# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A B

ΑF	or the	e 2022 calendar year, or tax year beginning	and ending			
<b>B</b> c	heck if	C Name of organization		D Employer i	dentifica	tion number
X	Addre					
	Name	Doing business as		95-30	80947	7
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite			
	Final return		315	310-2		
	termir ated Amen			<b>G</b> Gross receipts		12,609,332.
	return	LOS ANGELES, CA 90010		H(a) Is this a g		
	Applio tion pendi			for subor		
_		SAME AS C ABOVE	\/d\) 50	H(b) Are all subor		
		empt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a	)(1) or 52			t. See instructions
	Vebsi	organization: X Corporation Trust Association Other	I Voc	H(c) Group ex		number State of legal domicile: <b>CA</b>
	art I	Summary	L Yea	oi ioiiialioii. ± 3	7 7 O N S	state of legal doffliche, CA
		Briefly describe the organization's mission or most significant activities: TO	PROTECT	T AND ADV	ANCE	THE
Governance		HEALTH RIGHTS OF LOW INCOME AND UNDERSE				
nar	2	Check this box if the organization discontinued its operations or di	sposed of mor	e than 25% of its	net asset	S.
over .	3					14
	4	Number of independent voting members of the governing body (Part VI, line 1	b)		. 4	14
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			. 5	49
<u>vi</u>		Total number of volunteers (estimate if necessary)				11
Acti		Total unrelated business revenue from Part VIII, column (C), line 12				0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			. 7b	0.
				Prior Year	47	Current Year
e		Contributions and grants (Part VIII, line 1h)		11,148,7		10,734,416.
en.		Program service revenue (Part VIII, line 2g)		190,9 194,7		40,712.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		194,7		95,203.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,635,4		11,077,129.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,756,6		2,429,379.
			I	1,750,0	0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-		5,344,7		5,955,117.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		3,311,	0.	0.
ben	b	Total fundraising expenses (Part IX, column (D), line 25) 526	.370.			
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,087,1	13.	1,516,207.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,188,4		9,900,703.
	19	Revenue less expenses. Subtract line 18 from line 12		2,446,9	38.	1,176,426.
Net Assets or			В	eginning of Curren	t Year	End of Year
sets	20	Total assets (Part X, line 16)		24,545,2	80.	25,831,527.
t As	21	Total liabilities (Part X, line 26)		946,1		1,751,201.
		Net assets or fund balances. Subtract line 21 from line 20		23,599,1	12.	24,080,326.
	art II	Signature Block				
	•	Ilties of perjury, I declare that I have examined this return, including accompanying sche		*		nowledge and belief, it is
true,	correc	et, and complete. Declaration of preparer (other than officer) is based on all information	of which prepare			22
0	_	Clizabeth G. Taylor Stignarufe of officer		<u>U8</u> Date	/23/202	23
Sig		ELIZABETH TAYLOR, EXECUTIVE DIRECTOR		Buto		
Her	е	Type or print name and title				
		Print/Type preparer's name Preparer's signature		Date	Check	PTIN
Paid		STEVE CLELAND		i	if self-employed	P00367242
Prep		Firm's name BEACH FREEMAN LIM & CLELAND, LI	JP	Firm's		-2306396
	Only	Firm's address 861 PARKVIEW DR. N, SUITE 200		1 11111 3		
	.,	EL SEGUNDO, CA 90245	Phone	no.310-	-447-1234	
Mav	the II	RS discuss this return with the preparer shown above? See instructions		1		X Yes No
2220	01 10 1	3.22 I HA For Panerwork Reduction Act Notice see the senarate instru	ıctione			Form <b>990</b> (2022)

Pa	rt III	=	Service Accomplishments		
			•	Part III	X
1		y describe the organization's m	ission:		
	SEL	SCHEDULE O.			
	-				
2	Did t	ne organization undertake any s	significant program services during the	year which were not listed on the	
_					Yes X No
		s," describe these new services			
3				v it conducts, any program services?	Yes X No
•		s," describe these changes on		The definations, any program convictor.	
4				its three largest program services, as measu	red by expenses.
				ount of grants and allocations to others, the	
		ue, if any, for each program ser	vice reported.		
4a	(Code:	) (Expenses \$	5,085,544. including grants of \$	2,069,379. ) (Revenue \$	)
	SEE	SCHEDULE O.			
4b	(Code:		918,132. including grants of \$	320,000. ) (Revenue \$	)
	SEE	SCHEDULE O.			
	,		076 471	40.000	,
4c	(Code:		or including grants of \$	40,000 • ) (Revenue \$	)
	SEL	SCHEDULE O.			
4d	Othe	program services (Describe or	Schedule () )		
,,,	(Expen		9 • including grants of \$	) (Revenue \$	)
4e		program service expenses	8,154,506.	, t. iovalida v	/
	. J.ui	p 3/4 55. 1.55 Oxporisod	., . = ,		Form <b>990</b> (2022)

## Form 990 (2022) NATIONAL HEALTH LAW PROGRAM INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
I	If "Yes," complete Schedule A	1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
ı	public office? If "Yes," complete Schedule C, Part I	3		Х
	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	
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
ı	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7 [	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
t	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
<b>9</b> [	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
á	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
I	If "Yes," complete Schedule D, Part IV	9		Х
<b>10</b>	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
(	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
	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.			
a l	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	
	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	v	
	Schedule D, Parts XI and XII	12a	X	
	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Λ
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/4		Х
	or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		21
		15		х
	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		21
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		21
		17		х
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		- 22
		18		х
	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	10		
		19		х
	complete Schedule G, Part III	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_55		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	х	

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ı aı	Officerist of Nequired Scriedules (continued)		1	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
00	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? <i>If</i> "Yes," <i>complete</i>			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	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			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
rai	Objects Machael de Constaline a supragram and the specific in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V			<u></u>
. م	Enter the number was add in here 0 of Form 1000 Enter 0 if and any limited		Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  1a 20  Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable  1b 0	-		
b	Enter the Hamber of Fermi V Za moladada errimo Ta. Enter o mitot applicació			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
	(gambling) winnings to prize winners?	IC	42	

232004 12-13-22

Form 990 (2022)

NATIONAL HEALTH LAW PROGRAM INC.

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

0-	Enter the number of ampleyons reported an Form W.C. Transmittel of Wage and Tay Statements			Yes	No
Za	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 49			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х	
3a		110:	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		- 55		
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		Х
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 A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	, ,	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	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 set	rvices provided to the payor?	7a		Х
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		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 organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received funds. Did a depos advised funds received funds are received funds.		7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Didd a second		9a		
b	Did the annual in a second state and a distribution to a decree decree delices and the decree of		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			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	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.				
р	Enter the amount of reserves the organization is required to maintain by the states in which the	401			
_	organization is licensed to issue qualified health plans	13b			
C 140	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	13c	14a		Х
14a			14b		21
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scheduls the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		1 <del>4</del> D		
.5	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.		.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.		.5		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI

to the transmit of the committee of voling members of the governing body, at the end of the tax year if there are material differences in voling rights among members of the governing body of elegated broad authority to an executive committee or similar committee, explain on Schedule 0.  b Enter the number of voling members included on line 1a, above, who are independent of the conflict of the committee, or similar committee, explain on Schedule 0.  b Charles (effect) results on the conflict of the committee of similar committee, explain on Schedule 0.  c Did any officer, directors, trustees, or key employees or an anagement duties customarily performed by or under the direct supervision of officers, directors, strustees, or key employees to a management company or other person?  3	Sec	tion A. Governing Body and Management						
the 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 0.  b. Erriter the number of voting members included on line 1st, above, who are independent  D did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employees  D did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, derectors, trustees, or key employees to a management company or other person?  D did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  4 D did the organization have members or stockholders?  D did the organization have members or stockholders?  A re any governance decisions of the organization reserved to for subject to approve by) members, stockholders, or persons other than the governing body?  A re any governance decisions of the organization reserved to for subject to approve by) members, stockholders, or persons other than the governing body?  A re any governance decisions of the organization reserved to for subject to approve by) members, stockholders, or persons other than the governing body?  B be the organization contemporaneously document the meetings held or written actions undetaken during the year by the following:  T have a subject of the organization and authority to act on behalf of the governing body?  B be the organization and authority to act on behalf of the governing body?  B be the organization making address? It if yes: "convice the names and addresses as Schedule O.  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Vest if "Yes" did the organization have written policies and procedures governing the activities of such chapters, affiliates, and severnity and complete copy of			1	ı			Yes	No
body delegated tread authority to an exacultive committee or swillar committee, expain on Schedule 0.  b Enter the number of voting members included on line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management of a business relationship with any other officers, directors, trustees, or key employees to a management of property of the property of the organization become aware during the year of a significant diversion of officers, directors, trustees, or key employees to a management company or other person?  5 Did the organization become aware during the year of a significant diversion of the organizations assets?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Para any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization in salining additives? If Year 'noroide the names and addresses on Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)  10a Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent vith the organization's aware provided a complete copy of this Form 900 to all members of its governing body before filing the form?  10b Describe on Schedule O the process if any used by the organization to review this Form 900.  10c Did the o	1a	Enter the number of voting members of the governing body at the end of the tax year	1a		14			
b Enter the number of voting members included on line 1a, above, who are independent		If there are material differences in voting rights among members of the governing body, or if the governing						
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management duties customanily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  3		body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
officer, director, tustees, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filled?  Did the organization have members or stockholders?  Did the organization have members or stockholders?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Did the organization ore the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Did the organization ore the meetings held or written actions undertaken during the year by the following:  The governing body?  But the organization ore one of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  But the organization ore one held of the governing body?  But the organization ore one held of the governing body?  But the organization main address? If "Yes " provide the names and addresses on Schedule O  Section B. Policies (mis Section B requests information about policies not required by the Internal Revenue Code)  We office organization have written policies and procedures governing the activities of such chapters, affiliates,  Did the organization have local chapters, branches, or affiliates?  Did the organization have a written organization to review this Form 990.  Did the organization have a written organization to severely purposes?  Did the organization have a written organization to solve the process. If any used by the organization to exempt purposes?  Did the orga	b	Enter the number of voting members included on line 1a, above, who are independent	1b		14			
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b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b X  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.  12c Did the organization have a written conflict of interest policy? If "No," go to line 13  12d Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12d X  12d X  12d X  12d Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12e X  12d It the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  12d It the organization have a written whistleblower policy?  13d X  15d It the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a Dif "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  16b If "Yes," did the organization home was the forms 1023 (102	10a	Did the organization have local chapters, branches, or affiliates?				10a	Х	
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## 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.

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

- 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.

(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck ss per	more rson i	than o	n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ELIZABETH TAYLOR	45.00							0.4.0 6.6.0		
EXECUTIVE DIRECTOR	45.00			Х				240,663.	0.	8,508.
(2) JANE PERKINS	45.00	-						016 000		05 506
LEGAL DIRECTOR	15.00					X		216,033.	0.	27,536.
(3) JORGE ADRIAN NARANJO	45.00	-						450 550		40.000
CHIEF OPERATING OFFICER	45.00			Х				158,772.	0.	40,039.
(4) KIMBERLY LEWIS	45.00	-						160 881		0.5.400
MANAGING ATTORNEY	45.00					Х		168,771.	0.	27,430.
(5) SARAH SOMERS	45.00	-						151 404		04 084
MANAGING ATTORNEY	45.00					Х		171,484.	0.	21,374.
(6) MARA YOUDELMAN	45.00	-						100 040		6 505
MANAGING ATTORNEY	F 00					Х		183,948.	0.	6,505.
(7) MARC FLEISCHAKER	5.00	ļ								•
GENERAL COUNSEL	<b>5</b> 00	X						0.	0.	0.
(8) JANE PREYER	5.00								•	•
BOARD MEMBER	F 00	X						0.	0.	0.
(9) ARIAN JUNE	5.00								•	•
BOARD MEMBER	F 00	X						0.	0.	0.
(10) REP. HENRY WAXMAN	5.00								•	•
SENIOR ADVISOR TO THE BOAR	<b>5</b> 00	X						0.	0.	0.
(11) ANN KAPPLER	5.00	ļ								•
CHAIR	<b>5</b> 00	X						0.	0.	0.
(12) MIRIAM HARMATZ	5.00								•	•
SECRETARY	F 00	X						0.	0.	0.
(13) NICK SMIRENSKY	5.00								•	•
TREASURER	F 00	X						0.	0.	0.
(14) RON L. WISOR JR.	5.00								•	•
BOARD MEMBER	F 00	X						0.	0.	0.
(15) MICHELE JOHNSON	5.00	٠,,						•	_	•
BOARD MEMBER	F 00	X						0.	0.	0.
(16) WILLIAM B. SCHULTZ	5.00	<b>\</b>						•	_	•
VICE CHAIR	F 00	X						0.	0.	0.
(17) IAN HEATH GERSHENGORN	5.00	\ \						•	_	•
BOARD MEMBER		X						0.	0.	0.

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Form 990 (2022) NATIONAL									95-3060	94/	Page	<u> </u>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	jH t	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do	not c		ition	າ than ເ	one	Reportable	Reportable	Est	imated	
	hours per	box	, unle	ss pe	rson i	is both	n an	compensation	compensation	ame	ount of	
	week	-	cer ar	ia a a	Irecto	or/trus	tee)	from	from related		other	
	(list any	recto						the	organizations		ensation	1
	hours for related	or di	e e			ated		organization	(W-2/1099-MISC/		m the	
	organizations	ustee	trust		e e	Suedu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		nization related	
	below	ualtr	tional		ploye	st con	_	, i			nizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organ	iizationis	
(18) LOURDES A. RIVERA	5.00											
BOARD MEMBER		Х						0.	0.		0	•
(19) DONALD B. VERRILLI JR.	5.00											
BOARD MEMBER		X						0.	0.		0	•
(20) L.D. BRITT	5.00								0		0	
BOARD MEMBER (21) SHAMINA SNEED	5.00	Х						0.	0.		0	•
BOARD MEMBER	5.00	X						0.	0.		0	
(22) STEPHEN WILLIAMS	5.00	Λ						0.	0.			•
BOARD MEMBER	3.00	x						0.	0.		0	
									•			·
		1										
												_
		-										
		-										
												_
		1										
1b Subtotal							<u> </u>	1,139,671.	0.	131	,392	-
c Total from continuation sheets to Part VI								0.	0.		0	
d Total (add lines 1b and 1c)								1,139,671.	0.	131	,392	•
2 Total number of individuals (including but n								eceived more than \$100,	000 of reportable			
compensation from the organization												6
											Yes No	<b>o</b>
3 Did the organization list any former officer	director, trust	ee, k	сеу е	empl	loye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for s										3	X	_
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a	-				-			-			77	
rendered to the organization? If "Yes, " con	<u>iplete Schedule</u>	e J fo	or sı	ıch į	oers	on .				5	X	

