25	126 010
	26	Total liabilities. Add lines 17 through 25		251,277.	26	436,249
(D		Organizations that follow FASB ASC 958, check	here X			
Ce		and complete lines 27, 28, 32, and 33.		2 224 425		2 646 040
alan	27	Net assets without donor restrictions		3,094,137.	27	3,616,248
ä	28	Net assets with donor restrictions		1,391,750.	28	852,320
Š		Organizations that do not follow FASB ASC 958				
<u> </u>	2.7	and complete lines 29 through 33.				
tsc	29	Capital stock or trust principal, or current funds			29	
SSe	30	Paid-in or capital surplus, or land, building, or equip			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco		4 405 005	31	A ACO ECO
Ž	32	Total net assets or fund balances		4,485,887.	32	4,468,568
	33	Total liabilities and net assets/fund balances		4,737,164.	33	4,904,817.

Form 990 (2019)

Consolidated basis

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

c 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 on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

X

Form 990 (2019)

X

2c

3a

X Separate basis

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public

Inspection

Name of the organization

Employer identification number

		NATIO	ONAL	LAWYE	RS GUILD FTN	, INC			13-	3336640			
Pa	art I	Reason for Public C	Charity	Status (All organizations must co	mplete th	is part.) Se	e instructions.					
The	organ	ization is not a private founda											
1	\Box	A church, convention of chu						(VAVi)					
2	\Box	A school described in secti						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
3	\equiv	A hospital or a cooperative						:\					
4	=							•	Annahan I	haaaltalla aaaa			
4		A medical research organiza	ation ope	rated in cor	ijunction with a nospital	described	in sectio	n 170(b)(1)(A)(III). En	ter the r	nospitai's name,			
_		city, and state:		e									
5		An organization operated fo			lege or university owned	or operate	ed by a go	vernmental unit desci	ibed in				
		section 170(b)(1)(A)(iv). (C											
6	\square	A federal, state, or local gov	ernment	or governn	nental unit described in	section 17	70(b)(1)(A)	(v).					
7		An organization that normal	ly receive	es a substa	ntial part of its support fr	om a gove	ernmental i	unit or from the gener	al public	c described in			
		section 170(b)(1)(A)(vi). (Co	omplete l	Part II.)									
8		A community trust describe	community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9		An agricultural research org	anization	described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-gra	int colle	ge			
		or university or a non-land-g	rant colle	ege of agric	ulture (see instructions).	Enter the	name, city,	, and state of the colle	ege or				
		university:											
10	X	An organization that normal	ly receive	es: (1) more	than 33 1/3% of its sup	oort from o	contributio	ns, membership fees.	and gre	oss receipts from			
		activities related to its exem							_				
		income and unrelated busin											
		See section 509(a)(2). (Cor			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
11		An organization organized a			vely to test for public sa	fety. See	section 50	09(a)(4).					
12	\equiv	An organization organized a							he num	oses of one or			
		more publicly supported org											
		lines 12a through 12d that of							<i>j.</i> Onoo	K tilo Dox III			
а		Type I. A supporting orga		• • •					ny givin	0			
•							_			-			
		the supported organization				majority C	i the direc	tors or trustees or the	suppoi	rung			
		organization. You must c				ilaandala la		al accomingation/o\ but					
b	,	☐ Type II. A supporting orga							_				
		control or management of				ame perso	ns that col	ntrol or manage the si	anoddr	a			
		organization(s). You mus											
C	:	☐ Type III functionally inte	_						ated wil	th,			
		its supported organization											
C	1		-										
		that is not functionally into	egrated.	The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an atte	ntivenes	SS			
		requirement (see instruction	ons). Yo	u must cor	nplete Part IV, Sections	A and D,	and Part	V.					
•		Check this box if the orga	nization	received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type	AL				
		functionally integrated, or	Type III	non-functio	nally integrated supporti	ng organiz	ation.						
- 1	Ente	er the number of supported o	rganizati	ons	******			.,,,,,,,	L				
Ç		vide the following information						,					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount of monetar		vi) Amount of other			
		organization			above (see instructions))	Yes	No	support (see instruction	s) sup	port (see instructions)			
									\perp				
					E-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2								
		· · · · · · · · · · · · · · · · · · ·											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and		1				
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	•					
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support				1		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is for	the organization	's first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
-	organization, check this box and stop	here					
_	ction C. Computation of Public						
	Public support percentage for 2019 (li					14	%
	Public support percentage from 2018					15	%
16a	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies a						
t	33 1/3% support test - 2018. If the o	-					
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t	_					
k	10% -facts-and-circumstances test		•				
	more, and if the organization meets th						9
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	a box on line 13, 16	sa, 16b, 17a, or 17			
					Sch	equie A (Form 990	or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 NATIONAL LAWYERS GUILD FTN, IN Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	Siow, piodoo compi	ioto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	4238357.	1075539.	1023861.	2398422.	640,413.	9376592.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	4238357.	1075539.	1023861.	2398422.	640,413.	9376592.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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						0.
	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)					-	9376592.
		4.10045	#1.0040	/) 00/7	7.0040	7.10040	(D. T.). I
	indar year (or fiscal year beginning in)	(a) 2015 4238357.	(b) 2016 1075539.	(c) 2017 1023861.	(d) 2018 2398422.	(e) 2019 640,413.	(f) Total 9376592.
	Amounts from line 6 Gross income from interest,	4230337.	10/3333.	1023001.	2330422.	040,413.	3310332.
100	dividends, payments received on securities loans, rents, royalties, and income from similar sources	251.647.	309,526.	218,669.	115,355.	86,486.	981,683.
t	Unrelated business taxable income						, , , , , , ,
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	251,647.	309,526.	218,669.	115,355.	86,486.	981,683.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)	4490004.	1385065.	1242530.	2513777.	726,899.	10358275.
	First five years. If the Form 990 is for						
	check this box and stop here	_					>
Sec	ction C. Computation of Publi						
	Public support percentage for 2019 (I			column (fl)		15	90.52 %
	Public support percentage from 2018					16	90.86 %
	ction D. Computation of Inves			2.1.2.1.1	111111111111111111111111111111111111111		,,
	Investment income percentage for 20			ne 13. column (fl)		17	9.48 %
	Investment income percentage from					18	9.14 %
	a 33 1/3% support tests - 2019. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						▶ X
t	33 1/3% support tests - 2018. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	ind
00	line 18 is not more than 33 1/3%, che					-	
20	Private foundation. If the organization	n did not check a t	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

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

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

Yes	No
	0
	14-50
	Yes

I ai	Supporting Organizations (continued)		
44	Healtha arranization accorded a rife annual in the state of the state	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls gifter globe as together with persons described in (b) and (c)		
a	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?		
h			_
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11		_
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	100	110
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		
	controlled the organization's activities. If the organization had more than one supported organization,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.		
Sec	tion C. Type II Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).		
Sec	tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	_	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
•	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	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? If "Yes," describe in Part VI the role the organization's		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ns)	
2	Activities Test. Answer (a) and (b) below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	-	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.		
b	Did the activities described 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? If "Yes," explain in Part VI the		
	reasons for the organization's position that its supported organization(s) would have engaged in these		
	activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? Provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.		

Pai	, , , , , , , , , , , , , , , , , , , ,			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	_		Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		errones hollocum endumna teor	
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
-	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI);			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the examination's first as a non-functional	l. intervete	d Tree III arresetine area	animation (and

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedule A (Form 990 or 990-EZ) 2019

c Remainder. Subtract lines 4a and 4b from 4.

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2015

b Excess from 2016

c Excess from 2017

d Excess from 2018

e Excess from 2019

5 Remaining underdistributions for years prior to 2019, if any, Subtract lines 3g and 4a from line 2. For result greater

Excess distributions carryover to 2020. Add lines 3j

than zero, explain in Part VI. See instructions.
 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

NATIONAL LAWYERS GUILD FTN, INC

Employer identification number 13-3336640

Par	I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	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 adv	vised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for any other purpos	e conferring
Par	Conservation Easements. Complete if the organic	ganization answered "Yes" on Form 990), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by t	he organization during the tax
	year >		
4	Number of states where property subject to conservation ear		_
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing co	onservation easements during the year
	-		and the second second second
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conser	vation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial state	ements that describes the
Day	organization's accounting for conservation easements. t III Organizations Maintaining Collections o	f Art Historical Treasures or	Other Similar Assets
Pal	Ann annual in a		Other Official Addeds.
	Complete if the organization answered "Yes" on Form		t and balance sheet works
1a	If the organization elected, as permitted under FASB ASC 98		
	of art, historical treasures, or other similar assets held for pu		
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 98	is exhibition education or research in fu	urtherance of public service
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in it	artification 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 If the organization received or held works of art, historical tre	pacures or other cimilar accets for finan	
2			olai gaili, piorido
	the following amounts required to be reported under FASB /		> \$
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2019
LITIA	For Paper Work neduction Act Notice, see the instruction	10 101 1 01111 0001	

Schedule D (Form 990) 2019

(3)(4) (5) (6)(7)

(8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	>

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

Schedule D (Form 990) 2019

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

<u> 2019</u>

Open to Public Inspection

Schedule I (Form 990) (2019)

NATIONAL L	Employer identification number 13-3336640						
Part I General Information on Grants and		OIDD FIR, I	110				20 0000020
Does the organization maintain records to criteria used to award the grants or assist: Describe in Part IV the organization's proc	ance?						
Grants and Other Assistance to D recipient that received more than \$5	omestic Organi	zations and Domesti	Governments. C	omplete if the orga	nization answered "	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NATIONAL LAWYERS GUILD - LOS ANGELES CHAPTER			14,310.	0.			TO PROVIDE ASSISTANCE TO THE LOS ANGELES CHAPTER OF THE NATIONAL LAWYERS GUILD, AN ASSOCIATION
NATIONAL LAWYERS GUILD NATIONAL			317,017.	0.			TO PROVIDE ASSISTANCE TO THE NATIONAL OFFICE, WHOSE PRIMARY PURPOSE IS DEDICATED TO THE NEED FOR
WATER PROTECTOR LEGAL COLLECTIVE			521,116.	0.			TO PROVIDE ASSISTANCE TO THE WATER PROTECTOR LEGAL COLLECTIVE, AN ORGANIZATION DEDICATED TO
COMMITTEE TO SAVE MUMIA ABU-JAMAL			9,337.	0.			TO PROVIDE ASSISTANCE TO THE COMMITTEE TO SAVE MUMIA ABU-JAMAL, AN ORGANIZATION DEDICATED TO
NATIONAL LAWYERS GUILD - SAN FRANCISCO BAY AREA CHAPTER			28,200.	0.			TO PROVIDE ASSISTANCE TO THE SAN FRANCISCO CHAPTER OF THE NATIONAL LAWYERS GUILD, AN ASSOCIATION
2 Enter total number of section 501(c)(3) and	d government or	ganizations listed in th	e line 1 table				>

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	V)				
			:		
Part IV Supplemental Information. Provide the information requ	uired in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
GRANTEES ARE REQUIRED TO SUBMIT A F	REPORT EV	ERY SIX MO	ONTHS DESCR	IBING THE	
MANNER IN WHICH THE FUNDS HAVE BEEN	SPENT A	ND THE PRO	GRESS MADE	IN	
ACCOMPLISHING THE PURPOSE OF THE GE	RANT.				
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT:					
NATIONAL LAWYERS GUILD - LOS ANGELE	ES CHAPTE	R			
(H) PURPOSE OF GRANT OR ASSISTANCE:	TO PROV	IDE ASSIST	TANCE TO THE	E LOS	

ANGELES CHAPTER OF THE NATIONAL LAWYERS GUILD, AN ASSOCIATION DEDICATED

TO THE NEED FOR BASIC CHANGES IN THE STRUCTURE OF OUR POLITICAL AND

ECONOMIC SYSTEM.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL LAWYERS GUILD NATIONAL OFFICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ASSISTANCE TO THE

NATIONAL OFFICE, WHOSE PRIMARY PURPOSE IS DEDICATED TO THE NEED FOR BASIC

CHANGE IN THE STRUCTURE OF OUR POLITICAL AND ECONOMIC SYSTEM.

NAME OF ORGANIZATION OR GOVERNMENT: WATER PROTECTOR LEGAL COLLECTIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ASSISTANCE TO THE WATER

PROTECTOR LEGAL COLLECTIVE, AN ORGANIZATION DEDICATED TO PROVIDING LEGAL

AID TO THOSE AT THE CEREMONIAL RESISTANCE CAMPS AT STANDING ROCK, NORTH

DAKOTA.

NAME OF ORGANIZATION OR GOVERNMENT: COMMITTEE TO SAVE MUMIA ABU-JAMAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ASSISTANCE TO THE

COMMITTEE TO SAVE MUMIA ABU-JAMAL, AN ORGANIZATION DEDICATED TO THE LEGAL

DEFENSE OF MUMIA ABU-JAMAL

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL LAWYERS GUILD - SAN FRANCISCO BAY AREA CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ASSISTANCE TO THE SAN

FRANCISCO CHAPTER OF THE NATIONAL LAWYERS GUILD, AN ASSOCIATION DEDICATED

TO THE NEED FOR BASIC CHANGES IN THE STRUCTURE OF OUR POLITICAL AND

ECONOMIC SYSTEM.

Schedule I (Form 990)

SCHEDULE M (Form 990)

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Noncash Contributions

Attach to Form 990.

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

Inspection Employer identification number

n-	NATIONAL LAW	YERS G	UILD FTN,	INC	13-33	3664	0	
Pai	Types of Property	(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of dete noncash contributi		nts	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	12	50,646.	FAIR MARKET	VALU	E	
0	Securities - Closely held stock							
1	Securities - Partnership, LLC, or							
	trust interests							
2	Securities · Miscellaneous							
3	Qualified conservation contribution -							
	Historic structures							
4	Qualified conservation contribution - Other							
5	Real estate - Residential							
6	Real estate - Commercial							
7	Real estate - Other							
В	Collectibles							
9	Food inventory							
0	Drugs and medical supplies							
1	Taxidermy							
2	Historical artifacts							
3	Scientific specimens							
4	Archeological artifacts							
5	Other ()							
6	Other • ()							
7	Other ()							
8	Other ()							
9	Number of Forms 8283 received by the organ	ization durin	n the tax year for c	ontributions				
	for which the organization completed Form 82							
	To the discontinuous and the second s	, ,		,		Ye	s N	
Ωa	During the year, did the organization receive to	ov contribution	on any property rec	orted in Part I, lines 1 through	sh 28, that it			
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period	-				30a	X	
h	If "Yes," describe the arrangement in Part II.	''						
1	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							
	Does the organization hire or use third parties						2	
ed						32a	2	
h	contributions? If "Yes," describe in Part II.		***************************************					
и 13	If the organization didn't report an amount in	column (c) fo	or a type of propert	v for which column (a) is che	cked.			
3	describe in Part II.	Column (c) IC	a type of propert	, i.e. willon column tay is one	wi)			
HA		the Instru	tions for Form 00	2	Schedule M	/Earm 0	20/ 20	

Schedule M	(Form 990) 2019	NATIONAL	LAWYERS	GUILD	FTN,	INC	13-3336640	Page 2
Part II	(Form 990) 2019 Supplementa is reporting in Pa this part for any a	I Information.	Provide the info	rmation requ	uired by F	Part I, lines 30b.	32b, and 33, and whether the organization of both. Also completes	on
			,					
-								
		-						
								·····

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Attach to Form 990 or 990-EZ.

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

2019 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NATIONAL LAWYERS GUILD FTN, INC

Employer identification number 13-3336640

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

WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT, AND IS READY

TO BE FILED WITH THE INTERNAL REVENUE SERVICE, A COPY OF THE FORM 990 IS

PROVIDED TO ALL BOARD MEMBERS FOR REVIEW AND COMMENT PRIOR TO SUBMISSION.

ALL QUESTIONS AND COMMENTS ARE ADDRESSED UNTIL THE RETURN IS FINALIZED AND

APPROVED FOR FILING.

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

THE CONFLICT OF INTEREST POLICY SHALL REQUIRE THAT PRIOR TO THE INITIAL ELECTION OF ANY DIRECTOR, AND ANUALLY THEREAFTER, SUCH DIRECTOR COMPLETE SIGN AND SUBMIT TO THE SECRETARY OF NATIONAL LAWYERS GUILD FTN, INC A WRITTEN STATEMENT IDENTIFYING, TO THE BEST OF THE DIRECTOR'S KNOWLEDGE, ENTITY OF WHICH SUCH DIRECTOR IS AN OFFICER, DIRECTOR, TRUSTEE, MEMBER OWNER (EITHER AS A SOLE PROPRIETOR OR A PARTNER), OR EMPLOYEE AND WITH WHICH NATIONAL LAWYERS GUILD FTN, INC HAS A RELATIONSHIP, AND ANY TRANSACTION IN WHICH NATIONAL LAWYERS GUILD FTN, INC IS A PARTICIPANT AND IN WHICH THE DIRECTOR MIGHT HAVE A CONFLICTING INTEREST. THE SECRETARY OF INC SHALL PROVIDE A COPY OF ALL COMPLETED NATIONAL LAWYERS GUILD FTN, STATEMENTS TO THE CHAIR OF THE AUDIT COMMITTEE OR, IF THERE IS NO AUDIT TO THE CHAIR OF THE BOARD. COMMITTEE,

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

THE SALARY OF THE MANAGING DIRECTOR WAS REVIEWED AND APPROVED BY A
COMMITTEE OF THE BOARD AFTER RESEARCHING THE SALARIES OF COMPARABLE

POSITIONS IN OTHER ORGANIZATIONS. WRITTEN SUBSTANTIATION OF DELIBERATION

AND THE DECISION RELATED TO THIS PROCESS IS MAINTAINED BY THE ORGANIZATION.

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

Schedule O (Form 990 or 990-EZ) (2019)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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 for the latest information.

OMB No. 1545-0047

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-pon-profits.

Tiling of tr	nis form, visit www.irs.gov/e-file-providers/e-file-for-chari	ties-and-n	on-profits.						
Automa	atic 6-Month Extension of Time. Only subm	nit origina	al (no copies needed).						
	rations required to file an income tax return other than Fo			s, REMICs	, and trusts				
must use	Form 7004 to request an extension of time to file income	e tax retur	ns.						
Type or	Name of exempt organization or other filer, see instruc	Taxpayer	axpayer identification number (TIN)						
print	NAMIONAL LAUVEDO CULLO EMN								
File by the	NATIONAL LAWYERS GUILD FTN, Number, street, and room or suite no. If a P.O. box, so		13-333	6640					
due date for filing your	132 NASSAU STREET, NO. 922	ee ii isti uci	dons.						
return. See instructions.	City, town or post office, state, and ZIP code. For a follow YORK, NY 10038	oreign add	ress, see instructions.						
Enter the	Return Code for the return that this application is for (file	a separa	te application for each return)			0 1			
Applicati	on	Return				Return			
ls For		Code	Is For			Code			
	or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990		02	Form 1041-A			08			
	(individual)	03	Form 4720 (other than individual)		09				
Form 990		04	Form 5227	10					
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
orm 990	-T (trust other than above) NATIONAL LAWYER	06	Form 8870	-		12			
Teleph	ooks are in the care of ▶ 132 NASSAU ST Strone No. ▶ 212-679-5100 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box ▶	in the Un Group Exe	Fax No. ited States, check this box	f this is fo	r the whole gr	oup, check this			
the ▶[▶[I request an automatic 6-month extension of time until								
	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.								
	nis application is for Forms 990-PF, 990-T, 4720, or 6069			0.					
	imated tax payments made. Include any prior year overp	3b	\$	0					
	ance due. Subtract line 3b from line 3a. Include your pa								
usii	ng EFTPS (Electronic Federal Tax Payment System). See	Зс	\$	0					
Caution: nstructio	If you are going to make an electronic funds withdrawal ns.	(direct del	bit) with this Form 8868, see Form 84	453-EO an	d Form 8879-	EO for payment			
LUA E	or Privacy Act and Panerwork Reduction Act Notice	see instr	ections		Form 85	368 (Rev. 1-202)			

923841 12-30-19