Public Copy

EXTENDED TO NOVEMBER 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 **Open to Public**

Department of the Treasury

Form **99**

Interi	nal Reve	enue Service Go to www.irs.gov/Form990 for Instructions	and the lates	t information.	Inspection		
AF	For the	e 2023 calendar year, or tax year beginning	and ending				
B a	Check if applicabl	le: C Name of organization		D Employer identifi	cation number		
	Addre chang	ge NATIONAL HEALTH LAW PROGRAM INC.					
	Name chang	ge Doing business as	95-30809	47			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	ite E Telephone numbe	r		
	Final return	J/ J/OI WIDSHIKE BDVD.	315	310-204-			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	e	G Gross receipts \$	11,543,569.		
	Amen return	LOS ANGELES, CA 90010		H(a) Is this a group re			
	Applic tion	F Name and address of principal officer: EDIZABETTI TATLOR	2	for subordinates	s? Yes 🔀 No		
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No		
1 1	Tax-ex		(a)(1) or 5	ighted by the second se	list. See instructions		
	Nebsi			H(c) Group exemptio			
		f organization: X Corporation Trust Association Other	LYe	ear of formation: 1976	VI State of legal domicile: CA		
Pá	art I	Summary					
ė	1	Briefly describe the organization's mission or most significant activities:			E THE		
anc		HEALTH RIGHTS OF LOW INCOME AND UNDERSI					
ērn	2	Check this box if the organization discontinued its operations or d	-		sets.		
Activities & Governance	3				14		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4 5	Number of independent voting members of the governing body (Part VI, line Total number of individuals employed in calendar year 2023 (Part V, line 2a)			56		
ties	6	Total number of volunteers (estimate if necessary)			11		
tivi	79	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
A	'a   h	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		10,734,416.	8,293,724.		
anu	9	Program service revenue (Part VIII, line 2g)	Г	40,712.	655,406.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	206,798.	734,964.			
Ť	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		95,203.	69,703.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line		11,077,129.	9,753,797.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,429,379.	976,243.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	i-10)	5,955,117.	7,499,012.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
be	b	Total fundraising expenses (Part IX, column (D), line 25) 677	7,604.				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,516,207.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,900,703.	10,219,934.		
		Revenue less expenses. Subtract line 18 from line 12		1,176,426.	-466,137.		
Net Assets or			-	Beginning of Current Year	End of Year		
Sset	20	Total assets (Part X, line 16)	Г	25,831,527.	26,323,333.		
et A	21	Total liabilities (Part X, line 26)		<u>1,751,201.</u> 24,080,326.	<u>2,035,717.</u> 24,287,616.		
$ \mathbf{P}_i $	art II	Net assets or fund balances. Subtract line 21 from line 20		24,000,520.	24,207,010.		
		alties of perjury, I declare that I have examined this return, including accompanying sch	edules and state	ments and to the hest of m	knowledge and helief it is		
		ct, and complete. Declaration of preparer (other than officer) is based on all information			who who age and benef, it is		
	, 001100	10/10/202	4				
Sig	n	Signature of Grand States Signature of Signature Strategy States		Date			
Her		ELIZABETH TAYLOR, EXECUTIVE DIRECTOR					
	-	Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paic	i	STEVE CLELAND		if self-employ	P00367242		
Prep	barer	Firm's name BEACH FREEMAN LIM & CLELAND, L	LP		6-2306396		
Use	Only	Firm's address 861 PARKVIEW DR. N, SUITE 200					
		EL SEGUNDO, CA 90245	Phone no 31	Phone no. $310 - 447 - 1234$			

No

		Form <b>990</b> (2023
4u 4e	(Expenses \$ 874,956. including grants of \$ ) (Revenue \$         Total program service expenses       8,083,315.	)
4d	Other program services (Describe on Schedule O.)	
4c	(Code:) (Expenses \$1,646,574. including grants of \$) (Revenue \$)	315,065.
4b	(Code:) (Expenses \$1,581,385. including grants of \$) (Revenue \$)	21,755.
	SEE SCHEDULE O.	
4a	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expression including grants of \$ 976,243. (Revenue \$) (Expenses \$3,980,400. (Revenue \$) (Expense \$3,980,400. (Revenue \$) (Expense \$3,980,400. (Revenue \$) (Expense \$3,980,400. (Revenue \$) (Expense \$3,980,400. (Revenue \$3,980,4	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
	SEE SCHEDULE O.	
	Briefly describe the organization's mission:	

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Part IV Checklist of Required Schedules

NATIONAL HEALTH LAW PROGRAM INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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	_	X
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	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	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
	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			x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u>_</u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4	х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
IZd		12a	х	
h	Schedule D, Parts XI and XII	120		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12h		x
13	Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		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,	1.10		_ <u></u>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
-	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
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	Ĺ
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			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			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			- <b>v</b>
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00		x
~	"Yes," complete Schedule L, Part IV	28c	Х	
29 20	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	л	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? If "Yes," complete Schedule M	<u>30</u> 31		X
32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> " <i>Yes</i> ," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> " <i>Yes</i> ," <i>complete</i>	31		- 23
32		32		x
33	Schedule N, Part II	32		- 23
00	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
04	Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	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?			
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	х	
Pa				•
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in here 2 of Form 1000. Enter 0 if not explicible 1			

1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	21					
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0	0				
с	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?			1c	Х			
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Form	990 (2023) NATIONAL HEALTH LAW PROGRAM INC.		95-3080	947	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	56			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		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	O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthorit	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount	)?	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 Ad					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		x
	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	e orgar	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pr	ovided to the payor?	7a		X X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired			
	to file Form 8282?	I I		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	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:					
а	Gross income from members or shareholders	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				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	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?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a				14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	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 ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
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#### NATIONAL HEALTH LAW PROGRAM INC.

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

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X

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

Sec	tion A. Governing Body and Management							
		Ι.	1		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	14	±				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		1					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14	±				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other			77		
-	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under the							
			- file alQ	3		X X		
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X		
6 70	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			0				
7a				7a		x		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, si			<u>/a</u>		- 23		
U				7b		x		
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			10				
a	The governing body?	-	-	8a	х			
b	Each committee with authority to act on behalf of the governing body?			8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea							
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code )	1 0				
		<u>, v chuc</u>	0000./		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch							
				10b	Х			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	e filing the form?	11a	Х			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х			
b	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?							
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," a	escribe					
	on Schedule O how this was done			12c	Х			
13	Did the organization have a written whistleblower policy?			13	Х			
14	Did the organization have a written document retention and destruction policy?			14	Х			
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent					
	$\ensuremath{persons}$ , comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official			15a				
b	Other officers or key employees of the organization			15b	X			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment w	ith a			37		
	taxable entity during the year?			<u>16a</u>		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the second sec	-	-					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ							
<u> </u>	exempt status with respect to such arrangements?			16b				
17	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, at	na 990	-1 (section 501(C)(3	is only)	availat	ole		
	for public inspection. Indicate how you made these available. Check all that apply.           X         Own website         Another's website         Upon request         Other (explain							
10			,	d finan	aial			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	millict (	miniterest policy, af	u iirian	lal			
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo	nke on	d records					
20	RSM US LLP - $(202)$ 293-2200	uno all						
	1250 H ST NW #700, WASHINGTON, DC 20005							
332004	12-21-23			Forn	<b>990</b>	(2023)		
	7					(_020)		

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

• List all of the organization's current key employees, if any. See 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.

		u ga	πza	001	0011	ipen	oan			
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more)				one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week			id a di	irecto	r/trus [.]	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	ustee			ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ll trus	nal tr		loyee	duo		1099-NEC)		and related
	below	vidua	Institutional trustee	cer	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	Higle	Former			
(1) ELIZABETH TAYLOR	45.00									
EXECUTIVE DIRECTOR				Х				347,856.	0.	9,814.
(2) JANE PERKINS	45.00									
LEGAL DIRECTOR						X		263,514.	0.	30,414.
(3) JORGE ADRIAN NARANJO	45.00									
CHIEF OPERATING OFFICER				Х				227,956.	0.	48,904.
(4) KIMBERLY LEWIS	45.00									
MANAGING ATTORNEY						X		199,001.	0.	32,098.
(5) SARAH SOMERS	45.00									
MANAGING ATTORNEY						X		202,545.	0.	24,167.
(6) MARA YOUDELMAN	45.00									
MANAGING ATTORNEY						X		211,688.	0.	7,360.
(7) MARC FLEISCHAKER	5.00									
GENERAL COUNSEL		Х						0.	0.	0.
(8) JANE PREYER	5.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ARIAN JUNE	5.00									
BOARD MEMBER		Х						0.	0.	0.
(10) REP. HENRY WAXMAN	5.00									
SENIOR ADVISOR TO THE BOARD		Х						0.	0.	0.
(11) ANN KAPPLER	5.00									
CHAIR		Х						0.	0.	0.
(12) SHAMINA SNEED	5.00									
SECRETARY		Х						0.	0.	0.
(13) NICK SMIRENSKY	5.00									
TREASURER		Х						0.	0.	0.
(14) RON L. WISOR JR.	5.00									
BOARD MEMBER		Х						0.	0.	0.
(15) MICHELE JOHNSON	5.00									
BOARD MEMBER		Х						0.	0.	0.
(16) WILLIAM B. SCHULTZ	5.00									
VICE CHAIR		Х						0.	0.	0.
(17) LOURDES A. RIVERA	5.00									
BOARD MEMBER		Х						0.	0.	0.
332007 12-21-23										Form <b>990</b> (2023)