**Section B. Independent Contractors** 

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

(A) Name and business address	(B) Description of services	(C) Compensation
RSM, 2021 L STREET NW, SUITE 400, WASHINGTON, DC 20036	ACCOUNTING	115,745.
Total number of independent contractors (including but not limited to th \$100,000 of compensation from the organization		

# Part VIII Statement of Revenue

			Check if Schedule O contains	a response o	or note to any lin	e in this Part VIII			
					<b>,</b>	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
တ တ	1	a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
င်္ခ မြ			Fundraising events		4,060.				
fts,			Related organizations		, -				
e is			Government grants (contributions)						
Sir			All other contributions, gifts, grants, an						
et j		•	similar amounts not included above		10,730,356.				
걸		a	Noncash contributions included in lines 1a-1f	1g \$	1,531,931.				
Ş		_	Total. Add lines 1a-1f	[ ·9   ·		10,734,416.			
					Business Code	, ,			
Φ.	2	a CONFERENCE FEES & HONORARIUM			611430	36,098.	36,098.		
Š	_	-	ATTORNEY FEES		541100	2,599.	2,599.		
Ser		-	PUBLICATIONS		513120	2,015.	2,015.		
E S		d				, -	, -		
gra		e							
Program Service Revenue			All other program service revenue						
			Total. Add lines 2a-2f			40,712.			
	3	3	Investment income (including divid			,			
	-					205,866.			205,866.
	4		Income from investment of tax-exe			,			
	5		Royalties						
	•			(i) Real	(ii) Personal				
	6	а	Gross rents 6a	92,972.					
			Less: rental expenses 6b	0.					
			Rental income or (loss) 6c	92,972.					
			Not rental income or (less)	•		92,972.			92,972.
			` '	Securities	(ii) Other	,			
		_		,532,863.					
		b	Less: cost or other basis						
<u>e</u>				,531,931.					
her Revenue		С	Gain or (loss) 7c	932.					
Re			Net gain or (loss)			932.	932.		
ē			Gross income from fundraising events						
			including \$ 4,060	•					
			contributions reported on line 1c).	See					
			Part IV, line 18		0.				
		b	Less: direct expenses		272.				
			Net income or (loss) from fundraising			-272.			-272.
			Gross income from gaming activitie	_					
			Part IV, line 19	9a					
		b	Less: direct expenses						
		С	Net income or (loss) from gaming a	ctivities					
	10	а	Gross sales of inventory, less retur	ns					
			and allowances	10a					
		b	Less: cost of goods sold						
$\Box$		С	Net income or (loss) from sales of i	nventory					
ဖ					Business Code				
e jo	11	а	MISCELLANEOUS REVENUE		900099	2,503.	2,503.		
ane		b							
Sel Sev		С							
Miscellaneous Revenue			All other revenue						
$\perp$		е	Total. Add lines 11a-11d			2,503.			065 - 55
	12		<b>Total revenue.</b> See instructions			11,077,129.	44,147.	0.	298,566.

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#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 2,429,379. 2,429,379. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, 327,265. 399,435. 39,224. 32,946. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,374,287. 3,583,940. 429,548. 360,799. Other salaries and wages 7 Pension plan accruals and contributions (include 131,190. 12,883. 107,486. 10,821. section 401(k) and 403(b) employer contributions) 67,488. 687,263. 563,088. 56,687. Other employee benefits 9 362,942. 297,366. 35,640. 29,936. 10 Payroll taxes Fees for services (nonemployees): Management Legal 164,199. 51,817. 110,693. 1,689. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 74,574. 65,625. 8,949. Office expenses 13 34,995. 28,696. 6,299. Information technology 14 Royalties 15 338,323. 74,266. 412,589. 16 Occupancy 21,962. 4,603. 16,752. 607. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 33,647. 6,483. 26,806. 358. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 698. 572. 126. Depreciation, depletion, and amortization 22 30,673. 24,493. 4,954. 1,226. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 404,621. 127,688. 272,772. 4,161. PROFESSIONAL SERVICES REPAIRS & MAINTENANCE 73,793. 23,287. 49,747. 759. 13,125. 72,918. 59,793. TELEPHONE & INTERNET SE 3,582. 16,438. 53,817. 33,797. d LICENSE & FEES 137,721. 80,805. 46,973. 9,943. e All other expenses 9,900,703. 8,154,506. 1,219,827. 526,370. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		16,465,154.	1	13,050,102.	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3,143,521.	3	2,378,362.
	4	Accounts receivable, net			135,655.	4	192,373.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial o	ontributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pei	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
ध	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	D			88,675.	9	62,149.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		36,163.			
	b	Less: accumulated depreciation	10b	31,684.	5,177.	10c	4,479.
	11	Investments - publicly traded securities			4,640,535.	11	9,577,390.
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	66,563.	15	566,672.		
	16	Total assets. Add lines 1 through 15 (must equ			24,545,280.	16	25,831,527.
	17	Accounts payable and accrued expenses			850,013.	17	1,170,455.
	18	Grants payable	0 244	18	0 560		
	19	Deferred revenue		9,344.	19	9,569.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst				00	
Ei.	00	controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unrela				23 24	
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pa				24	
	23	parties, and other liabilities not included on lines	•				
		- CO-level de D			86,811.	25	571,177.
	26	Total liabilities. Add lines 17 through 25			946,168.	26	1,751,201.
		Organizations that follow FASB ASC 958, che	ck her	e X	<u> </u>		
es		and complete lines 27, 28, 32, and 33.					
anc	27				16,008,894.	27	15,030,719.
Bala	28	Net assets with donor restrictions			7,590,218.	28	9,049,607.
힏		Organizations that do not follow FASB ASC 9			· · ·		
Ī		and complete lines 29 through 33.	,				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29		
šets	30	Paid-in or capital surplus, or land, building, or ed			30		
Ass	31	Retained earnings, endowment, accumulated in			31		
ét	32	Total net assets or fund balances			23,599,112.	32	24,080,326.
	33	Total liabilities and net assets/fund balances			24,545,280.	33	25,831,527.
							Form <b>990</b> (2022)

Form **990** (2022)

Pa	t 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		,07					
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	,90	0,7	03.			
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,17	6,4	26.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23	,59	9,1	12.			
5									
6	Donated services and use of facilities	6		48	9,0	87.			
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-48	9,5	96.			
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	,08	0,3	26.			
Pa	t 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		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate								
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche								
За	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?			За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					

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#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL HEALTH LAW PROGRAM INC.

Employer identification number

			H LAW PROGRAM				9	5-3080947
Part	I Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	3.	
The or	ganization is not a private found	dation because it is: (l	For lines 1 through 12, cl	heck only	one box.)			
1 [	A church, convention of ch					1)(A)(i).		
2	A school described in sect	tion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)				
з [	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	_	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,						
	city, and state:							
5	An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental un	it describe	ed in
	section 170(b)(1)(A)(iv).							
6	A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
7		-					e general ı	oublic described in
	section 170(b)(1)(A)(vi). (C	•		ŭ				
8	A community trust describe		(1)(A)(vi). (Complete Part	t II.)				
9	An agricultural research org				ed in conju	unction with a l	and-grant	college
_	or university or a non-land-	-			-		-	-
	university:		,		, ,	,	· ·	
10	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributio	ns, membershi	p fees, and	d gross receipts from
	activities related to its exer							
	income and unrelated busin		•					-
	See section 509(a)(2). (Co		,		•	, 0		,
11	An organization organized	•	vely to test for public sat	fety. See	section 5	09(a)(4).		
12	An organization organized	=	•	•			ry out the	purposes of one or
	more publicly supported or	=	•	•			•	
	lines 12a through 12d that	-						
а	Type I. A supporting orga	* *					-	giving
	the supported organization	•		•	_			
	organization. You must o			, ,				
b	Type II. A supporting org			ion with its	s supporte	ed organization	(s), by hav	vina
	control or management of	•				-		-
	organization(s). You mus							
С	Type III functionally inte	-		in connect	tion with, a	and functionall	y integrate	ed with,
	its supported organizatio						, 0	,
d	Type III non-functionally		•				ed organiz	zation(s)
	that is not functionally int					• •	•	* *
	requirement (see instruct	-		•		·=		
е	Check this box if the orga	•	•	•			, Type III	
	functionally integrated, o					, , , , , , , , , , , , , , , , , , ,	, ,,	
f i	Enter the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0				
g F	Provide the following information	n about the supporte	d organization(s).					-
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	•	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in:	structions)	support (see instructions)
			, , , , , , , , , , , , , , , , , , , ,					
Total								

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

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

Sec	ction A. Public Support	71	1	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and		` ,	` '	,		
	membership fees received. (Do not						
	include any "unusual grants.")	7099975.	10722725.	8513015.	11148747.	10734416.	48218878.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7099975.	10722725.	8513015.	11148747.	10734416.	48218878.
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)						23286989.
6	Public support. Subtract line 5 from line 4.						24931889.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	7099975.	10722725.	8513015.	11148747.	10734416.	48218878.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	247,743.	227,584.	241,529.	194,759.	206,798.	1118413.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	236.	6,176.		8,250.	2,503.	17,165.
11	<b>Total support.</b> Add lines 7 through 10						49354456.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,123,518.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stor	_					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	50.52 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	58 <b>.4</b> 7 %
	33 1/3% support test - 2022. If the					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	· ·	•				
	more, and if the organization meets the	ū				•	
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-		•		s
			•				(Form 990) 2022

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi					T	
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T 1	
	Investment income percentage for 20			ne 13, column (f))		17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2022. If the						7 is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2021. If the	organization did n	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	nization qualifies a	as a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

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## 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
-iu		
4b		
4c		
5a		
5b 5c		
6		
7		
8		
9a		
9b		
ฮม		
9с		
10a		
10b		

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
b	A family member of a person described on line 11a above?	11b		
С	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		
Sect	ction B. Type I Supporting Organizations		1	
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	ticers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp	ported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	g the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	on or type it cupperting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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		
	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			
Sect	supported organizations played in this regard.	3		
	7. 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	tructions)		
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins  The organization satisfied the Activities Test. Complete line 2 below.	ii detions).		
b	· ·			
c		tity (see instruction	15)	
2	Activities Test. Answer lines 2a and 2b below.	ity (coo inciración	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	<b>2</b> a		
	, , ,			
	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.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
		-		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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.	3b		

232025 12-09-22

Sche	dule A (Form 990) 2022 NATIONAL HEALTH LAW PR	OGRAM I	NC.	95-3080947 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	<u>u</u>
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	lov. 20, 1970 ( <i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Schedule A (Form 990) 2022

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

5

6

Income tax imposed in prior year

instructions).

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

emergency temporary reduction (see instructions).

Section E - Distribution Allocations (se	e instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
Distributable amount for 2022 from	Section C, line 6			
2 Underdistributions, if any, for years	prior to 2022 (reason-			
able cause required - explain in Par	t VI). See instructions.			
3 Excess distributions carryover, if an	y, to 2022			
<b>a</b> From 2017				
<b>b</b> From 2018				
<b>c</b> From 2019				
<b>d</b> From 2020				
<b>e</b> From 2021				
f Total of lines 3a through 3e				
<b>g</b> Applied to underdistributions of prid	or years			
h Applied to 2022 distributable amou	nt			
i Carryover from 2017 not applied (se	ee instructions)			
j Remainder. Subtract lines 3g, 3h, a	nd 3i from line 3f.			
4 Distributions for 2022 from Section	D,			
line 7:	}			
a Applied to underdistributions of price	or years			
<b>b</b> Applied to 2022 distributable amou	nt			
c Remainder. Subtract lines 4a and 4	b from line 4.			
5 Remaining underdistributions for ye	ars prior to 2022, if			
any. Subtract lines 3g and 4a from	ine 2. For result greater			
than zero, explain in Part VI. See in	structions.			
6 Remaining underdistributions for 20	22. Subtract lines 3h			
and 4b from line 1. For result greate	er than zero, explain in			
Part VI. See instructions.	,			
7 Excess distributions carryover to	<b>2023.</b> Add lines 3j			
and 4c.				
8 Breakdown of line 7:				
a Excess from 2018				
<b>b</b> Excess from 2019				
c Excess from 2020				
d Excess from 2021				
e Excess from 2022				

Schedule A (Form 990) 2022

## SCHEDULE C

(Form 990)

Department of the Treasury Internal Revenue Service

## **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.

OMB No. 1545-0047

2022

Open to Public Inspection

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.

		)1(c)(4), (5), or (6) organizat	ons: Complete Part III.			
Nam	e of orgar					Employer identification number
_		NATIONA	L HEALTH LAW PRO	GRAM INC.		95-3080947
Pa	rt I-A	Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527	organization.
2	Political of	campaign activity expendit	ation's direct and indirect politi ures gn activities			. \$
Pa	rt I-B	Complete if the org	anization is exempt und	ler section 501(c)(	3).	
1	Enter the					\$
			ncurred by organization manag			
3	If the org	anization incurred a section	1 4955 tax, did it file Form 4720	) for this year?		Yes No
4a	Was a co	rrection made?				Yes No
		describe in Part IV.				
Pa	rt I-C	Complete if the org	anization is exempt und	ler section 501(c),	except section 50	)1(c)(3).
1	Enter the	amount directly expended	by the filing organization for se	ection 527 exempt funct	tion activities	\$
		0 0	zation's funds contributed to o	•		
						\$
		•	Add lines 1 and 2. Enter here	•	•	
			1120-POL for this year?			
			ployer identification number (E			
			ion listed, enter the amount pa emptly and directly delivered to			
		•	additional space is needed, pro		•	diate segregated fand of a
	•	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro	om (e) Amount of political
		(a) Name	(b) Address	(C) LIN	filing organization	
					funds. If none, enter	
						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) 2022

LHA

232041 11-08-22

section 501(h)).  A Check   if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).  B Check   if the filing organization checked box A and "limited control" provisions apply.  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  1a Total lobbying expenditures to influence public opinion (grassroots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures (add lines 1a and 1d)  f Lobbying nontaxable amount. Enter the amount from the following table in both columns.  If the amount on line 1e, column (a) or (b) is;  Not over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S175,000 plus 19% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S225,000 plus 19% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S225,000 plus 19% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S225,000 plus 19% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S225,000 plus 19% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S225,000 plus 19% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S225,000 plus 19% of the excess over \$1,500,000  Over \$1,000,000  For an amount other than zero on either line 1 in in 1i, did the organization file Form 4720  reporting section 4911 tax for this year?  Yes No  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election not have to complete all of the five columns below. See the separate instructions for lines 2a through 2t.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2019  (b) 2020  (c) 2021  (d) 2022  (e) Total		NATIONAL HEA				080947 Page 2
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.    Check   If the filing organization checked box A and "limited control" provisions apply.	-	anization is exem	ipt under section	1501(c)(3) and tile	ea Form 5/68 (ele	ction under
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  1a Total lobbying expenditures to influence public opinion (grassroots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns.  If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,50	A Check if the filing organiza expenses, and shar	e of excess lobbying e	xpenditures).		group member's name	e, address, EIN,
b Total lobbying expenditures to influence a legislative body (direct lobbying) 57, 033. c Total lobbying expenditures (add lines 1a and 1b) 57, 033. d Other exempt purpose expenditures (add lines 1c and 1d) 10, 333, 030. f Lobbying nontaxable amount. Enter the amount from the following table in both columns.  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.  Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 15% of the excess over \$1,000,000.  Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,000,000.  Over \$1,000,000 but not over \$1,000,000 \$100,000.  g Grassroots nontaxable amount (enter 25% of line 1f) 167,376. h Subtract line 1g from line 1a. If zero or less, enter -0 0. i Subtract line 1g from line 1c. If zero or less, enter -0. j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  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 2t.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) Total	Limit	s on Lobbying Expen	ditures		organization's	
c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) 10,390,063.  f Lobbying nontaxable amount. Enter the amount from the following table in both columns.  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000  Over \$500,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over	1a Total lobbying expenditures to influ	ence public opinion (g	rassroots lobbying)			
d Other exempt purpose expenditures (add lines 1c and 1d) e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns.    If the amount on line 1e, column (a) or (b) is:   The lobbying nontaxable amount is:	<b>b</b> Total lobbying expenditures to influ	ence a legislative bod	y (direct lobbying)			
e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount. Enter the amount from the following table in both columns.  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000  Diver \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,0	c Total lobbying expenditures (add lin	nes 1a and 1b)			57,033.	
Cobbying nontaxable amount. Enter the amount from the following table in both columns.   G69,503.	d Other exempt purpose expenditure	s				
If the amount on line 1e, column (a) or (b) is:	e Total exempt purpose expenditure	s (add lines 1c and 1d)			10,390,063.	
Not over \$500,000   20% of the amount on line 1e.	f Lobbying nontaxable amount. Ente	r the amount from the	following table in both	n columns.	669,503.	
Over \$500,000 but not over \$1,000,000	If the amount on line 1e, column (a) o	r (b) is: The lobi	oying nontaxable amo	ount is:		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.  Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.  Over \$17,000,000 \$1,000,000.  g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0 i Subtract line 1f from line 1c. If zero or less, enter -0 j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  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)  (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) Total  2a Lobbying nontaxable amount  514,979. 585,281. 623,682. 669,503. 2,393,445.	Not over \$500,000	20% of t	he amount on line 1e.			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.  g Grassroots nontaxable amount (enter 25% of line 1f) \$167,376.\$  h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) Total  2a Lobbying nontaxable amount 514,979, 585,281, 623,682, 669,503, 2,393,445.			0 plus 15% of the exce	ess over \$500,000.		
Grassroots nontaxable amount (enter 25% of line 1f)  h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  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)  (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) Total  2a Lobbying nontaxable amount  514,979. 585,281. 623,682. 669,503. 2,393,445.			•			
g Grassroots nontaxable amount (enter 25% of line 1f)  h Subtract line 1g from line 1a. If zero or less, enter -0-  i Subtract line 1f from line 1c. If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  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)  (a) 2019  (b) 2020  (c) 2021  (d) 2022  (e) Total  2a Lobbying nontaxable amount  514,979.  585,281.  623,682.  669,503.  2,393,445.			•	ss over \$1,500,000.		
h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  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)  (a) 2019  (b) 2020  (c) 2021  (d) 2022  (e) Total  2a Lobbying nontaxable amount  514,979.  585,281.  623,682.  669,503.  2,393,445.	Over \$17,000,000	\$1,000,0	000.			
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Calendar year (or fiscal year beginning in)  (a) 2019  (b) 2020  (c) 2021  (d) 2022  (e) Total  2a Lobbying nontaxable amount  514,979.  585,281.  623,682.  669,503.  2,393,445.	(Some organizations the	at made a section 50	)1(h) election do not h	nave to complete all	of the five columns be	low.
(or fiscal year beginning in)  (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) Total  2a Lobbying nontaxable amount  514,979.  585,281.  623,682.  669,503.  2,393,445.		Lobbying Expen	ditures During 4-Yea	r Averaging Period		
		<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total
		514,979.	585,281.	623,682.	669,503.	2,393,445.
b Lobbying ceiling amount (150% of line 2a, column(e))  3,590,168.	b Lobbying ceiling amount (150% of line 2a, column(e))					3,590,168.
c Total lobbying expenditures 46,816. 56,577. 80,553. 57,033. 240,979.	c Total lobbying expenditures	46,816.	56,577.	80,553.	57,033.	240,979.
d Grassroots nontaxable amount 128,745. 146,320. 155,921. 167,376. 598,362.	d Grassroots nontaxable amount	128.745.	146,320.	155.921.	167.376.	598,362.
e Grassroots ceiling amount		.,	.,	, . = = .	, , , , ,	,
(150% of line 2d, column (e)) 897,543.	· ·					897,543.
f Grassroots lobbying expenditures	f Grassroots Johnving expanditures					

Schedule C (Form 990) 2022

## Schedule C (Form 990) 2022 NATIONAL HEALTH LAW PROGRAM INC. 95-30809 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)).

or eac	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	0)
the l	obbying activity.	Yes	No	Amo	ount
<b>1</b> [	During the year, did the filing organization attempt to influence foreign, national, state, or				
	ocal legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	/olunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	f "Yes," enter the amount of any tax incurred under section 4912				
	f "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	f the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	III-A Complete if the organization is exempt under section 501(c)(4), section	1 501(c)(5)	, or sec	tion	
	501(c)(6).	. , ,			
				Yes	N
	A				
V	Were substantially all (90% or more) dues received nondeductible by members?		1		
	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
2 [ 3 [	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the 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	prior year? 1 501(c)(5)	2 3 , or sec		3, is
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1	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the street of \$100 or less?  Complete if the organization is exempt under section \$01(c)(4), section \$01(c)(6)\$ and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section \$27(f)\$ tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed ones the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures of nondeductible lobbying and pol	prior year? n 501(c)(5) No" OR (k	2 3 3, or sec 5) Part I 1 2a 2b 2c 3		3, is
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2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the 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."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Durrent year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues for notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedase the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditures next year?  Taxable amount of lobbying and political expenditures. See instructions  IV Supplemental Information  et the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) No" OR (k al	2 3 3 4 5 5	II-A, line	3, is
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the 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."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Durrent year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues for notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedase the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditures next year?  Taxable amount of lobbying and political expenditures. See instructions  IV Supplemental Information  et the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) No" OR (k al	2 3 3 4 5 5	II-A, line	3, is
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the 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."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Durrent year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues for notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedase the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditures next year?  Taxable amount of lobbying and political expenditures. See instructions  IV Supplemental Information  et the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) No" OR (k al	2 3 3 4 5 5	II-A, line	3, is
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the 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."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Durrent year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues for notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedase the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditures next year?  Taxable amount of lobbying and political expenditures. See instructions  IV Supplemental Information  et the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) No" OR (k al	2 3 3 4 5 5	II-A, line	3, is
E E E E E E E E E E E E E E E E E E E	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the 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."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Durrent year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues for notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedase the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditures next year?  Taxable amount of lobbying and political expenditures. See instructions  IV Supplemental Information  et the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) No" OR (k al	2 3 3 4 5 5	II-A, line	3, is

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

NATIONAL HEALTH LAW PROGRAM INC.

Employer identification number 95-3080947

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nılar Funds or A	ccounts. Complete if the
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held	I in donor advised fun	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that gran	t funds can be used o	only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	other purpose confer	
Da	impermissible private benefit?			
Pa			on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat			orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification of the Assessment Complete lines 2a through 2d if the organization held a qualification of the Assessment Complete lines 2a through 2d if the organization held a qualification of the Assessment Complete lines 2a through 2d if the organization held a qualification of the organization held and the organization held a qualification of the organization of the organization of the organization held and the organization of the org	ied conservation contribut	ion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	•			2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
_	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or ter	minated by the organ	ization during the tax
_	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per		,	
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations, and	enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enfo	rcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(h)(4)(B	)(i)
	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's fi	nancial statements th	at describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 956	•		
	of art, historical treasures, or other similar assets held for pub			nce of public
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958	· · · · · · · · · · · · · · · · · · ·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or r	esearch in furtheranc	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
				· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical treat			provide
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

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

Schedule D (Form 990) 2022

	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, or	Other S	imilar Asse	ts (continu	r age — red)
3	Using the organization's acquisition, accessio						•	
	collection items (check all that apply):	,	•	J	Ü			
а	Public exhibition	d	Loan or ex	change progra	m			
b	Scholarly research	е		0.0				
С	Preservation for future generations							
4	Provide a description of the organization's col	llections and explair	n how they further t	the organization	n's exempt	purpose in Pa	rt XIII.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be mai					Г	Yes	☐ No
Par	t IV Escrow and Custodial Arrang							
	reported an amount on Form 990, Part		3			,	,	
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for contribution	ns or other asse	ets not incl	uded		
	on Form 990, Part X?					_	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a							
	g		· - · · · · · · · · · · · · · · · · · ·				Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on Fo						Yes	No
	If "Yes," explain the arrangement in Part XIII.				•			
Par	- 17							
		(a) Current year	(b) Prior year	(c) Two years		Three years bac	k (e) Four v	ears back
1a	Beginning of year balance	.,		1,,,,,	,,		,,,,,,,	
	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
-								
	and programs							
	Administrative expenses							
g	End of year balance   Provide the estimated percentage of the curre	ant voor and halana	lino 1a column (	a)) hold as:				
2	Board designated or quasi-endowment			a)) Helu as.				
a		%	%					
b	Permanent endowment9							
С		-						
2-	The percentages on lines 2a, 2b, and 2c should be there and authors the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages of the percentages on lines 2a, 2b, and 2c should be the percentage of the percentag	•	tion that are hold s	and administer	ad far tha			
3a	Are there endowment funds not in the posses	ision of the organiza	illon inal are nelo a	and administere	ed for the		Ţ,	res No
	organization by:							103 110
	(i) Unrelated organizations							
	(ii) Related organizations		and an Calandula DC				3a(ii)	
	Describe in Part XIII the intended uses of the						3b	
Par	t VI Land, Buildings, and Equipme		wittent turius.					
. u.	Complete if the organization answered		Part IV line 11a	See Form 990	Part X line	10		
							(al) De ale	
	Description of property	(a) Cost or o basis (investn		st or other s (other)		imulated ciation	(d) Book	value
	Land	,	noni, pasis	o (outer)	depre	GIALIOIT		
	Land							
b	Buildings			6,980.		2,501.	1	170
	Leasehold improvements		<del>-  </del> .	29,183.		9,183.	4	<u>,479.</u> 0.
d	Equipment			49,103.		J, 103.		0.
	Other						1	,479.
<u>ı ota</u>	. Add lines 1a through 1e. (Column (d) must ed	aual Form 990. Part	X. column (B). line	10c.)			4	,4/5.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.	ALTH LAW PROG.		-3080947 Page 3
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of year market value
	(b) Dook value	(c) Welfied of Valdation. Oost of end	-or-year market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII   Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.	E 000 D + 11/4 II	44 44 0 5 000 0 1 1 1 1 0 5	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(IND a alonalor
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			E71 177
(2) LEASE LIABILITIES			571,177
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total (Column (b) must asked Form 000 Port V and (B) line	05.)		571 177.

al. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re	turn.	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	10,871,277.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	604 700		
а	Net unrealized gains (losses) on investments	2a	-694,703.		
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c	100 250		
	Other (Describe in Part XIII.)	2d	489,359.		205 244
_	Add lines 2a through 2d			2e	-205,344. 11,076,621.
3	Subtract line 2e from line 1			3	11,070,021.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b	509.		
				4c	509.
5	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part I, line 12.)			5	11,077,130.
	t XII Reconciliation of Expenses per Audited Financial Stateme				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	10,390,062.
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	489,359.		
е	Add lines 2a through 2d			2e	489,359.
3	Subtract line 2e from line 1			3	9,900,703.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b			0
	Add lines 4a and 4b			4c	0.000.703
D <sub>21</sub>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  † XIII Supplemental Information.			5	9,900,703.
		/ !:=== 1 =	and Oh. Dart V. line. 4	. D4	/ line Or Dort VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I <sup>1</sup> 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			; Part .	K, line 2; Part XI,
ines	20 and 4b, and Part XII, lines 20 and 4b. Also complete this part to provide any addit	ionai inion	nation.		
PAF	RT X, LINE 2:				
	,				
THE	E ENTITY EVALUATES UNCERTAIN TAX POSITIONS V	WHERE	BY THE EFFE	CT (	OF THE
UNC	CERTAINTY WOULD BE RECORDED IF THE TAX POSI	TIONS	WERE MORE	LIK	ELY THAN
NOT	TO BE SUSTAINED UPON EXAMINATION. AS OF	YEAR-	END, THE EN	TIT.	Y HAD NO
UNC	CERTAIN TAX POSITIONS REQUIRING ACCRUAL OR	DISCL	OSURE.		
D 7 F	OM VI IINE OD OMHED AD HIGHMENMG.				
PAF	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
DTI	DECE EINDDATCING EVENE EVDENCEC				272
DIL	RECT FUNDRAISING EVENT EXPENSES				272.
TNI-	-KIND/PRO BONO SERVICES				489,087.
T11	TIND/PRO BONO SERVICES				409,007.
ጥርጥ	TAL TO SCHEDULE D, PART XI, LINE 2D				489,359.
	10 Joneson D   Time Mil Hill HD				100,000
PAF	RT XI, LINE 4B - OTHER ADJUSTMENTS:				

Schedule D (Form 990) 2022 NATIONAL HEALTH LAW PROGRAM INC.  Part XIII Supplemental Information (continued)	95-3080947 Page 5
Supplemental information (continued)	
INVESTMENT INCOME	509.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EVENT EXPENSES	272.
IN-KIND/PRO BONO EXPENSES	489,087.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	489,359.

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public

Inspection
Employer identification number

NATIONAL	HEALTH LAI	W PROGRAM I	INC.				95-3080947
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t							
criteria used to award the grants or assis	stance?						No
2 Describe in Part IV the organization's pro	ocedures for monite	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I recipient that received more than S	-				anization answered "	Yes" on Form 990, Part	IV, line 21, for any
(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, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ATLANTA LEGAL AID SOCIETY							
54 ELLIS STREET, NE							
ATLANTA, GA 30303	58-0568691		115,600.	0.			MEDICAID MANAGED CARE
CENTER FOR CIVIL JUSTICE (MI) 436 SAGINAW ST							
FLINT, MI 48502	38-1859780		40,000.	0.			HEALTH LAW PARTNERSHIP
CENTER ON BUDGET & POLICY PRIORITIES (CBPP) - 1275 FIRST							
STREET NE, SUITE 1200 -				_			
WASHINGTON, DC 20002	52-1234565		190,100.	0.			ADMIN ADVOCACY
CHARLOTTE CENTER FOR LEGAL ADVOCACY, INC - 1431 ELIZABETH AVE							
- CHARLOTTE, NC 28204	56-1202940		50,000.	0.			HEALTH LAW PARTNERSHIP
DISABILITY LAW CENTER (UTAH) 205 N 400 W							
SALT LAKE CITY, UT 84103	87-0326807		50,000.	0.			HEALTH LAW PARTNERSHIP
DISABILITY RIGHTS EDUCATION &							
DEFENSE FUND - 3075 ADELINE							
STREET, SUITE 210 - BERKELEY, CA	04 2620750		20.000	_			DEMOGRAPHIC DATA
94703	94-2620758		30,000.	0.			COLLECTION
<ul><li>2 Enter total number of section 501(c)(3) at</li><li>3 Enter total number of other organizations</li></ul>			ne line 1 table				

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	
(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, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISABILITY RIGHTS NORTH CAROLINA							
3724 NATIONAL DRIVE SUITE 100							
RALEIGH , NC 27608	56-1243369		270,000.	0.			MEDICAID MANAGED CARE
FLORIDA HEALTH JUSTICE PROJECT (FHJP) - 3122 MAHAN DRIVE -							HEALTH LAW PARTNERSHIP & CONTRACEPTIVE EQUITY &
TALLAHASSEE, FL 32308	82-3397515		160,200.	0.			MEDICAID MANAGED CARE
GEORGETOWN UNIVERSITY PO BOX 571164							
WASHINGTON, DC 20057	53-0196603		192,679.	0.			ADMIN ADVOCACY
INDIANA JUSTICE PROJECT 2409 N. PENNSYLVANIA ST INDIANAPOLIS, IN 46205	86-1217450		50,000.	0.			HEALTH LAW PARTNERSHIP
JUSTICE IN AGING (JIA)			, .				DEVOGRANUTA DATA
1444 EYE STREET, NW FLOOR 1100 WASHINGTON, DC 20005	95-3132674		30,000.	0.			DEMOGRAPHIC DATA COLLECTION
LEGAL AID OF ARKANSAS 1200 WEST WALNUT STREET SUITE 3101 ROGERS, AR 72756-3521	71-0439977		220,600.	0.			HEALTH LAW PARTNERSHIP & MEDICAID MANAGED CARE & ADS
LEGAL AID OF NORTH CAROLINA 224 SOUTH DAWSON STREET	21 1704161		115 600	0			HEALTH LAW PARTNERSHIP &
RALEIGH , NC 27601	31-1784161		115,600.	0.			MEDICAID MANAGED CARE
LEGAL AID SOCIETY OF COLUMBUS 1108 CITY PARK AVE #100	24 445522		50.005	_			
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		162,600.	0.			HEALTH LAW PARTNERSHIP & MEDICAID MANAGED CARE
<u></u>	30 3303002		102,000.	<u> </u>			ILDICATO MINAGED CARE

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	urt II.)	
(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, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL SERVICES OF EASTERN MISSOURI							
(LSEM) - 4232 FOREST PARK AVE -							HEALTH LAW PARTNERSHIP &
ST. LOUIS, MO 63108	43-0816805		125,200.	0.			MEDICAID MANAGED CARE
MOVEMENT ADVANCEMENT PROJECT							
1905 15TH STREET #1097							DEMOGRAPHIC DATA
BOULDER, CO 80306	47-3968535		30,000.	0.			COLLECTION
NEW HAMPSHIRE LEGAL ASSISTANCE							
117 NORTH STATE STREET							
CONCORD, NH 03301	02-0300897		30,000.	0.			HEALTH LAW PARTNERSHIP
RACE FORWARD							
145 EAST 57TH STREET, 4TH FLOOR							DEMOGRAPHIC DATA
NEW YORK, NY 10022	94-2759879		30,000.	0.			COLLECTION
NEW TOTAL, NT TOOLS	31 2733073		30,000.	•			COLLECTION
SOUTH CAROLINA APPLESEED LEGAL							
JUSTICE CENTER - 1518 WASHINGTON							HEALTH LAW PARTNERSHIP &
STREET - COLUMBIA, SC 29201	57-1035023		167,900.	0.			MEDICAID MANAGED CARE
TENNESSEE JUSTICE CENTER							THE TANK DAD THE COURT OF
211 7TH AVE N #100	62-1630417		187 000	_			HEALTH LAW PARTNERSHIP &
NASHVILLE, TN 37219	62-1630417		187,900.	0.			MEDICAID MANAGED CARE
THE ARC OF THE UNITED STATES							
1825 K STREET NW, SUITE 1200							
WASHINGTON, DC 20006	13-5642032		36,000.	0.			ADMIN ADVOCACY
WILLIAM E. MORRIS INSTITUTE FOR							
JUSTICE - 202 E MCDOWELL RD UNIT							
257 - PHOENIX, AZ 85004	86-0817170		55,000.	0.			HEALTH LAW PARTNERSHIP
NEBRASKA APPLESEED							
941 O ST. SUITE 920							
LINCOLN , NE 68508	47-0798343		40,000.	0.			HEALTH LAW PARTNERSHIP

(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 assistan
Supplemental Information. Provide the information	on required in Part I, lin	e 2; Part III, colum	h (b); and any other ad	ditional information.	
			-		

### SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

NATIONAL HEALTH LAW PROGRAM INC.

Employer identification number 95-3080947

Pa	rt I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 (1058.6/c)?	a		

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

Schedule J (Form 990) 2022

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-MISC and/or 1099 compensation				(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title	(A) Name and Title (i) compe		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ELIZABETH TAYLOR	(i)	240,663.	0.	0.	6,954.	1,554.	249,171.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) JANE PERKINS	(i)	216,033.	0.	0.	6,481.	21,055.	243,569.	0.	
LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) JORGE ADRIAN NARANJO	(i)	158,772.	0.	0.	5,056.	34,983.	198,811.	0.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) KIMBERLY LEWIS	(i)	168,771.	0.	0.	2,400.	25,030.	196,201.	0.	
MANAGING ATTORNEY	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) SARAH SOMERS	(i)	171,484.	0.	0.	5,165.	16,209.	192,858.	0.	
MANAGING ATTORNEY	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) MARA YOUDELMAN	(i)	183,948.	0.	0.	5,165.	1,340.	190,453.	0.	
MANAGING ATTORNEY	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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

### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL HEALTH LAW PROGRAM INC.

Employer identification number 95-3080947

Pai	rt I Types of Property				1			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			s
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	3	1.531.931.	MARKET PRIC	E		
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	the tax vear for co	ontributions				
	for which the organization completed Form 828							
	To which the organization completed from oze	50, r art v, D	once / tott lowledg	omone			Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I lines 1 throu	nh 28 that it		100	110
000	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period?			or ion croquired to be used		30a		Х
h	If "Yes," describe the arrangement in Part II.	·				Jour		
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribu	tions?	31		Х
	Does the organization hire or use third parties of							
JŁU	contributions?		~			32a		х
h	If "Yes," describe in Part II.					OZ.a		
33	If the organization didn't report an amount in co	olumn (c) for	r a type of property	for which column (a) is che	cked			
55	-	o.a.i.i.i (0) 101	a type of property	10. Willott Column (a) 13 Cite	onou,			
	describe in Part II.							

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232142 09-09-22

### SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL HEALTH LAW PROGRAM INC.

Employer identification number 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 2022, THE ORGANIZATION CONTINUED SUCCESSFUL LITIGATION
AGAINST THE FEDERAL GOVERNMENT'S APPROVAL OF LEGALLY SUSPECT MEDICAID
WAIVER PROJECTS THAT INCLUDED ONEROUS NEW OBSTACLES TO ACCESSING
MEDICAID SERVICES. THE ORGANIZATION ALSO BROUGHT LITIGATION TO REMOVE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

BARRIERS TO ACCESS PRESENTED BY APPLICATION PROCEDURES. WE CONTINUED

LITIGATION TO ENSURE TRANSPARENCY AND ACCOUNTABILITY, DUE PROCESS, AND

ACCESS TO SERVICES, INCLUDING SEVERAL CASES TO ENSURE THAT MEDICALLY

FRAGILE CHILDREN RECEIVE 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:

POLICY:

Name of the organization

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 2022 INCLUDED BUT WERE NOT LIMITED TO THE FOLLOWING: (1) ADVOCATING FOR LEGISLATION TO CLOSE THE COVERAGE GAP AND INCREASE FUNDING FOR MORE HOME AND COMMUNITY BASED SERVICES; (2) PREPARING FOR 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.

**Employer identification number** 

Name of the organization NATIONAL HEALTH LAW PROGRAM INC.

Employer identification number 95-3080947

DURING 2022 THE NATIONAL HEALTH LAW PROGRAM AGAIN INCREASED ITS

SUBSTANTIAL EFFORTS TO COUNTER HEALTH CARE DISPARITIES AND DEFEND CIVIL

RIGHTS LAWS.

IN 2022, 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:

REPRODUCTIVE HEALTH:

THE NATIONAL HEALTH LAW PROGRAM WORKS AT EVERY LEVEL TO PROTECT ACCESS

TO THE FULL RANGE OF ESSENTIAL HEALTH SERVICES, INCLUDING ABORTION, IN

MEDICAID, THE AFFORDABLE CARE ACT (ACA) MARKETPLACES, AND PRIVATE

INSURANCE. AFTER THE SUPREME COURT'S 2022 DECISION IN DOBBS V. JACKSON

WOMEN'S HEALTH ORGANIZATION, THE NATIONAL HEALTH LAW PROGRAM HAS

ADVOCATED FOR INCREASED ACCESS TO ABORTION THROUGH TELEMEDICINE AND HAS

SUPPORTED ADVOCATES IN MUTIPLE STATE SEEKING TO ENSURE ACCESS TO

ABORTION IN THEIR STATES.

IN 2022, THE NATIONAL HEALTH LAW PROGRAM ALSO CONTINUED TO ADVOCATE FOR

Name of the organization

NATIONAL HEALTH LAW PROGRAM INC.

Employer identification number 95-3080947

STATES TO ADOPT CONTRACEPTIVE EQUITY LAWS INTENDED TO PROTECT ACCESS TO REPRODUCTIVE HEALTH CARE FOR LOW INCOME INDIVIDUAL AND FAMILIES.

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 \$ 1,274,359. 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.

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.

ONCE THE FINANCE COMMITTEE OF THE BOARD HAS COMPLETED ITS INITIAL REVIEW OF
THE FORM 990, THE FINANCE COMMITTEE WILL APPROVE THE REVIEW VIA EMAIL TO
THE COO.

Name of the organization

NATIONAL HEALTH LAW PROGRAM INC.

Employer identification number 95-3080947

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

BENEFITS RECEIVED (OTHER THAN NONTAXABLE FRINGE BENEFITS); INCLUDES

SALARIES, BONUSES, TAXABLE FRINGE BENEFITS, RETIREMENT PLAN CONTRIBUTIONS,

LOAN AGREEMENTS, AND DEFERRED COMPENSATION AMOUNTS.

Name of the organization

NATIONAL HEALTH LAW PROGRAM INC.

Employer identification number 95-3080947

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,
- C. DESCRIPTION OF THE COMPARABILITY DATA OBTAINED AND RELIED UPON AND HOW SUCH DATA WAS OBTAINED,
- D. ANY ACTIONS BY A BOARD MEMBER HAVING A CONFLICT OF INTEREST (E.G.

DISCLOSURE OF THE CONFLICT OF INTEREST; RECUSAL FROM THE DISCUSSION),

Name of the organization

NATIONAL HEALTH LAW PROGRAM INC.

Employer identification number 95-3080947

E. DOCUMENTATION OF THE BASIS FOR THE COMPENSATION DETERMINATION 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.

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

PROCEDURES FOR PUBLIC INSPECTION OF DOCUMENTS

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:

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization **Employer identification number** 95-3080947 NATIONAL HEALTH LAW PROGRAM INC. - 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 IN A TIMELY FASHION WITHOUT INQUIRING AS TO THE REASON FOR THE PUBLIC INSPECTION REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: IN-KIND/PRO BONO SERVICES -489,087. INVESTMENT INCOME -509. TOTAL TO FORM 990, PART XI, LINE 9 -489,596.

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	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	FURNITURE	01/04/08	SL	6.00	1	16	9,165.				9,165.	9,165.		0.	9,165.
15	COMPUTER EQUIPMENT	02/19/08	SL	3.00	1	16	1,407.				1,407.	1,407.		0.	1,407.
16	OFFICE EQUIPMENT	04/09/08	SL	10.00	1	16	6,018.				6,018.	6,018.		0.	6,018.
17	COMPUTER EQUIPMENT	03/31/10	SL	3.00	1	16	4,065.				4,065.	4,065.		0.	4,065.
18	COMPUTER EQUIPMENT	03/31/10	SL	3.00	1	16	1,998.				1,998.	1,998.		0.	1,998.
20	COMPUTER EQUIPMENT	01/31/11	SL	3.00	1	16	1,286.				1,286.	1,286.		0.	1,286.
23	FURNITURE	08/01/11	SL	6.00	1	16	5,244.				5,244.	5,244.		0.	5,244.
33	(D)LEASEHOLD IMPROVEMENT	11/01/11	SL	10.00	1	16	5,710.				5,710.	5,710.		0.	5,710.
55	WEBSITE	11/01/18		36 <b>M</b>	HY4	43	26,000.				26,000.	26,000.		0.	26,000.
56	LEASEHOLD IMPROVEMENT	06/11/19	SL	10.00	1	16	6,980.				6,980.	1,803.		698.	2,501.
	* TOTAL 990 PAGE 10 DEPR & AMORT						67,873.				67,873.	62,696.		698.	63,394.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						67,873.			0.	67,873.	62,696.			63,394.
	ACQUISITIONS						0.			0.	0.	0.			0.
	DISPOSITIONS/RETIRED						5,710.			0.	5,710.	5,710.			5,710.
	ENDING BALANCE						62,163.			0.	62,163.	56,986.			57,684.
	ENDING ACCUM DEPR LESS DISPOSITIONS											57,684.			

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<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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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
	ENDING BOOK VALUE											4,479.			

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<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone