**PUBLIC DISPL	AY COPY**

Form **990** 

Т

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

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

OMB No. 1545-0047

		of the Treasury enue Service Go to www.irs.gov/Form990 for instructions and the late	st information.	Inspection
AF	or th	e 2022 calendar year, or tax year beginning $ { m JUL}1,2022 $ and ending	JUN 30, 2023	
B C	heck if pplicab	le: <b>C</b> Name of organization	D Employer identificat	ion number
	Addre	NEIGHBORHOOD CHRISTIAN LEGAL CLINIC, INC		
	 Name		35-1916572	
	Initial			
	Final return		317-429-41	31
	termii ated	<sup>n-</sup> City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	1,502,218.
	Amen	INDIANAPOLIS, IN 46208	H(a) Is this a group retur	n
	Applie dition	F Name and address of principal officer: EKIN HALL	for subordinates?	Yes X No
	pendi	SAME AS C ABOVE	H(b) Are all subordinates includ	ed? Yes No
ΙT	ax-ex	xempt status: 🗴 501(c)(3) 🗌 501(c) ( ) (insert no.) 🗌 4947(a)(1) or 🦳	527 If "No," attach a list	. See instructions
	Vebsi		H(c) Group exemption n	
			Year of formation: 1994  M S	tate of legal domicile: IN
Pa	art I	Summary		
e	1	Briefly describe the organization's mission or most significant activities: TO PROMC		
Governance		REPRESENTATION AND EDUCATION FOR OUR LOW INCO		
erné	2	Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net assets	
jov.	3			11
	4	Number of independent voting members of the governing body (Part VI, line 1b)		11
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		45
Activities &	6	Total number of volunteers (estimate if necessary)		<u> </u>
Aci		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	a	Net unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	2,312,184.	1,374,496.
Revenue	9		22,499.	77,463.
ver	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,312.	34,897.
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-17,335.	-35,478.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,328,660.	1,451,378.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
6	46	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,845,581.	1,737,458.
)se:	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 278,038.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	451,841.	504,044.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,297,422.	2,241,502.
	19	Revenue less expenses. Subtract line 18 from line 12	31,238.	-790,124.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	2,828,966.	2,106,636.
t As: d Bé	21	Total liabilities (Part X, line 26)	73,973.	140,756.
Eun	22	Net assets or fund balances. Subtract line 21 from line 20	2,754,993.	1,965,880.
Pa	nrt II			
Unde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my kn	owledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date			
-	ERIN HALL, EXECUTIVE DIRE	CTOR					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	D	ate Check	] PTIN		
Paid	CORY SCHUNEMANN, CPA	CORY SCHUNEM	ANN, CPA 0	2/05/24 self-employed	P01866583		
Preparer	Firm's name BLUE & CO., LLC			Firm's EIN 35	-1178661		
Use Only	Firm's address 12800 N. MERIDIAN	ST, STE 400					
	CARMEL, IN 46032			Phone no. 317	-848-8920		
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes No		
232001 12-13	2001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROMOTE JUSTICE THROUGH LEGAL REPRESENTATION AND EDUCATION FOR OUR
	LOW INCOME NEIGHBORS AS A WAY OF DEMONSTRATING CHRIST'S LOVE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,529,141. including grants of \$) (Revenue \$ 80,364.
	THE NEIGHBORHOOD CHRISTIAN LEGAL CLINIC PROVIDES A VARIETY OF FREE CIVIL LEGAL SERVICES TO MARGINALIZED INDIVIDUALS ACROSS INDIANA. THE
	CLINIC HAD THE FOLLOWING SELECTED ACCOMPLISHMENTS IN 2022:
	*HOUSING AND CONSUMER JUSTICE PROGRAM (SERVING THE LEGAL NEEDS OF
	PEOPLE IN HOUSING INSTABILITY AND FINANCIAL DISTRESS)
	*IMMIGRANT JUSTICE PROGRAM (SERVING THE LEGAL NEEDS OF REFUGEES,
	ASYLEES, AND OTHER IMMIGRANTS)
	*SURVIOR JUSTICE PROGRAM (SERVING THE LEGAL NEEDS OF VICTIMS OF
	DOMESTIC VIOLENCE, SEXUAL ASSUALT, AND HUMAN TRAFFICKING) *THE CLINIC'S OTHER PROGRAMS INCLUDE PROJECT GRACE (HELPING TO REMOVE
	BARRIERS TO SUCCESSFUL RE-ENTRY FOR EX-OFFENDERS) AND LOW-INCOME
	TAXPAYER CLINIC (SERVING THE LEGAL NEEDS OF PEOPLE WITH TAX-RELATED
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4c	Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$) (Revenue \$
4c 4d	

Form 990 (2022)		 LEGAL	CLINIC,	INC	35-1916572	Р	age 3
Part IV Checkli	ist of Required Schedules						

_	· ·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		100	
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
-1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444	х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		_ <u>_</u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>		- 23	
120		12a	х	
h	Schedule D, Parts XI and XII	120		
<sup>D</sup>		12b		x
13	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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			ł
	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			1
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b> </b>
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	0000	X
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 Part IV
 Checklist of Required Schedules (continued)
 Continued)
 Continued
 Continued

	(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	23		x	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		- 23	_
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a	24a		x	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	24c			_
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X	_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	25b		X	_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x	
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23	_
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x	
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,				
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV	28a		X	_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X	_
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV	28c		X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
24	contributions? If "Yes," complete Schedule M	<u>30</u> 31		X	
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31			
32	Schedule N, Part II	32		x	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02			-
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	07		<del>.</del>	
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X	_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	х		
Par		30	23		
	Check if Schedule O contains a response or note to any line in this Part V				]
			Yes	No	-
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 14				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1c	X		
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	<b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 45	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C	)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	thority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?	-	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
~	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servi	ces provided to the never?	7a	х	
b			7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		10		
С	to file Form 8282?	•	7c		x
A		7d	10		
d			7.		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f	N/	
g	If the organization received a contribution of qualified intellectual property, did the organization file Forn		7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizati		7h	11/	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b	- NT / 7			
-	sponsoring organization have excess business holdings at any time during the year?	N/A	8		
9	Sponsoring organizations maintaining donor advised funds.	<b>NT / 7</b>			
а	Did the sponsoring organization make any taxable distributions under section 4966?	37 / 3	9a		<u> </u>
b		N/A	9b		
10	Section 501(c)(7) organizations. Enter:	1			
		10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	1			
а	Gross income from members or shareholders N/A	11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
		13b			
с		13c			
			14a		X
			14b		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera				
10			15		x
	excess parachute payment(s) during the year?		15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	20000	40		v
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment i	ncome?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any acti				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	N/A	17		
	If "Yes," complete Form 6069.			0000	
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

4		11	Yes	No
ia	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b>			
L	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent <b>1b</b>	11		
b	<b>3</b>	<u></u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			x
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	. 2		
3				x
				X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
1a	many membrane of the answer in a band O	70		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	. <u>7a</u>		
D		76		x
•	persons other than the governing body?	. <u>7b</u>		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	х	
a h	The governing body?		X	
b	Each committee with authority to act on behalf of the governing body?	<b>8b</b>	^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	. 9		x
Sor	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Var	N
10-	Did the examination have level chapters, branches, as efficience	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		<u> </u> ^
a	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		
44	· · · · · · · · · · · · · · · · · · ·		Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Λ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		X	
b		120	Δ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	х	
40	on Schedule O how this was done	10	X	
13	Did the organization have a written whistleblower policy?		X	
14 15	Did the organization have a written document retention and destruction policy?	14	л	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-	The energiastical of C. Even dive Director, and an approximate finite	15a	х	
			X	
U	Other officers or key employees of the organization	. <b>15b</b>		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16-	Did the organization invest in contribute assets to or participate in a joint venture or similar arrangement with a			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	160		x
	taxable entity during the year?	. <b>16a</b>		X
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	. <u>16a</u>		X
	taxable entity during the year? 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			X
b	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	. <u>16a</u>		X
b Sec	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure			X
b Sec 17	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed IN	. 16b	availa	
b Sec 17	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>IN</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c))	. 16b	availa	
b Sec 17	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed <u>IN</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) for public inspection. Indicate how you made these available. Check all that apply.	. 16b	availa	
b Sec 17 18	taxable entity during the year?         If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?         tion C. Disclosure         List the states with which a copy of this Form 990 is required to be filed         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) for public inspection. Indicate how you made these available. Check all that apply.         X       Own website Another's website Upon request Other (explain on Schedule O)	<b>16b</b> (3)s only)		
b Sec 17 18	taxable entity during the year?         If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?         tion C. Disclosure         List the states with which a copy of this Form 990 is required to be filed	<b>16b</b> (3)s only)		
b Sec 17 18 19	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed <u>IN</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)) for public inspection. Indicate how you made these available. Check all that apply. X 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, statements available to the public during the tax year.	<b>16b</b> (3)s only)		
b Sec 17 18 19	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed <u>IN</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other ( <i>explain on Schedule O</i> ) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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	<b>16b</b> (3)s only)		
b Sec 17 18 19	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed IN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) for public inspection. Indicate how you made these available. Check all that apply.  X 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, 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 THE ORGANIZATION - 317-429-4138	<b>16b</b> (3)s only)		ble
b <u>Sec</u> 17 18 19 20	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed <u>IN</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other ( <i>explain on Schedule O</i> ) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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	<b>16b</b> (3)s only) and financ		ble

Form 990 (202		Page /
Part VII Co	ompensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
Er	mployees, and Independent Contractors	
Ch	neck if Schedule O contains a response or note to any line in this Part VII	
Section A. O	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one box, unless person is both an C		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week	box, unless person is both an officer and a director/trustee)		from	from related	other				
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	-	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) ERIN HALL	40.00									
EXECUTIVE DIRECTOR				х				56,011.	Ο.	5,662.
(2) DEREK JOHNSON	1.00									
TREASURER		Х		Х				0.	0.	0.
(3) TARYN STONE	1.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(4) JACQUELINE PIMENTEL-GANNON	1.00									
CHAIR		Х		Х				0.	0.	0.
(5) MORGAN DECKER	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) RUSSELL BROWN	1.00									
MEMBER		Х						0.	0.	0.
(7) CHAYA CASSELL	1.00									
MEMBER		х						0.	0.	0.
(8) KENDALL MILLARD	1.00									
MEMBER	1	Х						0.	0.	0.
(9) LORI TORRES	1.00									•
MEMBER	1 00	Х						0.	0.	0.
(10) PATRICK W. THOMAS	1.00								0	0
MEMBER	1 00	Х						0.	0.	0.
(11) FATIMA JOHNSON	1.00								0	0
MEMBER	1 0 0	X						0.	0.	0.
(12) CAROL HARTMAN	1.00	37						•	0	0
MEMBER		X						0.	0.	0.
		1								
000007 10 10 00	1							1		Earm <b>990</b> (2022)

232007 12-13-22

Form 990 (2022)

# 09000205 310879 17584000

2022.05040 NEIGHBORHOOD CHRISTIAN LE 17584001

	990 (2022) NEIGHBORH	100D CHR	IS	TI	AN	L	EG.	AL	CLINIC, INC	2 35-19	16	572	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)				
	(A)	(B)			(C				(D)	(E)			(F)	
	Name and title	Average	(do		Posi		l than o	ne	Reportable	Reportable		Es	timate	ed
		hours per	box,	, unles	s per	son is	s both	an	compensation	compensatio	n	an	nount	of
		week		cer an	d a dii	recto	r/trust	ee)	from	from related			other	
		(list any	rector						the	organizations			pensa	
		hours for related	or di	ee e			ated		organization	(W-2/1099-MIS	C/		om th	
		organizations	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)		•	anizat	
		below	ual tr	ional		ploye	t com		1099-NEC)			and related organizations		
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	ighes nploy	Drmei				orga	anzan	0115
		nours for related     at participation     at participation     (W-2/109 (W-2/1099-MISC/ 1099-NEC)       organizations     use     at participation     (W-2/109 (W-2/1099-MISC/ 1099-NEC)       below     use     at participation     (W-2/109 (W-2/1099-MISC/ 1099-NEC)       inne)     use     at participation     (W-2/1099-MISC/ 1099-NEC)												
											-+			
	<u></u>								56,011.		0.		5 6	62
	Subtotal												5,0	62.
	Total from continuation sheets to Part VI								0.		0.			
d	Total (add lines 1b and 1c)								56,011.		0.		5,0	62.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) who	o re	ceived more than \$100,	000 of reportable				~
	compensation from the organization												1	0
											r		Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	ey e	mplo	oyee	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for se	uch individual										3		Х
4	For any individual listed on line 1a, is the su	m of reportable	e co	mpe	nsat	tion	and	oth	er compensation from t	he organization				
	and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	J fo	or such individual			4		Х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ch p	bers	on .					5		Х
Sec	tion B. Independent Contractors				·									
1	Complete this table for your five highest co	mpensated ind	epe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	tion fro	m	
	the organization. Report compensation for t	•	•							•				
	(A)	j			5							(0	;)	
	Name and business	address	NC	ONE	3				Description of s	ervices	С	ompe		n
								+						
								-+						
								$\dashv$						
2	Total number of independent contractors (in		ot lin	nited	l to t	-		ted	above) who received me	ore than				
	\$100,000 of compensation from the organiz	zation				0	)						000	

Form **990** (2022)

232008 12-13-22

			NEIGHBORHOOD	CHRISTIAN	N LEGAL CLI	INIC, INC	35-1916	572 Page <b>9</b>
Pa	rt V	111						
			Check if Schedule O contains a response of	or note to any lin		(B)	(C)	
					<b>(A)</b> Total revenue	Related or exempt	Unrelated	(D) Revenue excluded
					i otal i ovondo		business revenue	from tax under
								sections 512 - 514
nts	1		Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b	<b>FO</b> 204				
An (			Fundraising events 1c	78,384.				
lar Bit			Related organizations 1d	<b>F</b> OO COA				
si ini				723,634.				
er S		f	All other contributions, gifts, grants, and					
-ibu				572,478.				
dut		g	Noncash contributions included in lines 1a-1f	16,835.				
<u>о</u> е		h	Total. Add lines 1a-1f		1,374,496.			
				Business Code				
e	2	а	PROGRAM SERVICE FEES	541100	77,463.	77,463.		
e či		b						
Senu		с						
e Me		d						
Program Service Revenue		е						
Ъ	.	f	All other program service revenue					
		g	Total. Add lines 2a-2f		77,463.			
	3		Investment income (including dividends, intere					
			other similar amounts)		34,897.			34,897.
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
e			and sales expenses <b>7b</b>					
venue		с	Gain or (loss) 7c					
			Net gain or (loss)					
Other Re			Gross income from fundraising events (not					
đ	_		including \$ 78,384. of					
•			contributions reported on line 1c). See					
				12,461.				
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events		-38,379.			-38,379.
			Gross income from gaming activities. See					
			Part IV, line 19					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	•				
	10 a Gross sales of inventory, less returns		-					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory	•				
		-		Business Code				
SUC	11	а	MISCELLANEOUS REVENUE	900099	2,901.	2,901.		
nec		b			,	,		
ella		č						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d		2,901.			
	12	-	Total revenue. See instructions		1,451,378.	80,364.	0.	-3,482.
23200	9 12-	13-:			•	-		Form <b>990</b> (2022)

2022.05040 NEIGHBORHOOD CHRISTIAN LE 17584001

ctic	on 501(c)(3) and 501(c)(4) organizations must compl			nplete column (A).	
	Check if Schedule O contains a respons	e or note to any line in t			L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance to domestic organizations				
	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,	110 110		1 - 000	10.01
	trustees, and key employees	110,110.	80,398.	17,398.	12,31
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 404 000	1 001 500		1
	Other salaries and wages	1,494,899.	1,091,523.	236,209.	167,16
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		4 - 4 - 4		
	Other employee benefits	23,302.	17,014.	3,682.	2,60
	Payroll taxes	109,147.	79,695.	17,246.	12,20
	Fees for services (nonemployees):				
	Management				
b	Legal				
C	Accounting	19,530.		19,530.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	195,552.	72,250.	73,589.	49,71
	Advertising and promotion	3,193.			3,19
	Office expenses	58,572.	28,290.	22,891.	7,39
	Information technology	74,628.	43,772.	26,798.	4,05
	Royalties				
	Occupancy	104,249.	81,056.	12,026.	11,16
	Travel	5,076.	4,211.	489.	37
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	5,760.	5,730.		3
	Interest				
	Payments to affiliates		-		
	Depreciation, depletion, and amortization	12,285.	8,108.		4,17
	Insurance	18,847.	13,760.	2,637.	2,45
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	MEMBERSHIP DUES	4,739.	3,334.	360.	1,04
	APPRECIATION	1,613.		1,468.	14
0					
d					
	All other expenses	0.044.500	1 500 111	404 000	050.00
	Total functional expenses. Add lines 1 through 24e	2,241,502.	1,529,141.	434,323.	278,03
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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232010 12-13-22

# 09000205 310879 17584000

Form **990** (2022)

09000205 310879 17584000

NEIGHBORHOOD CHRISTIAN LEGAL LINIC, INC

		Check if Schedule O contains a response or not	e to anv	line in this Part X			
			<u> </u>		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,952,776.	1	746,999.
	2	Savings and temporary cash investments			0.	2	812,097.
	3	Pledges and grants receivable, net			713,094.	3	330,872.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualit	ied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	l in secti	ion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			75,377.	9	62,521.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	353,994.			
	b	Less: accumulated depreciation		320,508.	45,771.	10c	33,486.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		44 040	14	100.551	
	15	Other assets. See Part IV, line 11		······  -	41,948.	15	120,661.
	16	Total assets. Add lines 1 through 15 (must equa			2,828,966.	16	2,106,636.
	17	Accounts payable and accrued expenses			73,973.	17	63,054.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst				22	
Lial	23	controlled entity or family member of any of thes Secured mortgages and notes payable to unrela				22	
	23 24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		23 24	
	25	Other liabilities (including federal income tax, pa		Г		27	
	25	parties, and other liabilities not included on lines					
					0.	25	77,702.
	26	Total liabilities. Add lines 17 through 25			73,973.	26	140,756.
		Organizations that follow FASB ASC 958, che	ck here	X			
se		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			1,714,773.	27	1,301,728.
Bal	28	Net assets with donor restrictions			1,040,220.	28	664,152.
pu		Organizations that do not follow FASB ASC 9					
Ъ		and complete lines 29 through 33.					
s	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or ec	uipmen	t fund		30	
t As	31	Retained earnings, endowment, accumulated in				31	
Nei	32	Total net assets or fund balances		2,754,993.	32	1,965,880.	
	33	Total liabilities and net assets/fund balances	<u></u>		2,828,966.	33	2,106,636.

Form 990 (2022)

CI	ιTN	TC	TNC	

35-1916572 Page 11

Form	n 990 (2022) NEIGHBORHOOD CHRISTIAN LEGAL CLINIC, INC	35-191	L6572	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,45		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,243		
3	Revenue less expenses. Subtract line 2 from line 1	3	-790	-	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,754	<u>1,99</u>	<u>93.</u>
5	Net unrealized gains (losses) on investments	5		L,01	11.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,96	5,88	30.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

232012 12-13-22

(Form 99	of the Treasury	Co	omplete if the organ 494 At	ublic Charity Status and Public Support plete 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. to to www.irs.gov/Form990 for instructions and the latest information.									
Name of	the organizati						TNO		identification number				
Part I	Reason			HRISTIAN LEGA (All organizations must c					5-1916572				
				For lines 1 through 12, cl				0.					
1 2 3 4	A church, cor A school des A hospital or	nvention of ch cribed in <b>sect</b> a cooperative earch organiz	urches, or associatio ion 170(b)(1)(A)(ii). ( hospital service orga	n of churches described Attach Schedule E (Form anization described in <b>se</b> njunction with a hospital	l in <b>sectio</b> n 990).) <b>ection 170</b>	on 170(b)(1 )(b)(1)(A)(ii	i).	<b>)(iii).</b> Enter	the hospital's name,				
5													
6				aantal unit daaaribad in	contion 1	70/6//4//4/	6.0						
7 X		-	-	nental unit described in a ntial part of its support fr				ne deneral r	ublic described in				
• []	•		omplete Part II.)		oni a gove			io general j					
8	-			(1)(A)(vi). (Complete Par	t II.)								
9													
10	,	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from				
	•			t to certain exceptions; a				-	•				
	income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	fter June 30, 1975.				
	See section	509(a)(2). (Co	mplete Part III.)										
11	An organizati	on organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	)9(a)(4).						
12	An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or				
	more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). (	Check the box on				
	lines 12a thro	ugh 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.					
а	<b>Type I.</b> A su	upporting orga	anization operated, s	upervised, or controlled	by its supp	corted org	anization(s), ty	pically by	giving				
	the support	ed organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting				
	organizatio	n. You must c	complete Part IV, Se	ections A and B.									
b	<b>Type II.</b> A s	upporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ring				
	control or n	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported				
	organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.									
c	_ Type III fur	ctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,				
_		•	. , . ,	). You must complete I									
d		-	•	oorting organization oper				•	. ,				
				ation generally must sat				an attentiv	veness				
	- ·		,	nplete Part IV, Sections									
e	_	0		written determination from			Туре I, Туре	II, Type III					
	-	-		nally integrated supporting					[]				
	er the number (	• •	•										
	(i) Name of suppo		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount of	monetary	(vi) Amount of other				
	organization			(described on lines 1-10	in your governi Yes	No	support (see ir	structions)	support (see instructions)				
				above (see instructions))									
									<u> </u>				

#### NEIGHBORHOOD CHRISTIAN LEGAL CLINIC, INC 35-1916572 Page 2 Schedule A (Form 990) 2022 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.)

260	Section A. Public Support												
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total						
1	Gifts, grants, contributions, and												
	membership fees received. (Do not												
	include any "unusual grants.")	1476456.	1852994.	2971955.	2312184.	1374496.	9988085.						
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	1476456.	1852994.	2971955.	2312184.	1374496.	0000005						
	Total. Add lines 1 through 3	14/0450.	1052994.	29/1955.	2312104.	13/4490.	9988085.						
5	The portion of total contributions												
	by each person (other than a												
	governmental unit or publicly												
	supported organization) included on line 1 that exceeds 2% of the												
	amount shown on line 11,												
	column (f)						1100086.						
6	Public support. Subtract line 5 from line 4.						8887999.						
	Section B. Total Support												
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total						
	Amounts from line 4	1476456.	1852994.	2971955.	2312184.	1374496.	9988085.						
	Gross income from interest,		10010010			10,11900							
Ŭ	dividends, payments received on												
	securities loans, rents, royalties,												
	and income from similar sources	19,880.	21,933.	12,016.	11,312.	34,897.	100,038.						
9	Net income from unrelated business			,•_=•									
Ũ	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.)	15,938.	41,069.	40,650.	2,438.	2,901.	102,996.						
11	Total support. Add lines 7 through 10						10191119.						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 1	,292,933.						
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)							
	organization, check this box and stop	ohere											
Sec	ction C. Computation of Publi	ic Support Per	centage										
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	87.21 %						
	Public support percentage from 2021					15	87.30 %						
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this bo							
	stop here. The organization qualifies		-										
b	<b>33 1/3% support test - 2021.</b> If the o												
4-	and <b>stop here.</b> The organization qual												
17a	10% -facts-and-circumstances test	-											
	and if the organization meets the fact			-		-							
	meets the facts-and-circumstances te	-		• • • •	-								
b	10% -facts-and-circumstances test	0					10% or						
	more, and if the organization meets the												
10	organization meets the facts-and-circu <b>Private foundation</b> If the organization		•										
18	Private foundation. If the organization	T UIU HOL CHECK A		a, 100, 178, 01 170	, oneok this box a		Form 990) 2022						
						Scheuule A	(1 0111 330) 2022						

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#### NEIGHBORHOOD CHRISTIAN LEGAL CLINIC, INC 35-1916572 Page 3 Schedule A (Form 990) 2022 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				-		
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
		(-) 0010	(1-) 0010	(=) 0000	(4) 0001	(-) 000	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
	Amounts from line 6						
104	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
Ľ	(less section 511 taxes) from businesses						
	and wind offer lune 20 107E						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	Le organization's fi	rst second third	fourth or fifth tax	vear as a section 5	01(c)(3) org	anization
••	•	0					
Se	ction C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2022 (I	line 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)22</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2022. If the					3 1/3%, and	l line 17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	tion	
k	<b>33 1/3% support tests - 2021.</b> If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1	1/3%, and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	op here. The orga	nization qualifies	as a publicly suppo	orted organiz	zation
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	tructions .	
2320	23 12-09-22					Sche	edule A (Form 990) 2022

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<sup>16</sup> 2022.05040 NEIGHBORHOOD CHRISTIAN LE 17584001

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

17

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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

# Schedule A (Form 990) 2022 NEIGHBORHOOD CHRISTIAN LEGAL CLINIC, INC 35-1916572 Page 5

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described o	n lines 11b and		
	11c below, the governing body of a supported organization?	11a		
b	<b>b</b> A family member of a person described on line 11a above?	11b		
с	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a,	11b, or 11c, provide		
	detail in Part VI.	11c		
Sec	Section B. Type I Supporting Organizations			
			Yes	No

1	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			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised or controlled the supporting organization	2		

|--|

			Yes
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)	1	

Section D. All T	ype III Supporting	Organizations

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

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

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a 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.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions)	
---	--	---	--	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 

Yes No

No

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# 2022.05040 NEIGHBORHOOD CHRISTIAN LE 17584001

Sche	dule A (Form 990) 2022 NEIGHBORHOOD CHRISTIAN			5-1916572 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	n Nov. 20, 1970 ( <i>explain in</i> <b>F</b>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections 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			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
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 organization's first as a non-functional	ly integra	ted Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2022

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# NEIGHBORHOOD CHRISTIAN LEGAL CLINIC, INC 35-1916572 Page 7

		CHRISTIAN LEGAL			5-1916572 Page 7
Par		a)(3) Supporting Orga	nizations <sub>(continu</sub>	ued)	1
Sect	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2020				
	Excess from 2022				
6					

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	NEIGHBORHOOD	CHRISTIAN	LEGAL CLINIC	, INC 35-1916572 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide the exp , 2, 3b, 3c, 4b, 4c, 5a, 6, 9	planations required by a, 9b, 9c, 11a, 11b, ar tion E, lines 1c, 2a, 2b	Part II, line 10; Part II, lin nd 11c; Part IV, Section E o, 3a, and 3b; Part V, line	e 17a or 17b; Part III, line 12; 3, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,
232028 12-09-2	2		21		Schedule A (Form 990) 2022

Department of the Treasury

# **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.



Internal Revenue Service Name of the organization

Employer identification number 35-1916572

	NEIGHBORHOOD CHRIS			35-1916572		
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other S	imilar Funds or Ac	counts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.				
		(a) Donor advise	d funds	(b) Funds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in		ld in donor advised fund	ds		
	are the organization's property, subject to the organization's	exclusive legal control?				
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	nt funds can be used o	nly		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for an	y other purpose conferr	ing		
	impermissible private benefit?			Yes No		
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes	s" on Form 990, Part IV,	, line 7.		
1	Purpose(s) of conservation easements held by the organizati					
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a histo	prically important land area		
	Protection of natural habitat		Preservation of a cert	ified historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribu	ition in the form of a co	nservation easement on the last		
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
b	<b>-</b>			2b		
с	Number of conservation easements on a certified historic str			2c		
d	Number of conservation easements included in (c) acquired a					
		· · · ·		2d		
3	Number of conservation easements modified, transferred, rel			ization during the tax		
	year	, <b>3</b> ,	, ,	5		
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per		ion, handling of			
-	violations, and enforcement of the conservation easements in			Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,					
		C ,	0	<b>G</b> <i>y</i>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and ent	orcing conservation ea	sements during the year		
		•	C C	<b>C</b> <i>y</i>		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirement	s of section 170(h)(4)(B)	(i)		
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservati					
	balance sheet, and include, if applicable, the text of the footr					
	organization's accounting for conservation easements.					
Pa		f Art, Historical Trea	asures, or Other S	imilar Assets.		
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95		nue statement and bala	ance sheet works		
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public					
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	<ul> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of</li> </ul>					
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			2		
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre	asures or other similar as				
2	-			provide		
~	the following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1	-		¢		
a b	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instruction	5 IUI FUI II 990.		Schedule D (Form 990) 2022		
23205	09-01-22	28				

2022.05040 NEIGHBORHOOD CHRISTIAN LE 17584001

Partial       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets			RHOOD CHRIS					35-19			age <b>2</b>
collection ferms (check all that apply): <ul> <li>Collection ferms (check all that apply):</li> <li>Scholarly research</li> <li>Other</li></ul>		•							(contii	nued)	
b       Scholarly research       e       Other         c       Prevention for future generations       Provide a description of the organization solicit or receive donations of art, historical treatures, or other similar assets       to be solid treate under starte than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or         Part IV       Escrow and Custocial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or         1a       Is the organization angent, trustee, custodian or other intermediaty for contributions or other assets not included on Form 900, Part X, line 21.       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       1a       Amount         c       Beginning balance       It at the organization and under the year       1a       It at the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account libity?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII       Yes       No         Det the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account libity?       Yes       No         Det the organization include an amount on Form 990, Part X, line 10.       Part VIII Endowment Funds Check here If the explanation has been provided on Part XIII       Poremark IVIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	3		on, and other records	s, check any of the f	ollowing that n	nake si	gnificant ı	use of its			
c Preservation for future generations   4 Provide a description of the organization's collections and explain how they three the organization's exempt purpose in Part XIII.   5 During the year, did the organization's collections and explain how they three the organization's exempt purpose in Part XIII.   5 During the year, did the organization's collection?   6 Preserve and Custodial Arrangements. Comparization's collection?   7 reported an amount on Form 390, Part X, line 21.   7 1   7 1   7 1   8 1   9 1   9 0   90, Part XP   91, Yes, "explain the arrangement in Part XIII.   92, Part XP   94, Part XP   94, Part XP   94, Part XP   95, Part XP   96, Part XP   97, Part XP   90, Part XP   90, Part XP   90, Part XP   91, Yes, "explain the arrangement in Part XIII.   92, Part XP   94, Part XP   94, Part XP   95, Part XP   96, Part XP   96, Part XP   97, Part XP	а	Public exhibition	d	Loan or exc	hange progran	n					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization alcitor receive donations of at, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization's collection?     Part W ESCOW and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X, line 21.     Is the organization include an amount on Form 990, Part X, line 21.     Ind     Distributions during the year     Ind     Distributions during the year     Ind     Distributions during the year     Ind     Indowment Funds. Complete if the explanation has been provided on Part XIII     Beginning of year balance     Ind     Indowment Funds. Complete if the organization answered "Yes" on Form 900, Part X, line 21.     OPHorizy or (C) Two years back (4) flow years back     Indowment Funds. Complete if the organization answered "Yes" on Form 900, Part X, line 22.     Other explanation in Part XIII. Check here if the explanation has been provided on Part XIII     Bard disgnated percentages on line State.     Indowment Funds. Complete if the organization answered "Yes" on Form 900, Part X, line 21.     Other explanation in Part XIII.     Other explanation answered "Yes" on Form 900, Part X, line 22.     Other explanation explanation in Part XIII.     Contributions     Indowment funds.     Indowment funds and losses     Indowment funds.     Indowment fund	b	Scholarly research	е	Other							
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	с	Preservation for future generations									
to be sold to raise funds rather than to be maintained as part of the organization a collection?         Yes         No.           Part IV         Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         The set organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X         Ves         No.           1a         Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.         Amount         Ves         No.           b         If 'Yes,' explain the arrangement in Part XIII and complete the following table:         Amount         Id         Id <td< td=""><td>4</td><td>Provide a description of the organization's co</td><td>ollections and explain</td><td>how they further th</td><td>e organization</td><td>'s exen</td><td>npt purpo</td><td>se in Part i</td><td>XIII.</td><td></td><td></td></td<>	4	Provide a description of the organization's co	ollections and explain	how they further th	e organization	's exen	npt purpo	se in Part i	XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answerd 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X line 21.       Ves       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Image: Complete the following table:       Image: Complete the following table:       Image: Complete the following table:       Amount       Image: Complete the following table:       Image: Complete the organization answered 'Yes' on Form 900, Part XIII:       Image: Complete the organization answered 'Yes' on Form 900, Part XIII:       Image: Complete the organization answered 'Yes' on Form 900, Part XIII:       Image: Complete the organization answered 'Yes' on Form 900, Part XIII:       Image: Complete the organization answered 'Yes' on Form 900, Part XIII:       Image: Complete the organization answered 'Yes' on Form 900, Part XIII:       Image: Complete the organization answered 'Yes' on Form 900, Part XIII:       Image: Complete the organization answered 'Yes' on Form 900, Part XIII:       Image: Complete the organization answered 'Yes' on Form 900, Part XIII:       Image: Complete the organization answered 'Yes' on Form 900, Part XIII:<	5	During the year, did the organization solicit of	r receive donations o	f art, historical treas	sures, or other	similar	assets				
reported an amount on Form 990, Part X, line 21.          1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       IVes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete Technology       Image: Complete Technology       No         c       Beginning balance       Image: Complete Technology       Image: Complete Technolog											No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X       Ves       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Image: Complete in the comp	Par			ete if the organizatio	n answered "Y	'es" on	Form 990	, Part IV, I	ine 9, or		
on Form 990, Part X7       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         e Distributions during the year       1d         g Distributions during the year       1d         e Distributions during the year       1t         g Dist the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       No       If         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back       (e) Four years back         1a Beginning of year balance       31, 068, 31, 465, 23, 552, 23, 552, 22, 552, 22, 552, 22, 552, 22, 552, 22, 552, 22, 552, 22, 552, 22, 552, 22, 552, 22, 552, 22, 552, 22, 552, 23,		reported an amount on Form 990, Par	t X, line 21.								
b       If "Yes," explain the arrangement in Part XIII and complete the following table:          Amount          c       Beginning balance          It         It         Id         Id         Id	1a								-	_	_
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2       Distributions during the year       If         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       ft "Yes," explain the arrangement in Part XIII. Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on part XIII.       Image: Check here if the explanation naws been provided on part XIII.       Image: Check here if the explanation naws been provided on part XIII.       Image: Check here								L	Yes		No
c       Beginning balance       Itc       Itd         d       Additions during the year       Itd       Itd         d       Distributions during the year       Itd       Itd       Itd         d       Distributions during the year       Itd       Itd       Itd       Itd         d       Distributions       Itd       Itd <td>b</td> <td>If "Yes," explain the arrangement in Part XIII a</td> <td>and complete the foll</td> <td>owing table:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:							
d Additions during the year       id         e Distributions during the year       if         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation naws been provided on Part XIII.       Pert V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         Part V       Endowment Funds.       (a) Current year       (b) Prior year       (c) Two years back.       (e) Four years back.         1a Beginning of year balance       ia).068.       31.465.       23.552.       23.552.       22.624.         C Net investment earnings, gains, and losses       1.011.       -397.       7.913.       928.         d Grants or scholarships									Amoun	t	
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         Part V       Endowment Funds.       Complete if the organization naswered 'Yes' on Form 990, Part IV, line 10.       Ine 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         b       Contributions       1, 011.       -397.       7, 913.       928.         c       Not investment earnings, gains, and losses       1, 011.       -397.       7, 913.       928.         c       Other expenditures for facilities       1, 011.       -397.       7, 913.       928.         c       Other expenditures for facilities       1, 011.       -397.       7, 913.       928.         c       Other expenditures for facilities       1, 011.       -397.       7, 913.       928.         g       End of year balance       32, 079.       31, 068.       31, 465.       23, 552.       23, 552.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a board designated or quasi-endowment       % <td></td> <td>0 0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		0 0									
f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       No         b       If "Ves", explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII.       No         Part V       Endowment Funds. Complete if the organization answered "Ves" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Ves" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Tweys back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       31, 068.       31, 465.       23, 552.       22, 624.         b       Contributions       1, 011.       -397.       7, 913.       928.         c       Not trivestment earnings, gains, and losses       1, 011.       -397.       7, 913.       928.         c       Other expenditures for facilities       and programs       1       data stress       32, 079.       31, 068.       31, 465.       23, 552.       23, 552.       23, 552.         c       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       Board designated or quasi-endowment       %       %       %       %       %       %											
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Ves       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       31, 068.       31, 465.       23, 552.       23, 552.       22, 624.         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       No thin westment earnings, gains, and losses       1, 011.       -397.       7, 913.       928.         c       Other expenditures for facilities       and programs       4       dardinistrative expenses       32, 079.       31, 068.       31, 465.       23, 552. </td <td>-</td> <td></td>	-										
b       If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior years       (c) Two years back       (d) Furre years         1a       Beginning of year balance       (a) Current year       (b) Prior years       (c) Two years back       (d) Furre years         1a       Beginning of year balance       (a) Current year       (b) Prior years       (c) Two years back       (d) Furre years         1a       Beginning of year balance       (a) Current year       (b) Prior years       (c) Two years back       (d) Furre years         1a       Beginning of year balance       (a) Current year       (b) Prior years       (c) Two years back       (d) Furre years         1a       Grants or scholarshipe       (c) Two years back       (d) Furre years       (d) Furre years         1a       Grants or scholarshipe       (c) Two years back       (d) Furre years       (d) Furre years         1a       Administrative expenditures for facilities       (c) Two years back       (d) Furre years       (d) Furre years         1a       Administrative expenditures for facilities       (c) Traineidoweand       (c) Furreidoweand       (											¬
Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       31, 068.       31, 465.       23, 552.       23, 552.       22, 624.         b       Contributions       1, 011.       -397.       7, 913.       928.         c       Net investment earnings, gains, and losses       1, 011.       -397.       7, 913.       928.         c       Other expenditures for facilities       1, 011.       -397.       7, 913.       928.         e       Other expenditures for facilities       1, 011.       -397.       7, 913.       928.         g       End of year balance       32, 079.       31, 068.       31, 465.       23, 552.       23, 552.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment       %         b       Permanent endowment       40.0050       %       %       %         f       Farm endowment       59.9950       %       %       %       %         i       If Yes' on lina 3d(i		-					ity?	L	] Yes	-	
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       31,068, 31,465, 23,552, 23,552, 23,552, 22,624, 31,068, 31,465, 23,552, 23											
1a       Beginning of year balance       1,068, 1,31,465, 2,3,552, 2,23,552,								ears back	(e) Fou	r vears	hack
b       Contributions       1       -397.       7,913.       928.         c       Net investment earnings, gains, and losses       1,011.       -397.       7,913.       928.         c       Other expenditures for facilities       and programs       1       -       -       928.         e       Other expenditures for facilities       and programs       -       -       -       928.         f       Administrative expenditures for facilities       -       -       -       -       928.         g       End of year balance       23,079.       31,068.       31,465.       23,552.       23,552.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       a       59.9950.       %         b       Permanent endowment	10	Reginning of year balance	-	· · · ·			., ,		(0) ! 0	,	
c       Net investment earnings, gains, and losses       1,011.       -397.       7,913.       928.         d       Grants or scholarships	-		,	,	,			,		,	
d Grants or scholarships			1,011.	-397.	7.	913.					928.
e Other expenditures for facilities and programs			_,	• • • •							•
and programs											
f       Administrative expenses       32,079.       31,068.       31,465.       23,552.       23,552.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment       %         b       Permanent endowment       40.0050 %       %       Term endowment       59.9950 %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organizations       3a(i) X         (i)       Unrelated organizations       3a(ii) X       3a(ii) X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3a(i) X         b       If "Yes" on line 3a(ii), are the related organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (b) Accumulated depreciation         1a       Land       272,773.       272,773.       0.         c       Leasehold improvements       272,773.       272,773.       0.         d       Equipment       81,221.       47,735.       33,486.	Ū										
g End of year balance       32,079.       31,068.       31,465.       23,552.       23,552.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment       %         b Permanent endowment       40.0050       %         c Term endowment       59.9950.%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations and Equipment.</li> </ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value depreciation         1a Land       272,773.       272,773.       0.       0.         c Leasehold improvements       272,773.       272,773.       0.         c Leasehold improvements       21,221.       47,735.       33,486.         e Other       33,028.       40.       40.       40.         a Land       31,021.       33,028.       40.         b Buildings</li>	f										
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment			32,079.	31,068.	31,	465.		23,552.		23,	552.
a Board designated or quasi-endowment	-	-	ent vear end balance	(line 1a. column (a)							
b       Permanent endowment       40.0050       %         c       Term endowment       59.9950       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> Part VI Land, Buildings, and Equipment.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         (d) Book value           1a Land					,						
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>Part VI</li> <li>Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other depreciation</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (other)</li> <li>(f) Book value basis (f) Book value basis (f) Ba</li></ul>	-	• • —	%	_							
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization as wereal "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(i) Equipment</li> <li>(i) Equipment</li> <li>(i) Related inprovements</li> <li>(i) Related inprovement</li> <li>(i) Related inprovements</li></ul>	с	Term endowment 59.9950	%								
organization by:       Yes       No         (i)       Unrelated organizations       3a(i)       X         (ii)       Related organizations       3a(ii)       X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       7       7         Part VI       Land, Buildings, and Equipment.       (a) Cost or other       (b) Cost or other       (c) Accumulated       (d) Book value         0       Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated       (d) Book value         1a       Land       272,773.       272,773.       0.         4       Buildings       81,221.       47,735.       33,486.		The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
(i) Unrelated organizations       3a(i) X         (ii) Related organizations       3a(ii) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       5         c Leasehold improvements       272,773.         c Leasehold improvements       81,221.         d Equipment       81,221.         e Other       90. Part X, column (B), line 10c.)	3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	nd administered	d for th	e				
(ii) Related organizations       3a(ii) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       1a Land       1a Land       0       0       0         b Buildings       272,773.       272,773.       0.         c Leasehold improvements       81,221.       47,735.       33,486.         e Other       1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       33,486.		organization by:									No
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land            b       Buildings           c       Leasehold improvements       272,773.       272,773.       0.         d       Equipment       81,221.       47,735.       33,486.         e       Other            Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       33,486.		(i) Unrelated organizations							3a(i)	Х	
4       Describe in Part XII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       (d) Book value         c Leasehold improvements       272,773.         d Equipment       81,221.         e Other       040 must equal Form 990. Part X, column (B), line 10c.)		(ii) Related organizations							3a(ii)		X
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land				vment funds.							
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land	Par										
basis (investment)       basis (other)       depreciation         1a Land											
b Buildings         272,773.         272,773.         0.           c Leasehold improvements         81,221.         47,735.         33,486.           e Other         70tal. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)         33,486.		Description of property	1	• •		• •		ed	( <b>d</b> ) Boo	k valu	ie
c Leasehold improvements       272,773.       272,773.       0.         d Equipment       81,221.       47,735.       33,486.         e Other       70tal. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.)       33,486.	1a	Land									
c Leasehold improvements       272,773.       272,773.       0.         d Equipment       81,221.       47,735.       33,486.         e Other       70tal. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.)       33,486.	b	Buildings									
e Other       Other         Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)       33,486.						2					
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	d	Equipment		8	1,221.		47,7	35.	3	3,4	86.
									-	<u> </u>	
	Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 〉	K. column (B), line 1	0c.)						

Schedule D (Form 990) 2022

### Schedule D (Form 990) 2022 NEIGHBORHOOD CHRISTIAN LEGAL CLINIC, INC 35-1916572 Page 3 Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

#### Part VIII Investments - Program Related.

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

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

## Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CICF ENDOWMENT	32,079.
(2) ROMERO BRITTO ART	10,880.
(3) ROU ASSET	77,702.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	120,661.
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)	ROU LIABILITY	77,702.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	77,702.

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 ... X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 NEIGHBORHOOD CHRISTIAN L				1916572 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With F	Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		_	
1	Total revenue, gains, and other support per audited financial statements			1	1,603,184.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,011.	,	
b	Donated services and use of facilities	2b	99,955.	,	
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		50,840.	,	
е	Add lines 2a through 2d			2e	151,806.
3	Subtract line 2e from line 1			3	1,451,378.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,451,378.
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per	Retur	n.
Pa	T XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With	Expenses per	Retur	
Pa 1	t XII Reconciliation of Expenses per Audited Financial Stat	12a.	Expenses per	Retur	
	<b>TXII</b> Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	Expenses per	Retur	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line           Total expenses and losses per audited financial statements	ements With 12a.	Expenses per	Retur	
1 2	TXII       Reconciliation of Expenses per Audited Financial Stat         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements With           12a.              2a	Expenses per	Retur	
1 2 a	TXII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ements With           12a.            2a            2b	Expenses per		
1 2 a	TXII       Reconciliation of Expenses per Audited Financial Stat         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ements With           12a.            2a            2b            2c	Expenses per		2,392,297.
1 2 a	<b>t XII Reconciliation of Expenses per Audited Financial Stat</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	99,955. 50,840.		2,392,297.
1 2 b c d	<b>t XII Reconciliation of Expenses per Audited Financial Stat</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	2a           2b           2c           2d	99,955. 50,840.		2,392,297.
1 2 b c d e	<b>t XII Reconciliation of Expenses per Audited Financial Stat</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	99,955. 50,840.		2,392,297.
1 2 b c d 3	<b>t XII Reconciliation of Expenses per Audited Financial Stat</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a           2b           2c           2d	99,955. 50,840.		2,392,297.
1 2 d c 3 4 a	<b>t XII Reconciliation of Expenses per Audited Financial Stat</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d	99,955. 50,840.		2,392,297.
1 2 d c 3 4 a	<b>TXII</b> Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d           2d           4a           4b	99,955. 50,840.		2,392,297. 150,795. 2,241,502. 0.
1 2 a b c d e 3 4 a b c 5	<b>t XII</b> Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           2d           4a           4b	99,955. 50,840.	1 2e 3	2,392,297. 150,795. 2,241,502.

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

PART V, LINE 4:

ENDOWMENT FUNDS WILL BE USED TO SUPPLEMENT CURRENT OPERATIONS. BECAUSE

THE ENDOWMENT IS CONTROLLED BY THE CENTRAL INDIANA COMMUNITY FOUNDATION,

THEIR POLICIES GOVERN THE USE OF THESE FUNDS, INCLUDING THE INABILITY TO

UTILIZE INVESTMENT EARNINGS UNTIL THE ENDOWMENT REACHES \$100,000 IN VALUE.

PART X, LINE 2:

THE CLINIC IS ORGANIZED AS A NOT-FOR-PROFIT CORPORATION AND IS EXEMPT FROM

INCOME TAX UNDER SECTION 501(C)(3) OF THE UNITED STATES INTERNAL REVENUE

CODE AND SIMILAR STATE LAW. AS SUCH, THE CLINIC IS GENERALLY EXEMPT FROM

INCOME TAXES. HOWEVER, THE CLINIC IS REQUIRED TO FILE FEDERAL FORM 990

RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX AND A CORRESPONDING STATE

31

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2022.05040 NEIGHBORHOOD CHRISTIAN LE 17584001

RETURN, WHICH ARE INFORMATIONAL RETURNS ONLY.

NEIGHBORHOOD CHRISTIAN LEGAL CLINIC, INC 35-1916572 Page 5

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE CLINIC AND RECOGNIZE A TAX LIABILITY IF THE CLINIC HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE CLINIC, AND HAS CONCLUDED THAT AS OF JUNE 30, 2023 AND 2022, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE CLINIC IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

THE CLINIC HAS FILED ITS FEDERAL AND STATE INCOME TAX RETURNS FOR PERIODS THROUGH JUNE 30, 2022. THESE INCOME TAX RETURNS ARE GENERALLY OPEN TO EXAMINATION BY THE RELEVANT TAXING AUTHORITIES FOR A PERIOD OF THREE YEARS FROM THE LATER OF THE DATE THE RETURN WAS FILED OR ITS DUE DATE (INCLUDING APPROVED EXTENSIONS).

PART XI, LINE 2D - OTHER ADJUSTMENTS:

#### SPECIAL EVENT EXPENSE

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

#### SPECIAL EVENT EXPENSE

Schedule D (Form 990) 2022

232055 09-01-22

50,840.

50,840.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OM	3 No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r <b>19</b> ,	or if the		2022
Department of the Treasury Internal Revenue Service		Attach to Form 990 c							pen to Public
Name of the organization		o www.irs.gov/Form990 for instruc	ctions	and th	ne latest information	<b>).</b>	Employer		fication number
Hamo of the organization		RHOOD CHRISTIAN LE	GAL	CLI	INIC, INC		35-191		
		Complete if the organization answe				ne 1			
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations vlicitations on have a written o red in Form 990, Pa ) highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		י 🗌	<b>/es</b> be	□ No
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundi have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount pai or retained b fundraiser ted in col. <b>(i</b> )	y) to	<b>vi)</b> Amount paid (or retained by) organization
			Yes	No					
Total		1	1	1					
	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from	ı regis	tration

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

Schedule G (Form 990) 2022

232081 10-27-22

# NEIGHBORHOOD CHRISTIAN LEGAL CLINIC, INC 35-1916572 Page 2

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

_		of fundraising event contributions and gr	oss income on Form 990-	EZ, III IES I AITU OD. LIST EV	vents with gross receipt	s greater than \$5,000.
			(a) Event #1 JUSTICE FOR	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			ALL CELEBRAT (event type)	(event type)	(total number)	col. <b>(c)</b> )
anue					. , ,	
Revenue	1	Gross receipts	90,845.			90,845.
	2	Less: Contributions	78,384.			78,384.
_	3	Gross income (line 1 minus line 2)	12,461.			12,461.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	2,200.			2,200.
ect Exp	7	Food and beverages	12,871.			12,871.
ä	•	Entertainment				
	8 9	Entertainment Other direct expenses				35,769.
	-	Direct expense summary. Add lines 4 through		II		50,840.
		Net income summary. Subtract line 10 from I				-38,379.
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
ŭ	1	Gross revenue				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5					
	5	Other direct expenses				
	6	Other direct expenses Volunteer labor	└── Yes %	└── Yes % └── No	Yes %	
			No		No	
		Volunteer labor Direct expense summary. Add lines 2 through	h 5 in column (d)	□ No	No	
	7 8	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No     No	<u>No</u>	No	
	7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	<u> </u>	No	
а	<b>7</b> 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ictivities in each of these s	No No	No	
a b	7 Ent Is t	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ictivities in each of these s	states?	□ No	Yes No
a b 0a	7 Ent Is t If "I	Volunteer labor Direct expense summary. Add lines 2 throug <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu- he organization licensed to conduct gaming a	No N	states?	□ No	Yes No
a b Da	7 Ent Is t If "I	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	No N	states?	□ No	Yes No

Schedule G (Form 990) 2022	NEIGHBORHOOD	CHRISTIAN L	EGAL CLI	NIC, INC 35-	1916572	Page 3
11 Does the organization conduct	gaming activities with nonme	embers?			Yes	No
12 Is the organization a grantor, b						
to administer charitable gaming	g?				Yes	No No
<b>13</b> Indicate the percentage of gan	ning activity conducted in:					
<b>a</b> The organization's facility						%
<b>b</b> An outside facility					13b	%
<b>14</b> Enter the name and address of	the person who prepares the	e organization's gaming	/special events b	ooks and records:		
News						
Name						
Address						
Add(035						
<b>15a</b> Does the organization have a c	contract with a third party fron	n whom the organization	n receives gamin	g revenue?	Yes	No
<b>b</b> If "Yes," enter the amount of g		e organization   \$ _		and the amount		
of gaming revenue retained by						
<b>c</b> If "Yes," enter name and addre	ss of the third party:					
Name						
Address						
Address						
<b>16</b> Gaming manager information:						
Name						
Gaming manager compensation	n \$					
Description of services provide	d					
Director/officer	Employee	Independent co	ontractor			
<b>17</b> Mandatory distributions:						
<b>a</b> Is the organization required un	der state law to make charital	ole distributions from th	e gaming procee	ds to		
retain the state gaming license	?				🗌 Yes	No No
<b>b</b> Enter the amount of distributio	ns required under state law to	be distributed to other	exempt organiz	ations or spent in the		
organization's own exempt act		\$				
	ormation. Provide the exp				Part III, lines 9, 9	9b, 10b,
15b, 15c, 16, and 17b,	as applicable. Also provide a	ny additional informatic	on. See instructio	ns.		
232083 10-27-22				Sche	edule G (Form	990) 2022
		35				

Schedule G	(Form 990)	NEIGHBORHOOD	CHRISTIAN	LEGAL	CLINIC,	INC 35-1916572	Page 4
Part IV	Supplemental Int	NEIGHBORHOOD formation (continued)					
						Schedule G (Fe	orm 990)

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



35-1916572

INC

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

NEIGHBORHOOD CHRISTIAN LEGAL CLINIC,

OF DEMONSTRATING CHRIST'S LOVE.

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

ISSUES).

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

THE FORM 990 IS PROVIDED IN DRAFT FORM TO THE ENTIRE BOARD OF DIRECTORS

PRIOR TO ITS FINALIZATION AND SUBMISSION TO THE IRS. THE BOARD HAS THE

OPPORTUNITY REVIEW IT, MAKE SUGGESTIONS, AND ASK QUESTIONS PRIOR TO

SUBMISSION TO THE IRS.

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

IN 2012, THE CLINIC BEGAN REQUIRING ALL DIRECTORS TO REVIEW THE CONFLICT OF

INTEREST POLICY ANNUALLY, AND EACH DIRECTOR MUST SIGN THE FORM EACH YEAR

AND DISCLOSE ANY CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS.

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

COMPENSATION FOR THE EXECUTIVE DIRECTOR AND MANAGING ATTORNEY IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AFTER CONSIDERING

APPROPRIATE COMPARABILITY DATA.

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

DOCUMENTS OF THIS TYPE ARE AVAILABLE TO THE PUBLIC UPON REQUEST. IF AN

INDIVIDUAL WOULD LIKE TO SEE POLICIES OF NEIGHBORHOOD CHRISTIAN LEGAL

 CLINIC, THEN THEY CAN COME TO THE OFFICE AT 3333 N. MERIDIAN ST NO. 201 TO

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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Employer identification number 35-1916572
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Schedule O (Form 990) 2022