332007 12-21-23

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Form 990 (2023) NATIONAL	HEALTH	LA	W	PR	OG	RA	М	INC.	95-3080	947 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)	
(A) Name and title	<b>(B)</b> Average hours per week	box	not cl , unles	Pos heck i ss per	rson i	than o than o is both pr/trus	n an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) DONALD B. VERRILLI JR. BOARD MEMBER	5.00	x						0.	0.	0.
(19) L.D. BRITT	5.00									
BOARD MEMBER		Х						0.	0.	0.
(20) JEANNA CULLINS	5.00									
BOARD MEMBER	E 00	Х						0.	0.	0.
(21) STEPHEN WILLIAMS BOARD MEMBER	5.00	х						0.	0.	0.
(22) JOEL FERBER	5.00							0.	0.	
BOARD MEMBER		х						0.	0.	0.
									-	
1b Subtotal								1,452,560.	0.	152,757.
c Total from continuation sheets to Part VI								0.	0.	0.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n</li> </ul>										152,757.
compensation from the organization										6
<b>3</b> Did the organization list any <b>former</b> officer,	director, truste	ee, k	key e	empl	loye	e, or	hig	hest compensated emp	oyee on	Yes No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su										3 X
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a										- V
rendered to the organization? <i>If "Yes," corr</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ich į	bers	on .				5 X
1 Complete this table for your five highest co									, ,	tion from
the organization. Report compensation for (A)	ine calendar ye	ar e	nuir	ig w				(B)		(C)
Name and business	address							Description of s	ervices C	Compensation
RSM LLP, 5155 PAYSPHERE C IL 60674-0051	IRCLE,	СН	IC	AG	Ο,			ACCOUNTING & CONSULTING		137,870.
2 Total number of independent contractors (ii \$100,000 of compensation from the organized statement of the organized statement of the statemen	•	ot lin	nitec	to t	thos 1		ted	above) who received mo	ore than	
· · · · · · · · · · · · · · · · · · ·										Form <b>990</b> (2023)

332008 12-21-23

						EAL	TH LAW PI	ROGRAM INC.	•	95-3080	947 Page	9
Pa	rt ۱		Statement of Rev	venu	е							
			Check if Schedule O c	contair	ns a resp	onse	or note to any lin			(0)	(5)	
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 51	
ល្អ	1	а	Federated campaigns		1a							
Contributions, Gifts, Grants and Other Similar Amounts	-		Membership dues									
, G			Fundraising events				21,025.					
àifts ar A												
s, G milå			Government grants (contri									
rsi		f	All other contributions, gifts, g	grants,	and							
but			similar amounts not included	above	1f		8,272,699.					
d O		g	Noncash contributions included in li	lines 1a-	1f <b>1g</b>	\$	1,792,307.					
aCo		h	Total. Add lines 1a-1f					8,293,724.				
							Business Code					
e	2	а	ATTORNEY FEES				541100	633,651.	633,651.		<u> </u>	
ervi		b	CONFERENCE FEES & HO	DNORA	RIUM		611430	20,440.	20,440.		<u> </u>	
n Se		С	PUBLICATIONS				513120	1,315.	1,315.		<u> </u>	
ran Sev		d										
Program Service Revenue		е										
₽		f	All other program service r									
	_	g	Total. Add lines 2a-2f					655,406.				_
	3	•	Investment income (includ other similar amounts)					736,784.			736,784	ı
	4		Income from investment o				racaads	,50,,011			,00,701	<u> </u>
	5		Royalties			-						—
	J		noyanies		(i) Rea		(ii) Personal					
	6	а	Gross rents	6a		190.						
	-		Less: rental expenses	6b	,	0.						
			Rental income or (loss)	6c	70,	190.						
			Net rental income or (loss)					70,190.			70,190	) <u>.</u>
	7	a	Gross amount from sales of		(i) Secur	ities	(ii) Other					
			assets other than inventory	7a	1,787,	405.						
		b	Less: cost or other basis									
an					1,785,							
evenue				7c		310.	-4,130.					
Re			Net gain or (loss)					-1,820.	-1,820.			_
Other R	8	а	Gross income from fundraisin including \$									
0			contributions reported on									
			Part IV, line 18		,	8a	0.					
		b	Less: direct expenses				547.					
			Net income or (loss) from f					-547.			-547	<i>.</i>
	9		Gross income from gaming									
			Part IV, line 19									
		b	Less: direct expenses									
		с	Net income or (loss) from g	gamin	g activitie	es						
	10	а	Gross sales of inventory, le	ess re	turns							
			and allowances									
		b	Less: cost of goods sold			10b						
		С	Net income or (loss) from s	sales	of invento	ory						_
SI			NTOORI I ANDONO DRIVINI				Business Code					
Miscellaneous Revenue	11		MISCELLANEOUS REVENU				900099	60.	60.			_
scellaneo Revenue		b										—
sce		C d										—
Μï			All other revenue					60.				
	12		Total. Add lines 11a-11d Total revenue. See instructio					9,753,797.	653,646.	0.	806,427	1.
33200								, , , ,	, •		Form <b>990</b> (202	_

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Page **9** 

NATIONAL HEALTH LAW PROGRAM INC. Part IX Statement of Functional Expenses

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

0001	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	976,243.	976,243.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				/
	trustees, and key employees	587,413.	452,952.	83,810.	50,651.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	00 501	76 706	14 000	0 5 0 7
_	persons described in section 4958(c)(3)(B)	99,581. 5,491,793.	76,786. 4,234,696.	<u>14,208.</u> 783,552.	<u>8,587.</u> 473,545.
7	Other salaries and wages	5,491,795.	4,234,090.	765,552.	4/5,545.
8	Pension plan accruals and contributions (include	125,386.	96,684.	17,890.	10 812
9	section 401(k) and 403(b) employer contributions)	740,274.	570,822.	105,620.	<u>    10,812.</u> 63,832.
9 10	Other employee benefits Payroll taxes	454,565.	350,513.	64,856.	39,196.
11	Fees for services (nonemployees):	434,303.	550,515.	04,050.	55,150.
	Management				
	Legal	271,580.	201,569.	69,708.	303.
	Accounting	204,676.	151,913.	52,535.	228.
	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 O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	47,982.	38,332.	9,642.	8.
15	Royalties				
16	Occupancy	368,341.	294,266.	74,017.	58.
17	Travel	94,206.	67,092.	21,957.	5,157.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	34,232.	19,037.	13,394.	1,801.
19	Conferences, conventions, and meetings	34,232.	19,037.	13,394.	1,801.
20	Interest				
21 22	Payments to affiliates	349.	279.	70.	
22 23	Depreciation, depletion, and amortization	39,333.	29,132.	8,561.	1,640.
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),		23,1321	0,0011	170100
	amount, list line 24e expenses on Schedule 0.)		0.02 (20)		
а	PROFESSIONAL SERVICES	306,481.	227,473.	78,666.	342.
b	REPAIRS & MAINTENANCE	125,758.	93,339.	32,279.	140.
С	OFFICE SUPPLIES	85,805.	78,808.	6,676.	321.
d	TELEPHONE & INTERNET SE	36,154. 129,782.	<u>28,883</u> . 94,496.	7,265.	<u> </u>
	All other expenses	10,219,934.	<u> </u>		677,604.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	10,419,934.	0,000,010.	1,459,015.	0//,004.
26	<b>Joint costs</b> . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)				
33201	0 12-21-23				Form <b>990</b> (2023)
50201					

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Form 990 (2023)

NATIONAL HEALTH LAW PROGRAM INC. 95-3080947 Page 11 Part X Balance Sheet

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

		Check if Schedule O contains a response or not	e to an	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			13,050,102.	1	2,065,384.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			2,378,362.	3	2,431,895.
	4	Accounts receivable, net			192,373.	4	312,246.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disquality	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	<b>–</b>			62,149.	9	45,573.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	12,661.			
	b	Less: accumulated depreciation	10b	12,661.	<u>4,479.</u> 9,577,390.	10c	0.
	11	Investments - publicly traded securities			9,577,390.	11	20,615,886.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	566,672.	15	852,349.		
	16	Total assets. Add lines 1 through 15 (must equa			25,831,527.	16	26,323,333.
	17	Accounts payable and accrued expenses			1,170,455.	17	1,158,221.
	18	Grants payable				18	
	19	Deferred revenue			9,569.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to any current or form					
iliti		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes		22			
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	-	·····		24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	-		571,177.	05	877 106
	00	of Schedule D		·····	1,751,201.		877,496. 2,035,717.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che		e X	1,751,201.	20	2,033,111.
ŝ		and complete lines 27, 28, 32, and 33.	ck ner				
nce n	27				15,030,719.	27	17,577,246.
ala	27	Net assets with donor restrictions			9,049,607.	27	6,710,370.
Б	20	Net assets with donor restrictions Organizations that do not follow FASB ASC 9			5,045,007.	20	0,110,570.
E.		and complete lines 29 through 33.	50, CHE				
د د	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ec				29 30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			24,080,326.	32	24,287,616.
z	33	Total liabilities and net assets/fund balances			25,831,527.	33	26,323,333.
							==,===,===,

Form 990 (2023)

	990 (2023) NATIONAL HEALTH LAW PROGRAM INC.	95-30	080947	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,753		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,219		
3	Revenue less expenses. Subtract line 2 from line 1	3	-466		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,080		
5	Net unrealized gains (losses) on investments	5	789		
6	Donated services and use of facilities	6	803	3,2	87.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-918	3,9	<u>95.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	24,287	<b>7,6</b>	16.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	Ο.			
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	Х	
	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	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 required	ed audit			

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

Form 990 (2023)

3b

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

-.

#### Name of the organizatio

		ine organization אז א דיד			A TNO		E		
Pa	rt I			H LAW PROGRAM				9	5-3080947
		Reason for Public C					ee instructions.		
	organ	ization is not a private found							
1		A church, convention of chu				n 170(b)(1	1)(A)(I).		
2		A school described in section							
3		A hospital or a cooperative					•	::) Entar	the beenitel's name
4		A medical research organization organization of the state:	ation operated in col	njunction with a nospital	described	In sectio	on 170(b)(1)(A)(ll	II). Enter	the hospital's name,
5		An organization operated for	or the benefit of a co	llege or university owned	l or operate	ed by a go	overnmental unit	describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organization that norma	Ily receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from the	general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a la	nd-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of th	e college	or
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership	fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no i	more than	33 1/3% of its s	support fi	om gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the orgar	nization a	fter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a		•			· · ·		
		more publicly supported or							Check the box on
		lines 12a through 12d that	• •					-	
а		Type I. A supporting orga	-	-	• • •	-			
		the supported organization			majority o	of the direc	ctors or trustees	of the su	ipporting
		organization. You must o	-				,		
b		Type II. A supporting org	-				•		-
		control or management o			ame perso	ns that co	ntrol or manage	the supp	oorted
_		organization(s). You mus	-		in connect	ion with a	and functionally	intograto	d with
С		Type III functionally inte					-	megrate	a with,
Ь		its supported organization						d orachi-	votion(o)
d		Type III non-functionally that is not functionally int						-	
		requirement (see instructi			-		-	ii allentiv	61633
е		Check this box if the orga						Type III	
Ũ		functionally integrated, or						rype m	
f	Ente	er the number of supported of	ragnizationa						
g		vide the following information	•						
	(	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi		(v) Amount of m	onetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see inst	ructions)	support (see instructions)
Tota	al								

## Schedule A (Form 990) 2023 Part II Support Sch

NATIONAL HEALTH LAW PROGRAM INC.

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.)

See	ction A. Public Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	10722725.	8513015.	11148747.	10734416.	8293724.	49412627.
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		0 = 1 0 0 1 =		10704446		10110505
4	Total. Add lines 1 through 3	10722725.	8513015.	11148747.	10734416.	8293724.	49412627.
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)						26204491.
	Public support. Subtract line 5 from line 4.						23208136.
	ction B. Total Support	1			1	[	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	10722725.	8513015.	11148747.	10734416.	8293724.	49412627.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	005 504	044 500	104 550			1 6 7 9 9 7 4
	and income from similar sources	227,584.	241,529.	194,759.	206,798.	809,284.	1679954.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	6 4 5 6					
	assets (Explain in Part VI.)	6,176.		8,250.	2,503.	60.	
11	Total support. Add lines 7 through 10						51109570.
	Gross receipts from related activities,		,			· · · · ·	,476,015.
13	First 5 years. If the Form 990 is for the	•	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
-	organization, check this box and stop						
	ction C. Computation of Publi						
	Public support percentage for 2023 (					14	45.41 %
	Public support percentage from 2022					15	50.52 %
16a	33 1/3% support test - 2023. If the				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	<b>33 1/3% support test - 2022.</b> If the						
	and <b>stop here.</b> The organization qua						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI now the organiz	zation
-	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circl		•		•		
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 1/a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2023

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qualify under the tests listed b Section A. Public Support	elow, please comp	olete Part II.)				
	() 22/2	(1) 0000	()	( )) 00000	()	(0)
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1	7	<b>.</b>		
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> </ul>						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.)			1			
14 First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizatio	on,
check this box and <b>stop here</b>	-			-		<u></u>
Section C. Computation of Publi						
15 Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2022	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20	<b>)23</b> (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
<b>18</b> Investment income percentage from					18	%
19a 33 1/3% support tests - 2023. If the	organization did n	not check the box	on line 14, and line	e 15 is more than a	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a	•	•				
b 33 1/3% support tests - 2022. If the	organization did n	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd

line 18 is not more than 33 1/3%, chee	eck this box and stop here.	The organization qualifies as	s a publicly supported organization	
----------------------------------------	-----------------------------	-------------------------------	-------------------------------------	--

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023

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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

Schedule A (Form 990) 2023

NATIONAL HEALTH LAW PROGRAM INC.

15421009 797445 2502.01

2023.04030 NATIONAL HEALTH LAW PROGR 2502.011

16

#### NATIONAL HEALTH LAW PROGRAM INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

#### Part IV Supporting Organizations

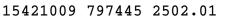
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

#### Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2023

# Schedule A (Form 990) 2023 NATIONAL HEALTH LAW PROGRAM INC. 95-3080947 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a 11a b A family member of a person described on line 11a above? 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 11c

#### Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization</i> (s) <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			

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)

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

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

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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	
-------------------------------------------------------------------------------------------------------------------------------------	--

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

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

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.* 

2a ______ 2b _____ 3a _____ 3b _____ Schedule A (Form 990) 2023

Yes No

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Schedule A	(Form 990)	2023
Part V	Type III	Non-

(Form 990) 2023	NATIONAL	HEALTH	LAW	PROGRAM	INC.
Type III Non-Func	tionally Integrat	ed 509(a)(3	s) Supp	porting Orga	nizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( <i>explain in</i> <b>Part VI</b> ). See instructions.						
All other Type III non-functionally integrated supporting organizations must	complete S	Sections A through E.	1			
ection 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					
ection 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					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e 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					
ection C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, column A)	1					
<b>2</b> 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					

instructions).

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

#### NATIONAL HEALTH LAW PROGRAM INC. nally Integrated 509(a)(3) Supporting Organizations (a

95-308094	7 Page 7

Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	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	s <b>3</b>		
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 Part VI</i> ). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.	-	8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
с	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, <i>explain in</i>			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022 Excess from 2023			
-				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023		L HEALTH				95-3080947 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	, 2, 3b, 3c, 4b, 4 lines 2 and 3; P	4c, 5a, 6, 9a, 9b Part IV, Section E	, 9c, 11a, E, lines 1c,	11b, and 11c; , 2a, 2b, 3a, an	Part IV, Section B d 3b; Part V, line ⁻	e 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,
332028 12-21-2	3			21			Schedule A (Form 990) 2023

SCHEDULE C	
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Department of the Treasury

Internal Revenue Service

(Form 990)

## **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

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

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

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

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

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

Nar	ne of organization Er	mploy	yer identification nu	
	NATIONAL HEALTH LAW PROGRAM INC.		95-3080947	/
Pa	art I-A Complete if the organization is exempt under section 501(c) or is a section 527	orga	anization.	
	Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political campaign activity expenditures Volunteer hours for political campaign activities			
Pa	art I-B Complete if the organization is exempt under section 501(c)(3).			
1	Enter the amount of any excise tax incurred by the organization under section 4955	. \$_		
2	, , , , , , , , , , , , , , , , , , , ,			
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			No
	a Was a correction made?		Yes	No
_	b If "Yes," describe in Part IV. art I-C Complete if the organization is exempt under section 501(c), except section 501	4/_\/	0)	
			<i>.</i>	
	Enter the amount directly expended by the filing organization for section 527 exempt function activities	· <b>*</b> _		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527	•		
•	exempt function activities	\$_		
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,	۴		
	line 17b			No
4	Did the filing organization file <b>Form 1120-POL</b> for this year?			
5	made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter			11
	contributions received that were promptly and directly delivered to a separate political organization, such as a sepa		-	4
	political action committee (PAC). If additional space is needed, provide information in Part IV.			
	(a) Name     (b) Address     (c) EIN     (d) Amount paid from filing organization's funds. If none, enter -	s o	(e) Amount of poli contributions receive promptly and dire delivered to a sepa political organizat	ed and ectly arate

		delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

LHA 332041 11-06-23

28 2023.04030 NATIONAL HEALTH LAW PROGR 2502.011

OMB No. 1545-0047

2023 Open to Public Inspection

	e C (Form 990) 2023	NATIONAL						080947	Page <b>2</b>
Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).									
A Che	A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).								
B Che	ck if the filing organi	ization checked box	A and "limited	d contro	I" provisions a	pply.			
	Limits on Lobbying Expenditures       (a) Filing       (b) Affiliated group         (The term "expenditures" means amounts paid or incurred.)       totals       totals								
<b>1a</b> To	1a Total lobbying expenditures to influence public opinion (grassroots lobbying)       3,031.								
b Total lobbying expenditures to influence a legislative body (direct lobbying) 89,734.									
c Total lobbying expenditures (add lines 1a and 1b)									
d Of	d Other exempt purpose expenditures						10,931,003.		

The lobbying nontaxable amount is:

\$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000.

\$225,000 plus 5% of the excess over \$1,500,000.

20% of the amount on line 1e.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

\$1,000,000.

Lobbying nontaxable amount. Enter the amount from the following table in both columns.

e Total exempt purpose expenditures (add lines 1c and 1d)

If the amount on line 1e, column (a) or (b) is:

over \$500,000 but not over \$1,000,000,

over \$1,000,000 but not over \$1,500,000, over \$1,500,000 but not over \$17,000,000,

reporting section 4911 tax for this year?

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a. If zero or less, enter -0-

Subtract line 1f from line 1c. If zero or less, enter -0-

not over \$500,000,

over \$17,000,000,

Yes No

11,023,768.

701,188.

175,297

0.

0.

4-Year Averaging Period Under Section 501(h)

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

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

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	<b>(c)</b> 2022	( <b>d</b> ) 2023	<b>(e)</b> Total		
2a Lobbying nontaxable amount	585,281.	623,682.	669,503.	701,188.	2,579,654.		
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					3,869,481.		
<b>c</b> Total lobbying expenditures	56,577.	80,553.	57,033.	92,765.	286,928.		
d Grassroots nontaxable amount	146,320.	155,921.	167,376.	175,297.	644,914.		
e Grassroots ceiling amount (150% of line 2d, column (e))					967,371.		
f Grassroots lobbying expenditures				3,031.	3,031.		

Schedule C (Form 990) 2023

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f

i.

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	Νο	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
_3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	No" OR (I	b) Part I	II-A, line	3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year	. 2a			
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2023

332043 11-06-23

SCHEDULE D	)
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Department of the Treasury

Internal Revenue Service

### **Supplemental Financial Statements**

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

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

OMB No. 1545-0047

Employer identification number 95 - 3080947

Name	of the	organization
------	--------	--------------

NATIONAL HEALTH LAW PROGRAM INC.

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin-		or Accounts.	Complete if the	
		(a) Donor advised funds	(b) Funds a	nd other accounts	S
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 v	writing that the assets held in donor advise	ed funds		
-	are the organization's property, subject to the organization's	-		Yes	No
6	Did the organization inform all grantees, donors, and donor a				
-	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?	· · · ·	0	Yes	No
Par					
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreation		a historically impo	ortant land area	
	Protection of natural habitat	·	a certified historic		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation e	easement on the	ast
	day of the tax year.			l at the End of the 1	
а	Total number of conservation easements		2a		
b	± · · · · · · · · · · · ·				
c	Number of conservation easements on a certified historic stru				
d	Number of conservation easements included on line 2c acqui				
	on a historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, rele			ig the tax	
	year	, , , , , , , ,	5	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				
	violations, and enforcement of the conservation easements it			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,			ts during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	tion easements du	ring the year	
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)	)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that describes	s the	
	organization's accounting for conservation easements.		-		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar As	sets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balance sheet	works	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	rtherance of public	0	
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these item	S.		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	palance sheet work	ks of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public s	ervice,	
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1		\$		
	(ii) Assets included in Form 990, Part X		\$		
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial			
	the following amounts required to be reported under FASB A	-			
	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X		\$		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Sch	edule D (Form 99	90) 2023
332051	09-28-23	21			
		31			

		L HEALTH LA							80947		age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, His	storical Tre	asures, o	r Other	Similar A	ssets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, che	ck any of the f	following that	t make sig	nificant use	of its			
-	collection items (check all that apply). Public exhibition	L.									
a L		d		_	hange progra						
b	Scholarly research	e		_ Other							
C A	Preservation for future generations	lleations and avalain	how	they funther th	o organizatio		nt numnaaa ir		<b>/</b> 111		
4 5	Provide a description of the organization's co During the year, did the organization solicit o	•			•			IF all /			
5	to be sold to raise funds rather than to be ma		,		· · · ·				Yes		No
Par	t IV Escrow and Custodial Arran										110
	reported an amount on Form 990, Pa		0 11 11	ie organization	ranowerea		0111 000, 1 0	,	00,01		
1a	Is the organization an agent, trustee, custodi	an. or other intermed	iarv fo	or contribution	s or other as	sets not ir	ncluded				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line 2	21, fo	or escrow or cu	ustodial acco	unt liabilit	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.							<u></u>			
Par	<b>t V Endowment Funds</b> Complete if							I	( ) =		
		(a) Current year	(b)	Prior year	(c) Two yea	rs back (	d) Three years	back	(e) Four	years I	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance										
2	Provide the estimated percentage of the curr		•	1g, column (a)	)) held as:						
	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		, -									
20	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		tion th	hat are hold ar	ad administor	od for the					
Ja	organization by:	ssion of the organizat		nat are neiù ai					Г	Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI   Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990,	Part	IV, line 11a. S	ee Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or ot	her	(b) Cost	or other	(c) Ac	cumulated		(d) Bool	k value	)
		basis (investm	ient)	basis	(other)		reciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other			1	2,661.		12,661	•			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	(, line	10c. column	<u>(B))</u>						0.
									D (Form	1 990)	2023

Schedu	Ile D (Form 990) 2023 NATIONAL HE	ALTH LAW PROG	RAM INC.	95-3080947 Page 3
Part				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part >	K, line 12.
<b>(a)</b> De	escription of security or category (including name of security)	(b) Book value	(c) Method of valuati	ion: Cost or end-of-year market value
( <b>1)</b> Fina	ancial derivatives			
(2) Clo	sely held equity interests			
<b>(3)</b> Oth	ier			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	Col. (b) must equal Form 990, Part X, line 12, col. (B)) VIII Investments - Program Related. Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X	
	(a) Description of investment	(b) Book value		ion: Cost or end-of-year market value
(1)	(	(-) = = = = = = = = = = = = = = = = = = =		
(1)			1	
(3)				
<u>(3)</u> (4)				
( <del>-</del> )(5)				
(6)				
(7)				
(8)				
<u>(0)</u> (9)				
	Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part >	K, line 15.
	-	Description		(b) Book value
(1)		· · · ·		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	Column (b) must equal Form 990, Part X, line 15, co	<i>((</i> <b>B</b> ))		
Part		, (D))		
	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
	Federal income taxes			
(2)	LEASE LIABILITIES			877,496.
(3)				
(4)				
( <del>-,</del> )(5)				
(6)				
(7)				
(8)				
(9)				
	Column (b) must squal Farm 000 Dart V lizz 05			877,496.
	<i>Column (b) must equal Form 990, Part X, line 25, co</i> bility for uncertain tax positions. In Part XIII, provide			
	anization's liability for uncertain tax positions under			

Schedule D (Form 990) 2023

332053 09-28-23

Schedule D (Form 990) 2023 NATIONAL HEALTH LAW PROGRAM INC. 95-3080947 Page 4						
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			. <u> </u>		
1	Total revenue, gains, and other support per audited financial statements			1	11,231,058.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	т т				
а	Net unrealized gains (losses) on investments		789,135.			
b	Donated services and use of facilities					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d	803,834.			
е	Add lines 2a through 2d			2e	<u>1,592,969</u> . 9,638,089.	
3	Subtract line 2e from line 1			3	9,638,089.	
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	115,708.			
с	Add lines 4a and 4b			4c	115,708.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,753,797.			
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Retur	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	11,023,768.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	803,834.			
е	Add lines 2a through 2d			2e	803,834.	
3	Subtract line 2e from line 1			3	10,219,934.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	10,219,934.		
Pa	t XIII Supplemental Information					
D	de the descriptions required for Dort II, lines 0, 5, and 0; Dort III, lines 1, and 4; Dort	N/ Bass die	and Obs Davit V line 4			

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 X, LINE 2:

THE ENTITY EVALUATES UNCERTAIN TAX POSITIONS WHEREBY THE EFFECT OF THE

UNCERTAINTY WOULD BE RECORDED IF THE TAX POSITIONS WERE MORE LIKELY THAN

NOT TO BE SUSTAINED UPON EXAMINATION. AS OF YEAR-END, THE ENTITY HAD NO

UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL OR DISCLOSURE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
IN-KIND/PRO BONO SERVICES	803,287.
DIRECT FUNDRAISING EVENT EXPENSES	547.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	803,834.

	ADJUSTMENTS:	OTHER	4B -	LINE	PART XI,
Schedule D (Form 990) 2023					332054 09-28-23
34					

Schedule D (Form 990) 2023         NATIONAL HEALTH LAW PROGRAM INC.           Part XIII         Supplemental Information (continued)	95-3080947 Page 5
INVESTMENT INCOME	115,708.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
IN-KIND/PRO BONO EXPENSES	803,287.
DIRECT FUNDRAISING EVENT EXPENSES	547.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	803,834.
	Schedule D (Form 990) 2023
332055 09-28-23 3 5	

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047			
(Form 990)		e organization answered "Yes" on l organization entered more than \$15				r <b>19</b> ,	or if the	2023			
Department of the Treasury		Attach to Form 990 o						Open to Public			
Internal Revenue Service Name of the organization	Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification numb										
NATIONAL HEALTH LAW PROGRAM INC. 95-3080947											
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ne 17	7. Form 990-E	Z filers are not			
· · · · · · · · · · · · · · · · · · ·		ed funds through any of the following	g activ	ities. (	Check all that apply.						
a Mail solicitations e Solicitation of non-government grants											
	d email solicitations f Solicitation of government grants										
c     Phone solicitations     g     Special fundraising events       d     In-person solicitations     In-person solicitations											
		r oral agreement with any individual	(includ	ling of	ficers, directors, trust	tees,	or				
key employees list	ed in Form 990, Pa	art VII) or entity in connection with pr	ofessi	onal fi	undraising services?		<b>Y</b>	es No			
•	•	viduals or entities (fundraisers) pursua	ant to	agree	ments under which th	ie fur	ndraiser is to	be			
compensated at le	ast \$5,000 by the	organization.						1			
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	aiser ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization			
			Yes	No							
		n is registered or licensed to solicit c			or has been patificat	it ic	womnt from	ragistration			
or licensing.	ch the organizatio	It is registered or licensed to solicit c	ontrib	utions	or has been notified		exempt from	egistration			

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

NATIONAL HEALTH LAW PROGRAM INC.

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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,0	00.
			(a) Event #1 50TH ANNIVERSARY	(b) Event #2	(c) Other events NONE	(d) Total event (add col. (a) thro	
			(event type)	(event type)	(total number)	col. <b>(c)</b> )	
nue							
Revenue	1	Gross receipts	21,025.			21,0	25.
щ							
	2	Less: Contributions	21,025.			21,0	25.
	3	Gross income (line 1 minus line 2)					
	4	Cash prizes					
	5	Noncash prizes					
bense	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
Ō	8	Entertainment					
		Other direct expenses				54	47.
		Direct expense summary. Add lines 4 through		·		54	47.
_		Net income summary. Subtract line 10 from li				-54	47.
Ра	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than		
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming	(add
anr			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through co	
Revenue							
н	1	Gross revenue					
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
irect E	4	Rent/facility costs					
	_						
	5	Other direct expenses	Noo 01	Noo 04	Noo 01		
	6	Volunteer labor	Yes % No	Yes% No	Yes % No		
	0	Volunteer labor					
	7	Direct expense summary. Add lines 2 through	5 in column (d)				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				
0	Ent	ter the state(s) in which the organization condu	ete gaming activitios:				
		he organization licensed to conduct gaming ac		states?		Yes	No
		No," explain:					
		· · · · · · · · · · · · · · · · · · ·					
		ere any of the organization's gaming licenses re		rminated during the tax y	ear?	Yes	No
b	lf "`	Yes," explain:					

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Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	NATIONAL	HEALTH	LAW	PROGRAM	INC.	95-3	080947	Page 3
11	Does the organization conduct g	aming activities witl	h nonmembers	?				Yes	No
12	Is the organization a grantor, ben	•							
	to administer charitable gaming?							Yes	No
	Indicate the percentage of gamin								
	The organization's facility							13a	%
	An outside facility							13b	%
14	Enter the name and address of the	ne person who prep	ares the organ	ization's	s gaming/specia	l events books an	d records:		
	Name								
	Address								
15a	Does the organization have a cor	ntract with a third pa	arty from whom	n the org	ganization receiv	ves gaming revenu	ıe?	Yes	No
r	If "Yes," enter the amount of gan	nina revenue receivo	ed by the organ	nization	\$	anc	I the amount		
	of gaming revenue retained by th				Ψ	unc			
c	If "Yes," enter name and address								
	Name								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation	\$							
	Description of services provided								
	Director/officer	Employee		Indepe	endent contracto	or			
17	Mandatory distributions:								
a	Is the organization required unde	er state law to make	charitable dist	ribution	s from the gami	ng proceeds to			
	retain the state gaming license?							Yes	No
k	Enter the amount of distributions	required under sta	te law to be dis	stributed	I to other exemp	ot organizations or	spent in the		
	organization's own exempt activi								
Ра	rt IV Supplemental Infor						and (v); and Par	t III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable. Also p	orovide any add	litional ir	nformation. See	instructions.			
3320	83 09-13-23						Schedu	le G (Form	990) 2023

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Scł	ne	dule	G	(Form	990)	
)				-		

Part IV	Supplemental Information (continued)
	Schedule G (Form 990)

332084 04-01-23

NATIONAL HEALTH LAW PROGRAM INC.       95-30809         Part I       General Information on Grants and Assistance       1         1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	-0047											
Department of the Treasury Internal Revenue Service       Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.       Open to Public Inspection         Name of the organization       Image: NaTIONAL HEALTH LAW PROGRAM INC.       Employer identification num 95 – 30809         Part I       General Information on Grants and Assistance       Image: Service       Service         1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?       Image: Service       Image: Service         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.       Image: Service       Image: Service       Image: Service         Part II       Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.       (f) Method of noncash argitation (book, FMV, appraisal,       (g) Description of noncash assistance       (h) Purpose of grant or assistance	3											
Internal Revenue Service       Go to www.irs.gov/Form990 for the latest information.       Inspection         Name of the organization       NATIONAL HEALTH LAW PROGRAM INC.       Employer identification nur 95–30809         Part I       General Information on Grants and Assistance       1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?       X       Yes         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.       X       Yes       Z         Part II       Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.       (f) Method of valuation (book, FMV, appraisal,       (g) Description of noncash assistance       (h) Purpose of grant or assistance	ublic											
NATIONAL HEALTH LAW PROGRAM INC.       95-30809         Part I       General Information on Grants and Assistance       1         1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?       X         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.       X         Part II       Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address of organization (b) EIN       (c) IRC section (if applicable)       (d) Amount of cash grant       (f) Method of valuation (book, FMV, appraisal, or assistance       (g) Description of noncash assistance       (h) Purpose of grant or assistance												
Part I       General Information on Grants and Assistance         1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?       Image: Complete in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         Part II       Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address of organization or government       (b) EIN       (c) IRC section (if applicable)       (d) Amount of cash grant       (f) Method of valuation (book, FMV, appraisal, or assistance       (g) Description of noncash assistance       (h) Purpose of grant or assistance												
1       Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?       Image: Complete if the organization is procedures for monitoring the use of grant funds in the United States.         2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         1       (a) Amount of or government       (b) EIN       (c) IRC section (if applicable)       (d) Amount of cash grant       (f) Method of valuation (book, FMV, appraisal, or assistance       (g) Description of noncash assistance       (h) Purpose of grant or assistance	1947											
criteria used to award the grants or assistance?       X Yes         2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         Part II       Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address of organization or government       (b) EIN       (c) IRC section (if applicable)       (d) Amount of cash grant       (f) Method of valuation (book, FMV, appraisal, or assistance)       (g) Description of noncash assistance       (h) Purpose of grant or assistance												
2       Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.         Part II       Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address of organization or government       (b) EIN       (c) IRC section (if applicable)       (d) Amount of cash grant       (e) Amount of noncash assistance       (g) Description of noncash assistance       (h) Purpose of grant or assistance												
Part II       Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.         1 (a) Name and address of organization or government       (b) EIN       (c) IRC section (if applicable)       (d) Amount of cash grant       (e) Amount of noncash assistance       (f) Method of valuation (book, FMV, appraisal,	NO											
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.          1 (a) Name and address of organization or government       (b) EIN       (c) IRC section (if applicable)       (d) Amount of cash grant       (e) Amount of noncash assistance       (f) Method of valuation (book, FMV, appraisal, or assistance       (g) Description of noncash assistance       (h) Purpose of grant or assistance												
or government (b) EIN (c) INC section (d) Amount of (e) Amount of valuation (book, (if applicable) cash grant noncash assistance or assistance or assistance												
	nt											
CENTER FOR CIVIL JUSTICE (MI) 436 S. SAGINAW ST, SUITE 400 FLINT, MI 48502 38-1859780 40,000. 0. HEALTH LAW PARTNERSHI	HIP											
CHARLOTTE CENTER FOR LEGAL ADVOCACY, INC - 1431 ELIZABETH AVE - CHARLOTTE, NC 28204 56-1202940 50,000. 0. HEALTH LAW PARTNERSHI	HIP											
DISABILITY LAW CENTER (UTAH) 205 N 400 WEST SALT LAKE CITY, UT 84103 87-0326807 50,000. 0. HEALTH LAW PARTNERSHI	HIP											
FLORIDA HEALTH JUSTICE PROJECT (FHJP) - 3793 IRVINGTON AVENUE - MIAMI, FL 33133 82-3397515 40,014. 0. HEALTH LAW PARTNERSHIT PROJECT												
INDIANA JUSTICE PROJECT 6101 NORTH KEYSTONE AVENUE INDIANAPOLIS, IN 46220 86-1217450 50,000. 0. 0. HEALTH LAW PARTNERSHI	HIP											
LEGAL AID OF ARKANSAS       LEGAL AID OF ARKANSAS       HEALTH LAW PARTNERSHI         1200 WEST WALNUT STREET SUITE 3101       71-0439977       45,000.       0.         ROGERS, AR 72756-3521       71-0439977       45,000.       0.       PROJECT & ADS         2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       Section 501(c)(3)       Section 501(c)(3)       Section 501(c)(3)												

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

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

#### Schedule I (Form 990) NATIONAL HEALTH LAW PROGRAM INC.

<b>•</b> -				-
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Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL AID SOCIETY OF COLUMBUS 1108 CITY PARK AVE #100 COLUMBUS, OH 43206	31-4416407		50,000.	0.			HEALTH LAW PARTNERSHIP
LEGAL COUNCIL FOR HEALTH JUSTICE (LCHJ) – 17 N STATE ST #900 – CHICAGO, IL 60602	36-3563802		40,000.	0.			HEALTH LAW PARTNERSHIP & MEDICAID MONITORING PROJECT
LEGAL SERVICES OF EASTERN MISSOURI (LSEM) – 4232 FOREST PARK AVE – ST. LOUIS, MO 63108	43-0816805		127,400.	0.			HEALTH LAW PARTNERSHIP & MEDICAID MONITORING PROJECT
TENNESSEE JUSTICE CENTER 211 7TH AVE N #100 NASHVILLE, TN 37219	62-1630417		70,000.	0.			HEALTH LAW PARTNERSHIP & MEDICAID MONITORING PROJECT
THE ARC OF THE UNITED STATES 2000 PENNSYLVANIA AVENUE NW, SUITE WASHINGTON, DC 20006	13-5642032		44,000.	0.			ADMIN ADVOCACY
NEBRASKA APPLESEED 941 O ST. SUITE 920 LINCOLN, NE 68508	47-0798343		40,000.	0.			HEALTH LAW PARTNERSHIP
COLORADO CENTER OF LAW & POLICY 789 N SHERMAN ST, STE 300 DENVER, CO 80203	84-1264154		45,000.	0.			HEALTH LAW PARTNERSHIP
COMMUNITY LEGAL AID SOCIETY INC 100 WEST 10TH STREET WILMINGTON, DE 19801	51-6000158		45,000.	0.			HEALTH LAW PARTNERSHIP
DISABILITY RIGHTS CONNECTICUT 864 WETHERSFIELD AVENUE HARTFORD, CT 06114	81-3156636		45,000.	0.			HEALTH LAW PARTNERSHIP

Schedule I (Form 990)

#### NATIONAL HEALTH LAW PROGRAM INC. Schedule I (Form 990) Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNTAIN STATE JUSTICE							
1217 QUARRIER STREET							
CHARLESTON, WV 25301	55-0748332		40,000.	0.			HEALTH LAW PARTNERSHIP
NATIONAL CENTER FOR LESBIAN RIGHTS 870 MARKET STREET, SUITE 370 SAN FRANCISCO, CA 94102	94-3086885		10,000.	0.			ADMIN ADVOCACY
ALABAMA DISABILITIES ADVOCACY PROGRAM - UNIVERSITY OF ALABAMA,							
BOX 870136 - TUSCALOOSA, AL 35487	63-6001138		45,000.	0.			ADS
MISSISSIPPI CENTER FOR JUSTICE 5 OLD RIVER PLACE, SUITE 203 JACKSON, MS 39202	13-4203234		45,000.	0.			HEALTH LAW PARTNERSHIP
OREGON LAW CENTER 522 SW 5TH AVE, STE 812 PORTLAND, OR 97204	93-1194564		50,000.	0.			HEALTH LAW PARTNERSHIP

Schedule I (Form 990)

#### Schedule I (Form 990) 2023

#### NATIONAL HEALTH LAW PROGRAM INC.

95-3080947

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Doubly Complemental Information Dury ide the information of					•

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

SCHEDULE I, PART II

ONE OF THE GRANTORS DISCLOSED ON SCHEDULE I RELFECTS PRIOR PERIOD

ADJUSTMENTS TO TRUE-UP GRANTS ACCROSS ALL DONORS, WITH ADJUSTMENTS

APPLIED TO FLORIDA HEALTH JUSTICE PROJECT (FHJP) FOR REPORTING

PURPOSES. THE TOTAL GRANTS TO FHJP FOR 2023 AMOUNT TO \$142,400;

HOWEVER, THE ADJUSTED AMOUNT OF \$40,014 REPRESENTS CUMULATIVE

ADJUSTMENTS NECESSARY TO RECONCILE PAST DISCREPANCIES FOR ALL GRANTORS.

THIS IS A FINAL TRUE-UP, AND NO FURTHER ADJUSTMENTS WILL BE MADE GOING

#### FORWARD.

SCHEDU	ULE J	Compensation Information	1	OMB No. 1	545-004	47
(Form 9	90)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	2	
•	-	Compensated Employees		20	ZJ	)
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
Department of Internal Reven		Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Name of th	ne organization		Employer i	identificatio	on nur	nber
		NATIONAL HEALTH LAW PROGRAM INC.	95-3	308094'	7	
Part I	Questions	Regarding Compensation				
					Yes	No
1a Chec	k the appropria	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
Part \	/II, Section A, I	ine 1a. Complete Part III to provide any relevant information regarding these items.				
I	First-class or cl	narter travel Housing allowance or residence for perso	nal use			
-	Travel for com	panions Payments for business use of personal re-	sidence			
-	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s			
I	Discretionary s	pending account Personal services (such as maid, chauffeu	ır, chef)			
<b>b</b> If any	of the boxes o	n line 1a are checked, did the organization follow a written policy regarding payment or				
reimb	oursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2 Did th	ne organization	require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
truste	es, and officer	s, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3 Indica	ate which, if an	y, of the following the organization used to establish the compensation of the organization's	i			
CEO/	Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
estab	lish compensa	tion of the CEO/Executive Director, but explain in Part III.				
(	Compensation	committee X Written employment contract				
I	Independent c	ompensation consultant II Compensation survey or study				
I	Form 990 of ot	her organizations $oxed{X}$ Approval by the board or compensation c	ommittee			
4 Durin	g the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
organ	nization or a rel	ated organization:				
a Recei	ive a severance	e payment or change-of-control payment?		4a		X
	-	eive payment from a supplemental nonqualified retirement plan?		4b		X
		eive payment from an equity-based compensation arrangement?		4c		x
lf "Ye	es" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
-		(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	ngent on the re			_		v
						X
		ation?		<b>5</b> b		X
		r 5b, describe in Part III.				
		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	ngent on the n					v
						X X
		ation?		6b		
		r 6b, describe in Part III.				
		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v
		es 5 and 6? If "Yes," describe in Part III		7		X X
		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v
	-			8		X
		d the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?		9		0000
For Paper	work Reduction	on Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)	2023

LHA 332111 11-06-23

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ELIZABETH TAYLOR	(i)	347,856.	0.	0.	8,265.	1,549.	357,670.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JANE PERKINS	(i)	263,514.	0.	0.	7,905.	22,509.	293,928.	0.
LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JORGE ADRIAN NARANJO	(i)	227,956.	0.	0.	7,187.	41,717.	276,860.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KIMBERLY LEWIS	(i)	199,001.	0.	0.	5,826.	26,272.	231,099.	0.
MANAGING ATTORNEY	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SARAH SOMERS	(i)	202,545.	0.	0.	6,096.	18,071.	226,712.	0.
MANAGING ATTORNEY	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARA YOUDELMAN	(i)	211,688.	0.	0.	5,946.	1,414.	219,048.	0.
MANAGING ATTORNEY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

## Part III Supplemental Information

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

Schedule J (Form 990) 2023

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

ſ ZU 23

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

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

Name of the organization

# NATIONAL HEALTH LAW PROGRAM INC.

ion.		Inspection
	Employer	identification number
	9	5-3080947

Par	rt I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of dei noncash contribu		•	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	2	1,792,307.	MARKET PRICI	Ε		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( )							
26	Other ()							
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement				
						<u>ا</u>	Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used t	for			
	exempt purposes for the entire holding period?	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties of		•	· · ·		32a		х
h	contributions? If "Yes," describe in Part II.					JZđ		
ы 33	If the organization didn't report an amount in c	olumn (a) fai	r a type of property	(for which column (a) is abor	ked			
33			a type of property	nor which column (a) is chec				
	describe in Part II.		. <b>Г</b> анна 000		Schedule M		000)	0000

uction Act Notice, see the Instructions for Form 99

edule M (Form 990) 20

LHA 332141 09-11-23

Schedule M	(Form 990) 2023	NATIONAL	HEALTH LAW	PROGRAM	INC.	95-3080947	Page <b>2</b>
Part II	Supplemental is reporting in Part this part for any ac	Information.	Provide the informati number of contribution	on required by P ons, the number	art I, lines 30b, 32b, a of items received, or	and 33, and whether the organizat a combination of both. Also comp	ion lete
332142 09-11-2	3					Schedule M (Form	990) 2023

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.



NATIONAL HEALTH LAW PROGRAM INC.

95-3080947

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

THE NATIONAL HEALTH LAW PROGRAM PROTECTS AND ADVANCES THE HEALTH CARE

RELATED CIVIL RIGHTS OF LOW-INCOME INDIVIDUALS, FAMILIES, AND

UNDERSERVED COMMUNITIES. OUR ADVOCACY STRIVES TO GIVE VOICE TO

LOW-INCOME PEOPLE AND FAMILIES IN FEDERAL AND STATE POLICY MAKING. THE

NATIONAL HEALTH LAW PROGRAM LITIGATES TO ENSURE THAT LOW-INCOME PEOPLE

AND UNDERSERVED COMMUNITIES CAN OBTAIN QUALITY HEALTH CARE TO WHICH

THEY ARE ENTITLED BECAUSE OF VARIOUS FEDERAL AND STATE LAWS, SUCH AS

MEDICAID, THE AFFORDABLE CARE ACT, AMERICANS WITH DISABILITIES ACT, THE

CHILDREN'S HEALTH INSURANCE PROGRAM, THE CIVIL RIGHTS ACT OF 1964 AND

MANY OTHER LAWS AND POLICIES.

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

LITIGATION:

PARTNERING WITH STATE AND LOCAL ADVOCATES ACROSS THE COUNTRY, ATTORNEYS

FOR THE NATIONAL HEALTH LAW PROGRAM REPRESENTED LOW-INCOME INDIVIDUALS

AND FAMILIES IN LITIGATION TO ENFORCE PROVISIONS OF THE MEDICAID ACT

AND OTHER FEDERAL AND STATE HEALTH AND CIVIL RIGHTS LAWS.

FOR EXAMPLE, IN 2023, THE ORGANIZATION BROUGHT LITIGATION TO PREVENT

STATES FROM UNLAWFULLY DROPPING PEOPLE FROM THE MEDICAID ROLLS AS THEY

REDETERMINE MEDICAID ELIGIBILITY NOW THAT THE COVID EMERGENCY HAS

OFFICIALLY ENDED. WE ALSO CONTINUED LITIGATION TO ENSURE TRANSPARENCY

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
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Name of the organization NATIONAL HEALTH LAW PROGRAM INC.	Employer identification number 95-3080947
AND ACCOUNTABILITY, DUE PROCESS, AND ACCESS TO SERVICES, I	NCLUDING
SEVERAL CASES TO ENSURE THAT MEDICALLY FRAGILE CHILDREN RE	CEIVE THE

SERVICES THAT ARE GUARANTEED THEM UNDER MEDICAID'S EARLY AND PERIODIC

SCREENING, DIAGNOSTIC AND TREATMENT PROVISIONS AND CASES TO ENFORCE THE

ANTI-DISCRIMINATION PROVISIONS OF THE AFFORDABLE CARE ACT.

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

NATIONAL POLICY:

THE NATIONAL HEALTH LAW PROGRAM'S HEALTH POLICY WORK ADVOCATES FOR PROTECTION AND EXPANSION OF HEALTH AND CIVIL RIGHTS OF LOW-INCOME INDIVIDUALS AND FAMILIES AND UNDERSERVED COMMUNITIES. THE NATIONAL HEALTH LAW PROGRAM'S HEALTH POLICY EFFORTS IN 2023 INCLUDED BUT WERE NOT LIMITED TO THE FOLLOWING: (1) ADVOCATING FOR LEGISLATION TO CLOSE THE COVERAGE GAP AND INCREASE FUNDING FOR HOME AND COMMUNITY BASED SERVICES; (2) WORKING TO PREVENT DAMAGE CAUSED BY THE END OF THE PUBLIC HEALTH EMERGENCY, THROUGH ADVOCACY AT THE FEDERAL LEVEL AND SUPPORT TO ADVOCATES AT THE STATE LEVEL; (3) PROVIDING LEGAL AND POLICY SUPPORT TO NATIONAL AND STATE BASED COALITIONS WORKING TO PROTECT, AND WHERE POSSIBLE, EXPAND ACCESS TO HEALTH CARE FOR LOW-INCOME INDIVIDUALS, FAMILIES AND UNDERSERVED COMMUNITIES; (4) PROVIDING LEGAL SUPPORT AND PROBLEM-SOLVING EXPERTISE TO POLICYMAKERS, ADVOCATES, AND PROVIDERS AS LEGAL ISSUES ARISE AT THE ADMINISTRATIVE (REGULATORY) AND STATE IMPLEMENTATION LEVELS; (5) PROVIDING LEGAL SUPPORT TO POLICYMAKERS TO CONSIDER NEW MODELS FOR PROVIDING HEALTH CARE TO ALL.

DURING	2023	THE	NATIONAL	HEALTH	LAW	PROGRAM	AGAIN	INCREASED	) IT	S			
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Name of the organization	Employer identification number
NATIONAL HEALTH LAW PROGRAM INC.	95-3080947
SUBSTANTIAL EFFORTS TO COUNTER HEALTH CARE DISPARITIES	AND DEFEND CIVIL
RIGHTS LAWS, INCLUDING BY ADVOCATING FOR STRONG REGULAT	TIONS TO ENFORCE
SECTION 1557, THE ANTI-DISCRIMINATION PROVISION OF THE	AFFORDABLE CARE
ACT.	

IN 2023, NATIONAL HEALTH LAW PROGRAM STAFF PROVIDED STATE AND FEDERAL HEALTH CARE ADVOCATES LEGAL ASSISTANCE FOR MYRIAD POLICY AND LEGAL CONCERNS OF LOW-INCOME INDIVIDUALS AND FAMILIES. STAFF MEMBERS WERE ALSO INVOLVED IN AND/OR FEATURED IN SCORES OF CONFERENCES AND TRAINING EVENTS. STAFF ALSO PRODUCED NUMEROUS FACT SHEETS, ISSUE BRIEFS, Q&A'S, AND ADDITIONAL RESOURCES THAT WERE SHARED VIA LISTSERVS, EMAIL, SOCIAL MEDIA PLATFORMS, PRESS OUTREACH, AND OTHER MEANS. MUCH OF THIS WORK PRODUCT WAS ALSO POSTED ON THE ORGANIZATION'S WEBSITE.

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

CALIFORNIA POLICY:

IN 2023, THE NATIONAL HEALTH LAW PROGRAM ENGAGED IN SIGNIFICANT EFFORTS TO HELP DEVELOP AND IMPLEMENT IMPROVEMENTS TO CALIFORNIA'S PUBLICLY FUNDED HEALTH CARE SYSTEM. SOME OF THE KEY HEALTH CARE EXPANSION EFFORTS INCLUDED: EXPANDING ACCESS TO PREMIUM ASSISTANCE FOR MARKETPLACE INSURANCE REGARDLESS OF IMMIGRATION STATUS, IMPLEMENTING THE EXPANSION OF MEDI-CAL COVERAGE AND ACCESS TO SERVICES AMONG JUSTICE-INVOLVED POPULATIONS IN CALIFORNIA; INCLUDING COMMUNITY HEALTH WORKERS, DOULA BENEFITS, BEHAVIORAL HEALTH SERVICES, SERVICES FOR FOSTER YOUTH, AND MANY OTHERS, AS MEDI-CAL BENEFITS; CONTINUING ONGOING EFFORTS TO EXPAND ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH CARE, Schedule O (Form 990) 2023 332212 11-14-23 51

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INCLUDING DOULA AND CONTRACEPTIVE SERVICES; AND IMPLEMENTING CHANGES TO

MEDI-CAL THROUGH THE CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL

(CALAIM) INITIATIVE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE NATIONAL HEALTH LAW PROGRAM ENGAGED IN A NUMBER OF TARGETED

PROJECTS TO SUPPORT OUR PRIMARY GOALS.

EXPENSES \$ 874,956. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FINANCE COMMITTEE OF THE BOARD SHALL HAVE THE RESPONSIBILITY FOR

REVIEWING THE ORGANIZATION'S FORM 990 (INCLUDING ALL PERTINENT SCHEDULES)

BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

A DRAFT OF THE FORM 990 SHOULD BE READY FOR REVIEW BY THE FINANCE COMMITTEE OF THE BOARD PRIOR TO THE FILING DEADLINE. IF THE NEXT FINANCE COMMITTEE OF THE BOARD MEETING IS NOT SCHEDULED SOON ENOUGH, THE DRAFT WILL BE SENT TO ALL THE BOARD MEMBERS VIA EMAIL. BOARD MEMBERS CAN THEN ASK OR MAKE QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS.

IN CONDUCTING THEIR REVIEW OF THE DRAFT OF THE FORM 990, IT IS PREFERRED THAT THE FINANCE COMMITTEE OF THE BOARD SHALL CONDUCT A TOP-LEVEL OR BIG-PICTURE TYPE OF REVIEW. HOWEVER, IF THE FINANCE COMMITTEE OF THE BOARD DESIRES OR DEEMS IT NECESSARY TO CONDUCT A MORE DETAILED REVIEW OF THE FORM 990, THEN THEY SHOULD CONTACT THE PREPARER OF THE FORM 990 TO REQUEST COPIES OF THE RELEVANT DETAILED TAX RETURN WORKPAPERS WHICH THEY WOULD LIKE TO SEE.

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Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization NATIONAL HEALTH LAW PROGRAM INC.	Employer identification number $95-3080947$
ONCE THE FINANCE COMMITTEE OF THE BOARD HAS COMPLETED ITS	INITIAL REVIEW OF
THE FORM 990, THE FINANCE COMMITTEE WILL APPROVE THE REVIE	W VIA EMAIL TO

THE COO.

THE PREPARER OF THE FORM 990 SHOULD MAKE ANY REVISIONS TO THE FORM 990 AS SOON AS FEASIBLY POSSIBLE TO ENSURE THAT THE FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE ON A TIMELY BASIS.

ALL OF THE QUESTIONS, COMMENTS, AND SUGGESTED REVISIONS SET FORTH BY THE FINANCE COMMITTEE OF THE BOARD SHOULD BE DOCUMENTED, ALONG WITH ANY RESPONSES FROM THE PREPARER OF THE FORM 990, IF APPLICABLE.

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

THE ORGANIZATION REQUIRES ALL BOARD MEMBERS TO COMPLETE AN ANNUAL

QUESTIONNAIRE TO VERIFY THERE ARE NO CONFLICTS OF INTEREST OR THAT ANY

CONFLICTS OF INTEREST ARE DOCUMENTED.

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

THE ORGANIZATION FOLLOWS THE PROCEDURES BELOW IN DETERMINING INSIDER

COMPENSATION:

THE INSIDERS OF THE ORGANIZATION ARE DEEMED AS FOLLOWS:

-ANY MEMBER OF THE BOARD OF DIRECTORS

-ANY OFFICER OF THE ORGANIZATION

-EXECUTIVE DIRECTOR

-ANY FAMILY MEMBER FOR ANY OF THE AFOREMENTIONED

DEFINITION OF	COMPENSATION -	ALL-INCLUSIVE,	INCLUDING ALL	COMPENSATORY
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ame of the organization	Employer identification number
NATIONAL HEALTH LAW PROGRAM INC.	95-3080947
ENEFITS RECEIVED (OTHER THAN NONTAXABLE FRINGE BENEFITS);	INCLUDES

LOAN AGREEMENTS, AND DEFERRED COMPENSATION AMOUNTS.

DEFINITION OF REASONABLE COMPENSATION - AMOUNT OF COMPENSATION A SIMILAR ENTERPRISE, WHETHER TAXABLE OR TAX-EXEMPT, WOULD PAY FOR SIMILAR SERVICES UNDER SIMILAR CIRCUMSTANCES; REASONABLENESS OF COMPENSATION CAN BE ESTABLISHED BY INDEPENDENT COMPENSATION SURVEYS AND ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS.

WHEN DETERMINING THE ANNUAL COMPENSATION FOR ANY INSIDER, THE ORGANIZATION SHALL ALWAYS UNDERTAKE AND SATISFY ALL THREE PRONGS OF THE REBUTTABLE PRESUMPTION SET FORTH IN THE INTERNAL REVENUE CODE REGARDING INTERMEDIATE SANCTIONS (SECTION 4958).

1. COMPENSATION ARRANGEMENT APPROVED IN ADVANCE BY INDEPENDENT MEMBERS OF THE ORGANIZATION'S GOVERNING BODY (BOARD OF DIRECTORS OR A SUBCOMMITTEE THEREOF) THAT IS COMPOSED OF PERSONS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT.

2. BEFORE MAKING THE REASONABLE COMPENSATION DETERMINATION, THE GOVERNING BODY (OR SUBCOMMITTEE THEREOF) RELIED UPON COMPARABILITY DATA

(COMPARABILITY DATA INCLUDES COMPENSATION PAID BY COMPARABLE AND SIMILARLY

SITUATED ENTITIES) IN DECIDING WHETHER TO APPROVE THE COMPENSATION.

3. GOVERNING BODY CONTEMPORANEOUSLY DOCUMENTS ITS BASIS FOR MAKING A

REASONABLE COMPENSATION DETERMINATION, AS FOLLOWS:

A. TERMS OF THE APPROVED COMPENSATION AND THE DATE APPROVED BY THE BOARD,

B. MEMBERS OF THE BOARD PRESENT DURING DEBATE ON THE COMPENSATION AMOUNT

AND THOSE WHO VOTED ON IT AND HOW THEY VOTED ON IT,

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Name of the organization NATIONAL HEALTH LAW PROGRAM INC.	Employer identification number 95-3080947			
C. DESCRIPTION OF THE COMPARABILITY DATA OBTAINED AND RELI	ED UPON AND HOW			
SUCH DATA WAS OBTAINED,				
D. ANY ACTIONS BY A BOARD MEMBER HAVING A CONFLICT OF INTE	REST (E.G.			
DISCLOSURE OF THE CONFLICT OF INTEREST; RECUSAL FROM THE D	ISCUSSION),			
E. DOCUMENTATION OF THE BASIS FOR THE COMPENSATION DETERMI	NATION BEFORE THE			
LATER OF THE NEXT BOARD MEETING OR 60 DAYS AFTER THE FINAL	ACTIONS OF THE			
AUTHORIZED BODY ARE TAKEN.				
IT IS ESSENTIAL THAT ANY INDIVIDUAL WHOSE COMPENSATION IS	BEING DISCUSSED			

# NOT BE PRESENT DURING SUCH DISCUSSIONS.

ALL IDENTIFIED PAYMENTS OF UNREASONABLE COMPENSATION TO AN INSIDER SHOULD BE CORRECTED (UNDOING OF THE UNREASONABLE COMPENSATION TO THE EXTENT POSSIBLE) AS SOON AS FEASIBLY POSSIBLE; FOR EXAMPLE, THE INSIDER SHOULD PAY BACK TO THE ORGANIZATION THE UNREASONABLE COMPENSATION AMOUNTS PLUS INTEREST TO PUT THE ORGANIZATION IN A FINANCIAL POSITION NO WORSE THAN THAT IN WHICH IT WOULD BE IF THE INSIDER WERE DEALING UNDER THE HIGHEST FIDUCIARY STANDARDS.

THE REASONABLE COMPENSATION DISCUSSION SHOULD BE UNDERTAKEN BY THE BOARD AT LEAST ANNUALLY.

THE ORGANIZATION SHALL REFRAIN, WHENEVER POSSIBLE, FROM PAYING CONTINGENT COMPENSATION TO INSIDERS AND ALSO AVOID THE PAYMENT OF GOLDEN PARACHUTE PAYMENTS TO INSIDERS.

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

# PROCEDURES FOR PUBLIC INSPECTION OF DOCUMENTS

Schedule O (Form 990) 2023

THE FOLLOWING ORGANIZATIONAL DOCUMENTS OF THE ORGANIZATION WILL BE

AVAILABLE (FOR INSPECTION OR COPYING) AT THE ORGANIZATION'S MAIN OFFICE

DURING NORMAL BUSINESS HOURS AT NO CHARGE:

TAX EXEMPTION APPLICATION (FORM 1023)

INTERNAL REVENUE SERVICE DETERMINATION LETTER

#### - ARTICLES OF INCORPORATION

- BY-LAWS

THE FOLLOWING DOCUMENTS OF THE ORGANIZATION WILL BE AVAILABLE ONLINE AT

## HEALTHLAW.ORG:

PUBLIC INSPECTION COPY OF THE FORM 990 FOR THE PREVIOUS THREE YEARS

AUDITED FINANCIAL STATEMENTS

THE PUBLIC INSPECTION COPY OF THE FORM 990 WILL NOT INCLUDE SCHEDULE A -

EXCESS CONTRIBUTORS OR SCHEDULE B - NAMES AND ADDRESSES OF CONTRIBUTORS.

THE ORGANIZATION WILL MAKE BEST EFFORTS TO ENSURE THAT THE FORMS 990 HELD AT THEIR MAIN OFFICE ARE THE MOST UPDATED VERSIONS OF SUCH. FOR EXAMPLE, IN THE INSTANCE WHERE A FORM 990 HAS BEEN AMENDED, THE AMENDED VERSION OF THE FORM 990 SHOULD BE THE ONE AVAILABLE FOR PUBLIC INSPECTION.

WHEN RESPONDING TO A PUBLIC INSPECTION REQUEST FOR ANY ORGANIZATIONAL

DOCUMENT OR FORM 990 BY ANYONE, THE ORGANIZATION SHALL FULFILL SUCH REQUEST

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IN A TIMELY FASHION WITHOUT INQUIRING AS TO THE REASON FOR THE PUBLIC

INSPECTION REQUEST.

FORM	990,	PART	XI,	LINE	9,	CHANGES	IN	$\mathbf{NET}$	ASSETS:		

Schedule O (Form 990) 2023 Name of the organization NATIONAL HEALTH LAW PROGRAM INC.	Page 2 Employer identification number 95-3080947
IN-KIND/PRO BONO SERVICES	-803,287.
INVESTMENT INCOME	-115,708.
TOTAL TO FORM 990, PART XI, LINE 9	-918,995.
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## 2023 DEPRECIATION AND AMORTIZATION REPORT

#### FOI

ORM 990 PAGE 10 990															
Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
14	(D)FURNITURE	01/04/08	SL	6.00		16	9,165.				9,165.	9,165.		0.	9,165.
15	COMPUTER EQUIPMENT	02/19/08	SL	3.00		16	1,407.				1,407.	1,407.		0.	1,407.
16	OFFICE EQUIPMENT	04/09/08	SL	10.00		16	6,018.				6,018.	6,018.		٥.	6,018.
17	(D)COMPUTER EQUIPMENT	03/31/10	SL	3.00		16	4,065.				4,065.	4,065.		0.	4,065.
18	(D)COMPUTER EQUIPMENT	03/31/10	SL	3.00		16	1,998.				1,998.	1,998.		0.	1,998.
20	(D)COMPUTER EQUIPMENT	01/31/11	SL	3.00		16	1,286.				1,286.	1,286.		0.	1,286.
23	FURNITURE	08/01/11	SL	6.00		16	5,244.				5,244.	5,244.		0.	5,244.
55	WEBSITE	11/01/18		36M	ну	43	26,000.				26,000.	26,000.		0.	26,000.
56	(D)LEASEHOLD IMPROVEMENT	06/11/19	SL	10.00		16	6,980.				6,980.	2,501.		349.	2,850.
	* TOTAL 990 PAGE 10 DEPR & AMORT						62,163.				62,163.	57,684.		349.	58,033.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						62,163.			0.	62,163.	57,684.			58,033.
	ACQUISITIONS						0.			0.	0.	0.			0.
	DISPOSITIONS/RETIRED						23,494.			0.	23,494.	19,015.			19,364.
	ENDING BALANCE						38,669.			0.	38,669.	38,669.			38,669.
	ENDING ACCUM DEPR LESS DISPOSITIONS											38,669.			
	ENDING BOOK VALUE											0.			

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone