Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Α	For t	he 2018 calen	dar year, or tax year beginning , 2018, and e	ending)		,		
В	Check	if applicable:	С			D Employ	er identifi	cation num	ıber
	X A	ddress change	National Employment Lawyers Assoc, Inc			31-1	11758	26	
		ame change	1800 Sutter Street #210		-	E Telepho			
		itial return	Concord, CA 94520			(/11	5) 20	6-762	a
		nal return/terminated			-	(11,	<i>J</i> , <u>L</u> <i>J</i>	0 702	<u></u>
		mended return				G Gross re	occipto S	1 .	744,888.
	-	oplication pending	F Name and address of principal officer:	- 1	H(a) Is this a				Yes X No
		opiication pending			` '				Yes No
_	Toy	exempt status:	Same As C Above 501(c)(3) X 501(c) (6) ✓ (insert no.) 4947(a)(1) or 5	527	H(b) Are all s If "No,"	attach a list.	(see inst	ructions)	
<u></u>		•							
_			w.nela.org	L	H(c) Group e	<u>_</u>			
K		n of organization:		f formatio	n: 1986) IVI S	tate of leg	gal domicile	: OH
Pa	rt I	Summar Driefly deseri	y he the expenization's mission or most significant activities. The No.		-1 P	. 1	_ T _		
	1		be the organization's mission or most significant activities:The Na						
Se			<u>ion (NELA) advances employee rights and ser</u> and justice in the American workplace.	rves	<u> rawye</u>	IS WIIC	<u>auv</u>	<u>ocate</u>	101
nan		equality	didustice_iii_the_American_workprace						
Ver	2	Check this bo	ox If the organization discontinued its operations or disposed	of mor	re than 25	5% of its	net acc		
ဗိ	3		oting members of the governing body (Part VI, line 1a)				3	cis.	24
প্ত	4		dependent voting members of the governing body (Part VI, line 1b).				4		24
ţ <u>i</u>	5		of individuals employed in calendar year 2018 (Part V, line 2a)				5		9
Activities & Governance	6		of volunteers (estimate if necessary)				6		125
Ą			ed business revenue from Part VIII, column (C), line 12				7a		0.
	b	Net unrelated	business taxable income from Form 990-T, line 38				7b		0.
	_				Pr	rior Year			ent Year
<u>•</u>	8		and grants (Part VIII, line 1h).		N	694,2			781,891.
Revenue	9	-	vice revenue (Part VIII, line 2g)			633,2			649,848.
ě	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)				92.		6,083.
_	11 12		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)e – add lines 8 through 11 (must equal Part VIII, column (A), line 12			263,5			286,062.
	13		imilar amounts paid (Part IX, column (A), lines 1-3)			<u>,596,9</u>	06.	⊥,	723,884.
			to or for members (Part IX, column (A), line 4)						
	14	•							001 050
Se	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)	•	,				931,952.
Expenses	16a		fundraising fees (Part IX, column (A), line 11e)						
×	b	Total fundrais	sing expenses (Part IX, column (D), line 25) ▶						
ш	17	Other expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e)			708,5	67.		814,521.
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		1	,646,7	73.	1,	746,473.
	19	Revenue less	s expenses. Subtract line 18 from line 12			-49,8	67.		-22,589.
, e					Beginnin	g of Curren	t Year	End	of Year
sets alan	20		(Part X, line 16)			730,8	24.		708,235.
t As	21	Total liabilitie	es (Part X, line 26)				0.		0.
Net Assets	22	Net assets or	fund balances. Subtract line 21 from line 20			730,8	24.		708,235.
Pa	rt II	Signatur	e Block						
Unde	er penal	ties of perjury, I de	eclare that I have examined this return, including accompanying schedules and statements,	and to th	ne best of my	/ knowledge	and belief	, it is true,	correct, and
com	piete. D	eciaration of prepa	arer (other than officer) is based on all information of which preparer has any knowledge.						
		Signatu	re of officer		Dot				
Siç He	gn	Signatu	ife of officer		Dat				
не	re		en Maoki		Inter	im ED			
		, ,	print name and title		1	1-	7	TINI	
			preparer's signature Date)		Check 2	<u>'</u>	TIN	
Pa			n Chang Steven Chang			self-employe	ed F	01620	153
Pre	epar	Firm's name							
Us	e Or	Ily Firm's addre				Firm's EIN	94-	33171	42
			SAN FRANCISCO, CA 94111			Phone no.	(415	781-	-8441
May	y the	IRS discuss th	is return with the preparer shown above? (see instructions)					X Yes	S No

\$

See Schedule O

) (Revenue \$

279,885.)

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

(Expenses

36,001. including grants of

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

	•		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
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 'Yes,' complete Schedule J.</i>	23	Х	
24 a	a 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
ŀ	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		
(Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		
ŀ	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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part W.	28c		Х
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? <i>If 'Yes,' complete Schedule M</i>	30		Х
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		Х
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? <i>If 'Yes,' complete Schedule R, Part l</i>	33		Х
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	Х	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	olf '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? <i>If</i> 'Yes,' <i>complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pai	TV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	· L
1 a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
(Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
BAA	(gambling) winnings to prize winners?	1 c	X	(2018)
		i UIII	220	(2010)

Form 990 (2018) National Employment Lawyers Assoc, Inc

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

			Yes	No
2 8	a 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 9			
ŀ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ŀ	1 If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O.</i>	3 b		
4 8	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ŀ	o If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
(: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	Х	
ŀ	a If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
,	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
Ì	services provided to the payor?	7 a		
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		
,	If 'Yes,' indicate the number of Forms 8282 filed during the year	7.0		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
ŀ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
ä	a Initiation fees and capital contributions included on Part VIII, line 12			
ŀ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?	12.		
č	Note. See the instructions for additional information the organization must report on Schedule O.	13a		
	j			
	Denter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 a		21
		וי+ט		
13	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			

Form 990 (2018) National Employment Lawyers Assoc, Inc 31-1175826 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 24 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . 24 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of 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's mailing address? If 'Yes,' provide the names and addresses in Schedule O. See. Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?... Χ 10 a 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?........ Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ a The organization's CEO, Executive Director, or top management official.. See . Schedule..Q...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). **16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Concord CA 94520 (415)

Accountant 1800 Sutter Street #210

Form 990 (2018)	Mational	Employment	Taware	Accor	Tnc
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Page **7**

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

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

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

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

		rage is both an officer and a urs director/trustee) co								
(A) Name and Title	(B) Average hours per			(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation				
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) James H. Kaster	2									
President	0	X		Χ				0.	0.	0.
(2) Wade B. Cowan	1							· mV		
1st Vice Presid	0	Χ		X				0.	0.	0.
(3) Amy L. Coopman	1			4						
VP-At-Large	0	X		X	*			0.	0.	0.
_(4) Linda M. Correia	_11	U								
VP-Publ Policy	0	Х		X				0.	0.	0.
(5) Katherine L. Butler	1_1_									
Treasurer	0	Х		X				0.	0.	0.
(6) Alicia K. Haynes	11							_	_	_
Immediate Past	0	Χ		X				0.	0.	0.
_(7) Nieves Bolanos	11							_		
Secretary	0	Χ		Χ				0.	0.	0.
(8) Carla D. Brown	1	ļ								•
Director	0	Χ						0.	0.	0.
(9) Laura L. Ho	1	ļ								•
Director	0	Χ						0.	0.	0.
(10) Deborah H. Karpatkin	1								•	•
Director	0	Χ						0.	0.	0.
(11) Nina T. Pirrotti	1							0	0	0
Director	0	Х						0.	0.	0.
(12) Bernard Alexander		. ,,						0	0	0
Director	0	Х						0.	0.	0.
(13) Susan D. Motley	11	3,7						0	0	0
Director	0	Х						0.	0.	0.
(14) Edgar Fabrice Ndjatou	11	17						_	^	0
Director	0	X						0.	0.	0.

Part VII Sec	ction A. Officers, Directors, Tr	1	Key	Em			es,	and	d Highest Com	pensated Emp	oyees	5 (conti	inued)
(B) (C)													
	(A) Name and title	Average hours per week (list any	offi	, unle cer ar	ss pe nd a d	erson direct	than is both or/trus	n an tee)	(D) Reportable compensation from the organization	Reportable compensation from related organizations	amo	(F) stimated unt of ot npensati	ther ion
		hours for related organiza - tions below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensate employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	org ar	from the ganizatio nd relater janization	on ed
							8						
	<u>tte_Fishman</u>	1								0			0
Direct		0	Х						0.	0.			0.
(16) Mark H		$-\frac{1}{0}$	Х						0.	0.			Λ
	y Neil Young	1	Λ						0.	0.			0.
Direct		- - -	X						0.	0.			0.
	B. Kohrman	1	71						0.	0.			
Direct		1	X						0.	0.			0.
(19) Rosema		1											
Direct		0	X						0.	0.			0.
(20) Scott	M. Pollins	1											
Direct		0	Χ						0.	0.			0.
(21) Gregor	<u>y A. Rich</u>	1											
Direct		0	X						0.	0.			0.
(22) Karla		1											•
Director (23) John F		1	X						0.	0.			0.
Direct	· 	11	X						0.	0.			0.
(24) Paul H		1	Λ						0.	0.			
Direct		1 -	X		1				0.	0.			0.
(25) Terry		40		1	T								
	ive Director	70	2			Х			160,438.	0.			0.
1 b Sub-total.								>	160,438.	0.			0.
	continuation sheets to Part VII, Sect							>	123,969.	0.			0.
	lines 1b and 1c)							<u> </u>	284,407.	0.			0.
	er of individuals (including but not limited	to those I	isted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
from the o	rganization • 2											TV	- N-
												Yes	No
3 Did the org	ganization list any former officer, direct ? If 'Yes,' complete Schedule J for suc	ctor, or tru ch individu	stee. <i>Ial</i>	key	err err	ıploy	/ee,	or h	nghest compensat	ed employee	. 3		Х
4 For any inthe organization	dividual listed on line 1a, is the sum o zation and related organizations great	f reportab er than \$1	le co 50,0	mpe 00?	nsa If 'Y	ition /es,	and com	oth ple	er compensation te Schedule J for	from		3,7	
	idual										. 4	X	
5 Did any performs for service	erson listed on line 1a receive or accrus rendered to the organization? If 'Ye	ıe comper s.' comple	isatio ete Si	n fro chea	om : lule	any <i>J fo</i>	unre r suc	late :h p	ed organization or erson	individual	. 5	Х	
Section B. In	dependent Contractors										· ·		
1 Complete	this table for your five highest comper ion from the organization. Report comper	sated ind	epen	dent	cor	ntrac	ctors	tha	it received more the	nan \$100,000 of			
Compensar			the C	alem	uar	year	enun	iig v				<u>C)</u>	
	(A) Name and business address Description of services							of services	Compe	C) ensatio	on		
-													
	er of independent contractors (including of compensation from the organization		ited t	o the	se I	isted	abo	ve)	who received more	than			

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service

ame of the Organization

ational Employment Lawyers Assoc, Inc

31-1175826

National Employment Lawyers Assoc, Inc. Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (C) (D) (F) (E) Position (check all that apply) Reportable compensation from related organizations (W-2/1099-MISC) Name and Title Reportable compensation from Estimated amount of other Average Individual to or director Average hours per week (list any hours for related organiza-tions below Highest compensated Institutional trustee employee Former compensation from the organization and related organizations the organization (W-2/1099-MISC) y employee l trustee below dotted line) Laura M. Flegel 40 Leg. Prgm Dir. 0 Χ 123,969. 0 0.

	Check if Schedule O contains a response or note	to any line in this Part V	ΊΙΙ		
		Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f: \$				
Col	h Total. Add lines 1a-1f	···▶ 781,891.			
	Business Co				
≫er	2a CLE Programs 541100	585,190.			585,190.
e R(b Advertisements 541100	64,658.			64,658.
īvic	c				
Program Service Revenue	<u> </u>				
Jran	f All other program service revenue				
Pro	g Total. Add lines 2a-2f	··· 6 49,848.			
	Investment income (including dividends, interest an other similar amounts)	d • 6,083.			6,083.
	5 Royalties				
	(i) Real (ii) Person 6 a Gross rents b Less: rental expenses c Rental income or (loss)	nal C	Vqo		
	d Net rental income or (loss)	in			
	7 a Gross amount from sales of assets other than inventory b Less: cost or other basis				
	and sales expenses				
	d Net gain or (loss)	•			
Other Revenue	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
the	b Less: direct expenses b 18,8				
Ō	c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a	··· ► 261,032.			261,032.
	b Less: direct expenses b c Net income or (loss) from gaming activities	-			
	10a Gross sales of inventory, less returns				
	and allowances a 6,4	185. L51.			
	c Net income or (loss) from sales of inventory				4,334.
	Miscellaneous Revenue Business Co				
	11a Royalties	11,590.	11,590.		
	b <u>Unrestriced Cy Pres</u>	9,106.	9,106.		
	C A All other revenue				
	d All other revenue	▶ 20 C0C			
	12 Total revenue. See instructions	20,696.	20.696.	0.	921.297.
		1 1 . 1 / . 3 . 0 0 4	7.01-090	1.1	7/1-/9/

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).

Do i	Check if Schedule O contains a reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	284,407.	19,900.	264,507.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	515,278.	36,053.	479,225.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	313,270.	30,033.	113,223.	
9	Other employee benefits	72,243.	1,479.	70,764.	
10	Payroll taxes	60,024.	4,681.	55,343.	
11	Fees for services (non-employees):		-,	55,555	
а	Management				
b	Legal				
	: Accounting				
	I Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	1 10	COA		
13	Office expenses	6,568.	410.	6,158.	
14	Information technology	0,500.	410.	0,130.	
15	Royalties.	U.			
16	Occupancy	100,155.	9,600.	90,555.	
17	Travel.	49,013.	27,643.	21,370.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	47,013.	27,043.	21,370.	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,500.		4,500.	
23	Insurance	5,571.		5,571.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	CLE_Program_Exp	411,894.	411,732.	162.	
	Organizational consultant fees	48,346.	2,400.	45,946.	
C		48,188.	37,516.	10,672.	
C	. — — — — — — — — — — — — — — — — — — —	32,548.	,	32,548.	
e	All other expenses	107,738.	62,168.	45,570.	
25	Total functional expenses. Add lines 1 through 24e	1,746,473.	613,582.	1,132,891.	0.
26	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).				_

		Check if Schedule O contains a response or note to	any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			84,093.	1	135,464.
	2	Savings and temporary cash investments			638,349.	2	568,889.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L	nplovee	s. Complete		5	
	6	Loans and other receivables from other disqualified pe section 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	as defined under		6		
ş	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1	42,990.			
		Less: accumulated depreciation.		39,108.	8,382.	10 c	3,882.
	11	Investments – publicly traded securities			0,302.	11	3,002.
	12	Investments – other securities. See Part IV, line 11		Ц.		12	
	13	Investments – program-related. See Part IV, line 11.				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	<u>L</u>		15		
	16	Total assets. Add lines 1 through 15 (must equal line			730,824.	16	708,235.
	17	Accounts payable and accrued expenses			70070211	17	70072001
	18	Grants payable	-1	18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities	7)	20			
es	21	Escrow or custodial account liability. Complete Part I'	V of Sch	nedule D		21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	rs, direc I disqua	ctors, trustees, lified persons.		22	
	23	Secured mortgages and notes payable to unrelated th				23	
	24	Unsecured notes and loans payable to unrelated third		<u>L</u>		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to rela plete Pa	ated third parties, art X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
ses		Organizations that follow SFAS 117 (ASC 958), check her lines 27 through 29, and lines 33 and 34.	re ►	X and complete			
aŭ	27	Unrestricted net assets			671,574.	27	648,985.
Bal	28	Temporarily restricted net assets			59,250.	28	59,250.
힏	29	Permanently restricted net assets		<u></u>		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.	eck here	:► ∐			
9	30	Capital stock or trust principal, or current funds			30		
Set	31	Paid-in or capital surplus, or land, building, or equipm				31	
As	32	Retained earnings, endowment, accumulated income,				32	
et	33	Total net assets or fund balances			730,824.	33	708,235.
_	34	Total liabilities and net assets/fund balances	<u>.</u>		730,824.	34	708,235.

	The crosses in the control of the co	TT / C C D C			<u> </u>
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,7	23,8	384.
2	Total expenses (must equal Part IX, column (A), line 25).	2	1,7	46,4	473.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	22,5	589.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	30,8	324.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		_		
	column (B))	10	-/	08,2	235.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				
	in Schedule O.				
2	a 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	ed 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?		2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	ate			
	Separate basis Consolidated basis Both consolidated and separate basis				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	1	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain				
	in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single		2 -		Х
			3 a		Λ
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, available to undergo such audits.		21.		
-	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	000	(0016)
BAA	TEEAUTIZL 00/03/10		Form	990	(2018)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

	xy Tax) (see separate instruct Section 501(c)(4), (5), or (6) o	tions), then rganizations: Complete Part III.	•	,	,
		Employment Lawyers Assoc,	Inc	Employer identific	ation number
				31-117582	
Par	rt I-A Complete if the o	rganization is exempt under section	on 501(c) or is a s	section 527 organi	zation.
1	Provide a description of the (see instructions for definition	organization's direct and indirect political on of 'political campaign activities')	ampaign activities in	Part IV.	
2	Political campaign activity ex	xpenditures (see instructions)		▶\$	
3	Volunteer hours for political	campaign activities (see instructions)			
Par	t I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	⊳ \$	
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955.	▶\$	
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?				Yes No
	If 'Yes,' describe in Part IV.				
Par		rganization is exempt under section			
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities > \$	
	527 exempt function activities	g organization's funds contributed to other		▶ ¢	
2	Total axampt function axam	ditures. Add lines 1 and 2 Enter have and	on Form 1120 DOI	*	
3	line 17b	ditures. Add lines 1 and 2. Enter here and	011 F01111 1120-F0L,	▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes X No
5	organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the all seceived that were promptly and directly delal action committee (PAC). If additional spanning the committee (PAC) is additional spanning the committee (PAC).	mount paid from the fivered to a separate po	filing organization's fun olitical organization, such	ds. Also enter the as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2018

Part II-A Complete if section 501(the organization	on is exempt under se	ction 501(c)(3) and	d filed Form 5768 (el	lection under					
A Check ► if the filin	g organization belo	ngs to an affiliated group (and	d list in Part IV each affil	ated group member's nam	e,					
	address, EIN, expenses, and share of excess lobbying expenditures).									
B Check ► if the filing	ng organization ch	ecked box A and 'limited co	entrol' provisions apply							
(The term	Limits on Lobl 'expenditures' me	oying Expenditures eans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals					
		oublic opinion (grass roots le								
b Total lobbying expendition	ures to influence a	a legislative body (direct lob	bying)							
, , , ,	c Total lobbying expenditures (add lines 1a and 1b).									
	•			<u> </u>						
e Total exempt purpose e	xpenditures (add	lines 1c and 1d)								
		mount from the following ta								
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:							
Not over \$500,000		20% of the amount on line 1e.								
Over \$500,000 but not over \$1	•	\$100,000 plus 15% of the excess								
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess								
Over \$1,500,000 but not over \$	517,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.							
Over \$17,000,000	amount (antar 250	\$1,000,000. 6 of line 1f)								
_		ss, enter -0								
· ·		ss, enter -0								
j If there is an amount othe	er than zero on eith	er line 1h or line 1i, did the or	ganization file Form 4720	reporting	□Yes □No					
3000011 4311 000 0115	y carr									
(Som		4-Year Averaging Period nat made a section 501(h) e selow. See the separate ins	lection do not have to							
	Lok	bying Expenditures During		iod						
Calendar year (or fiscal year beginning in)	(a) 2015	(6) 2016	(c) 2017	(d) 2018	(e) Total					
2a Lobbying nontaxable amount		0								
b Lobbying ceiling amount (150% of line 2a, column (e))										
c Total lobbying expenditures										
d Grassroots nontaxable amount										
e Grassroots ceiling amount (150% of line 2d, column (e))										
f Grassroots lobbying expenditures										
BAA				Schedule C (Forn	n 990 or 990-EZ) 2018					

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

(cicotion under section set (iii))				
For each West response on lines to through the below, provide in Dark IV a detailed description	(a	1)	(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amount	
 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? 				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?.				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
q Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?				
j Total. Add lines 1c through 1i.				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912				
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		-		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or		
			Yes	No
1 Were substantially all (00% or mars) dues received pendeductible by members?			1 7	

I

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

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

- 1	Dues, assessments and similar amounts from members.		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
	a Current year	2 a	
	b Carryover from last year.	2b	
	c Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	0.
5	Taxable amount of lobbying and political expenditures (see instructions)	5	0.

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

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

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

National Employment Lawvers Assoc.

1175026

	Nacional Employment Lawyers in	,	31-11/5826
Pai	deligible Complete if the organization answere	dvised Funds or Other S i ed 'Yes' on Form 990. Pa	imilar Funds or Accounts. rt IV, line 6.
		(a) Donor advised funds	•
1	Total number at end of year	(4) 201101 0011000 101100	(2) - arrae arra entre deceante
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 a are the organization's property, subject to the organization's	dvisors in writing that the asse	ts held in donor advised funds
6	Did the organization inform all grantees, donors, a for charitable purposes and not for the benefit of t impermissible private benefit?	and donor advisors in writing that he donor or donor advisor, or fo	at grant funds can be used only or any other purpose conferring
Pai	Conservation Easements. Complete if the organization answer	ed 'Yes' on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recre	ation or education)	eservation of a historically important land area
	Protection of natural habitat	Pro	eservation of a certified historic structure
	Preservation of open space	Ш	
2	Complete lines 2a through 2d if the organization held a last day of the tax year.	a qualified conservation contribution	on in the form of a conservation easement on the
			Held at the End of the Tax Year
	a Total number of conservation easements		2a
	Total acreage restricted by conservation easement		2b
•	Number of conservation easements on a certified	historic structure included in (a)	2c
(Humber of conservation easements included in (c) structure listed in the National Register	acquired after 7/25/06, and no	t on a historic
3	Number of conservation easements modified, transfer tax year ►	red, released, extinguished, or ten	minated by the organization during the
4	Number of states where property subject to conservati	on easement is located ►	
5	Does the organization have a written policy regard and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspe		
7	Amount of expenses incurred in monitoring, inspecting ▶\$	g, handling of violations, and enfo	rcing conservation easements during the year
8			Yes No
9	In Part XIII, describe how the organization reports con include, if applicable, the text of the footnote to the conservation easements.	servation easements in its revenu e organization's financial stater	e and expense statement, and balance sheet, and nents that describes the organization's accounting for
Pai	Organizations Maintaining Collection Complete if the organization answer	ons of Art, Historical Trea ed 'Yes' on Form 990, Pa	sures, or Other Similar Assets. rt IV, line 8.
1 :	If the organization elected, as permitted under SF, art, historical treasures, or other similar assets held fo in Part XIII, the text of the footnote to its financial	r public exhibition, education, or r	t in its revenue statement and balance sheet works of esearch in furtherance of public service, provide, e items.
ı	b If the organization elected, as permitted under SF, historical treasures, or other similar assets held for pu following amounts relating to these items:	AS 116 (ASC 958), to report in blic exhibition, education, or research	its revenue statement and balance sheet works of art, arch in furtherance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line	1	
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, histor amounts required to be reported under SFAS 116	ical treasures, or other similar ass (ASC 958) relating to these iter	sets for financial gain, provide the following ms:
i	a Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		

Part III Organizations Maintain	ling Collection	s of Art, Histo	rical Treasures, or	Other Similar Ass	ets (contint	iea)
3 Using the organization's acquisition, items (check all that apply):	accession, and othe			e a significant use of its of	collection	
a Public exhibition		d Loan o	r exchange programs			
b Scholarly research		e Other				
c Preservation for future general						
4 Provide a description of the organizate Part XIII.		,	J			
5 During the year, did the organization to be sold to raise funds rather that	ın to be maintaine	d as part of the or	ganization's collection?	'	Yes	No
Part IV Escrow and Custodial line 9, or reported an a	mount on Form	990, Part X, I	ine 21.	swered fes off For	111 990, Pa	LIV,
1 a Is the organization an agent, truston Form 990, Part X?	ee, custodian or ot	her intermediary f	or contributions or othe	er assets not included	Yes	No
b If 'Yes,' explain the arrangement in	n Part XIII and cor	nplete the followin	ng table:	L		_
					Amount	
c Beginning balance						
d Additions during the year						
e Distributions during the year						
f Ending balance						
2a Did the organization include an am				L	Yes	No
b If 'Yes,' explain the arrangement in	n Part XIII. Check	here if the explana	ation has been provided	d on Part XIII		
Dort V Fredominant Fredo Co				000 Davit IV/ Iii	. 10	
Part V Endowment Funds. Co						ro book
1 a Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	S Dack
b Contributions						
c Net investment earnings, gains, and losses				1		
d Grants or scholarships			101			
e Other expenditures for facilities and programs			COL			
f Administrative expenses		100				
g End of year balance		110,				
2 Provide the estimated percentage	of the current year	end balance (line	e 1g, column (a)) held a	as:		
a Board designated or quasi-endowmer	nt ►	%				
b Permanent endowment ▶	%					
c Temporarily restricted endowment	•	%				
The percentages on lines 2a, 2b, and	l 2c should equal 10	0%.				
3a Are there endowment funds not in the organization by:	e possession of the	organization that ar	re held and administered	for the	Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' on line 3a(ii), are the relate	ed organizations li	sted as required o	n Schedule R?		3b	
4 Describe in Part XIII the intended	uses of the organiz	zation's endowme	nt funds.			
Part VI Land, Buildings, and E	quipment.					
Complete if the organiz	ation answered	l 'Yes' on Form	n 990, Part IV, line	11a. See Form 99	0, Part X, Ii	ne 10.
Description of property	(a) Co:	st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue
1 a Land						
b Buildings						
c Leasehold improvements						
d Equipment			42,990.	39,108.	3	,882.
e Other						
Total. Add lines 1a through 1e. (Column	(d) must equal Fo	orm 990, Part X, c	olumn (B), line 10c.)		3	,882.
BAA				Schedu	ıle D (Form 99	

TEEA3302L 10/10/18

Schedule D (Form 990) 2018

	Investments -			N/A	
	•			, Part IV, line 11b. See Form 99	
(a) Desc	cription of security or cate	egory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	-year market value
(1) Financ	cial derivatives				
(2) Closel	y-held equity interes	sts			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
<u>(l)</u>					
		990, Part X, column (B) line 12.) 🕨	•		
Part VIII	Investments -	- Program Related.	11)/ 1	N/A	00 D I V I: 10
				, Part IV, line 11c. See Form 99	
	(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)					
(10)	(1) 1 15 (000 D 17 1 (D) 1 10 1			
		990, Part X, column (B) line 13.) 🕨			
Dart IV	Other Accete		NT / 7\		
Part IX	Other Assets. Complete if the	e organization answered	N/A d 'Yes' on Form 990	, Part IV, line 11d. See Form 99	90, Part X, line 15
Part IX	Other Assets. Complete if the	e organization answered	N/A d 'Yes' on Form 990 escription	, Part IV, line 11d. See Form 9	90, Part X, line 15 (b) Book value
(1)	Other Assets. Complete if the	e organization answered	d 'Yes' on Form 990	, Part IV, line 11d. See Form 99	
(1)	Other Assets. Complete if the	e organization answered	d 'Yes' on Form 990	, Part IV, line 11d. See Form 99	
(1) (2) (3)	Other Assets. Complete if the	e organization answered	d 'Yes' on Form 990	, Part IV, line 11d. See Form 99	
(1) (2) (3) (4)	Other Assets. Complete if the	e organization answered	d 'Yes' on Form 990	, Part IV, line 11d. See Form 99	
(1) (2) (3) (4) (5)	Other Assets. Complete if the	e organization answered	d 'Yes' on Form 990	, Part IV, line 11d. See Form 99	
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the	e organization answered	d 'Yes' on Form 990	, Part IV, line 11d. See Form 99	
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the	e organization answered	d 'Yes' on Form 990	, Part IV, line 11d. See Form 99	
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the	e organization answered	d 'Yes' on Form 990	, Part IV, line 11d. See Form 99	
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the	e organization answered	d 'Yes' on Form 990	, Part IV, line 11d. See Form 99	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Complete if the	e organization answered (a) De	d 'Yes' on Form 990 escription		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	Complete if the	e organization answered (a) De (a) The properties of the properti	d 'Yes' on Form 990 escription		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Complete if the	e organization answered (a) De (a) De	d 'Yes' on Form 990 escription (B) line 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	Olumn (b) must equal Complete if the Complete if the organization	e organization answered (a) De (a) De	d 'Yes' on Form 990 escription		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	Olumn (b) must equal Complete if the Complete if the organization	e organization answered (a) De (a) De al Form 990, Part X, column (es. ganization answered 'Yes' on I	d 'Yes' on Form 990 escription (B) line 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Ca Part X	Complete if the complete if the complete if the complete if the organization (a) Descrip	e organization answered (a) De (a) De al Form 990, Part X, column (es. ganization answered 'Yes' on I	d 'Yes' on Form 990 escription (B) line 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3)	Complete if the complete if the complete if the complete if the organization (a) Descrip	e organization answered (a) De (a) De al Form 990, Part X, column (es. ganization answered 'Yes' on I	d 'Yes' on Form 990 escription (B) line 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4)	Complete if the complete if the complete if the complete if the organization (a) Descrip	e organization answered (a) De (a) De al Form 990, Part X, column (es. ganization answered 'Yes' on I	d 'Yes' on Form 990 escription (B) line 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5)	Complete if the complete if the complete if the complete if the organization (a) Descrip	e organization answered (a) De (a) De al Form 990, Part X, column (es. ganization answered 'Yes' on I	d 'Yes' on Form 990 escription (B) line 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6)	Complete if the complete if the complete if the complete if the organization (a) Descrip	e organization answered (a) De (a) De al Form 990, Part X, column (es. ganization answered 'Yes' on I	d 'Yes' on Form 990 escription (B) line 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7)	Complete if the complete if the complete if the complete if the organization (a) Descrip	e organization answered (a) De (a) De al Form 990, Part X, column (es. ganization answered 'Yes' on I	d 'Yes' on Form 990 escription (B) line 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7) (8)	Complete if the complete if the complete if the complete if the organization (a) Descrip	e organization answered (a) De (a) De al Form 990, Part X, column (es. ganization answered 'Yes' on I	d 'Yes' on Form 990 escription (B) line 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Ca Part X (1) Fede (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the complete if the complete if the complete if the organization (a) Descrip	e organization answered (a) De (a) De al Form 990, Part X, column (es. ganization answered 'Yes' on I	d 'Yes' on Form 990 escription (B) line 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Ca Part X (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10)	Complete if the complete if the complete if the complete if the organization (a) Descrip	e organization answered (a) De (a) De al Form 990, Part X, column (es. ganization answered 'Yes' on I	d 'Yes' on Form 990 escription (B) line 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (CC Part X (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Olumn (b) must equal Other Liabilitie Complete if the organization (a) Descriperal income taxes	e organization answered (a) De al Form 990, Part X, column (es. ganization answered 'Yes' on I otion of liability	B) line 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (Colu	Other Liabilitie Complete if the organization (a) Descriperal income taxes	e organization answered (a) De al Form 990, Part X, column (es. ganization answered 'Yes' on lotion of liability 990, Part X, column (B) line 25.)	B) line 15.)		(b) Book value

BAA

Dat VI Day (Park I ample product and the Control of	- L NT / 7
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn. N/A
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
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.) 4b	
c Add lines 4a and 4b	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part VII Deconciliation of Expanses new Audited Financial Statements With Expanses new	D 1 17/7
rart All Reconciliation of Expenses per Auditeu Financial Statements with Expenses per	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	T
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	T
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	T
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 a 2 b	T
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 Donated Services and Use of facilities.	T
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 a 2 b	T
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	1 2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.	1 2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	1 2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) 4 a 4 b 4 b Complete in Part IV, line 12a. 2 b 2 c 2 c 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a 4 b Complete in Part XIII.)	2e 3

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

BAA Schedule D (Form 990) 2018

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

2012

Open to Public Inspection

Name of the organization Employer identification number National Employment Lawyers Assoc, Inc 31-1175826 **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (i) Name and address of individual (iii) Did fundraiser (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 Client Cop 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2018 National Employment Lawyers Assoc, Inc 31-1175826 Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 **(b)** Event #2 (c) Other events (add column (a) Gala Fundraise None through column (c) (event type) (event type) (total number) REVENUE **1** Gross receipts..... 279,885 279,885. 2 Less: Contributions..... **3** Gross income (line 1 minus line 2)..... 279,885 279,885. 6 Rent/facility costs..... 7 Food and beverages Other direct expenses..... 18,853. 18,853. 18,853. Net income summary. Subtract line 10 from line 3, column (d)..... 261,032. Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add column (a) REVENUE (a) Bingo bingo/progressive bingo (c) Other gaming through column (c)) lient Gross revenue..... 2 Cash prizes..... D X P E N C T S Rent/facility costs..... **5** Other direct expenses..... Yes Yes Yes No No No 8 Net gaming income summary. Subtract line 7 from line 1, column (d)..... **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?..... **b** If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....

b If 'Yes,' explain:

schedule G (Form 990 or 990 EZ) 2018 National Employment Lawyers	Assoc, Inc 31-11/5826	Page 3
11 Does the organization conduct gaming activities with nonmembers?	·	es No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partne administer charitable gaming?	ership or other entity formed to	es No
13 Indicate the percentage of gaming activity conducted in:	1 1	
a The organization's facility	13a	%
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/sp	ecial events books and records:	
Name ►		
Address ►		
15a Does the organization have a contract with a third party from whom the organization b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ of gaming revenue retained by the third party ▶ \$ c If 'Yes,' enter name and address of the third party:	ation receives gaming revenue?	Yes No
Name •		
Address ►		i
16 Gaming manager information:		
Name ►		
Gaming manager compensation ► \$		
Description of services provided	<u> </u>	
Description of services provided Director/officer Employee Independent Mandatory distributions:	nt contractor	
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the g state gaming license?	gaming proceeds to retain the	Yes No
b Enter the amount of distributions required under state law to be distributed to other exe	empt organizations or spent in the	
organization's own exempt activities during the tax year ► \$		
Part IV Supplemental Information. Provide the explanations require and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applinformation. See instructions.	ed by Part I, line 2b, columns (iii) a licable. Also provide any additional	nd (v);
inormation ood matadatons.		

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

National Employment Lawyers Assoc, Inc

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

31-1175826

Part I Questions Regarding Compensation

	<u> </u>			Yes	No
1	a Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a. Complete Part III to provide any relevant	the following to or for a person listed on Form 990, Part rant 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 fo	allow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described		1 b		
2	Did the organization require substantiation prior to reimbursin trustees, and officers, including the CEO/Executive Director,		2		
3	Indicate which, if any, of the following the filing organization used CEO/Executive Director. Check all that apply. Do not check a establish compensation of the CEO/Executive Director, but expenses the compensation of the CEO/Executive Director.	to establish the compensation of the organization's any boxes for methods used by a related organization to xplain in Part III.			
	Compensation committee	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, organization or a related organization:	Section A, line 1a, with respect to the filing			
	a Receive a severance payment or change-of-control payment?		4 a		Χ
	${f b}$ Participate in, or receive payment from, a supplemental nonc		4 b		Χ
•	c Participate in, or receive payment from, an equity-based com		4 c		Χ
	If 'Yes' to any of lines 4a-c, list the persons and provide the a	applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	ns must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the contingent on the revenues of:	he organization pay or accrue any compensation			
;	a The organization?		5 a		
-	b Any related organization?		5 b		
	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 contingent on the net earnings of:	he organization pay or accrue any compensation			
	a The organization?		6 a		
	b Any related organization?		6 b		
	If 'Yes' on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, payments not described on lines 5 and 6? If 'Yes,' describe in	did the organization provide any nonfixed n Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or act to the initial contract exception described in Regulations sections.				
	If 'Yes,' describe in Part III		8		
9	If 'Yes' on line 8, did the organization also follow the rebuttable pr section 53.4958-6(c)?	resumption procedure described in Regulations	9		

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

Schedule J (Form 990) 2018

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

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

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

		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(0) D 1:	(D) NI	(E) T + + ((F) O
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Terry A. O'Neill	(i)	160,088.	0.	350.	0.	0.	160,438.	0.
1 Executive Director	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
2	(ii)		[Γ		Γ]
	(i)							
3	(ii)							
	(i)						L	
4	(ii)							
	(i)				L		L	
5	(ii)							
	(i)							
6	(ii)			VO				
	(i)			COF				
7	(ii)		tnoir)				
	(i)		-1161				L	
8	(ii)		J**					
	(i)				 		_	
9	(ii)							
	(i)				 			
10	(ii)							
	(i)		 		 			
11	(ii)							
	(i)				 		 	
12	(ii)							
12	(i)							
13	(ii)							_
	(i)							
14	(ii)							
45	(i)		 		 			
15	(ii)							
10	(i)		 		 			
16	(ii)							1.45

BAA

TEEA4102L 10/29/18

Schedule J (Form 990) 2018

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 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 **2018**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

National Employment Lawyers Assoc, Inc

Employer identification number

31-1175826

Form 990, Part III, Line 4a - Program Service Accomplishments

Continuing Legal Education Programs

ESI & Technology For The Plaintiffs' Employment Lawyer

April 13-14, 2018

Sheraton Tysons Hotel

Tysons, Virginia

This two-day seminar trained employee rights advocates in the fundamentals and hot topics in electronically stored information (ESI), including: recent developments in ESI law; ESI and the Rule 26 conference; e-discovery and social media discovery; the judge's perspective; ethical considerations with ESI; using ESI at trial; and more. Client

Attendance: 138 people

Revenue: \$79,720.00

Expenses: \$41,986.36

Connect · Build · Advance

2018 Annual Convention

June 27-30, 2018

Hilton Chicago Hotel

Chicago, Illinois

Our Annual Convention featured plenary sessions on "#MeToo: Hot Topics And Emerging Trends In Harassment Litigation," "Don't Be Afraid To Lose," and the "Year In Name of the organization Employer identification number 31-1175826 National Employment Lawyers Assoc, Inc

Form 990, Part III, Line 4a - Program Service Accomplishments

Pre-Trial Litigation & Trial Advocacy, Wage & Hour Law, Employment Law 101, and Sixth & Seventh Circuit Law helped participants to tailor their experience. Other cutting-edge substantive law and practical skills presentations covered a diverse range of topics, including eliminating implicit bias in jury selection; deploying "outside-the-box" discovery tools; optimizing damages; defeating summary judgment; reviewing recent efforts to roll back regulatory progress; protecting vulnerable sectors of the workforce, such as LGBTQ+ and immigrant employees, who have been targeted by the current administration; and many more!

Attendance: 669 participants

Revenue: \$465,532.50

Expenses: \$354,632.14

Webinars:

Client Copy The Nuts & Bolts Of Litigating Employment Cases: Deadlines, Exhaustion & Filing Administrative Charges, July 24, 2018

Webinar: Effectively Representing Individuals Facing Workplace Harassment, August 2, 2018

Hosted in partnership with the National Women's Law Center, these webinars we offered for free to advocates who are or would like to represent workers who are facing harassment in the workplace.

Revenue: \$4,549.00

Expenses: \$917.81

Name of the organization Employer identification number 31-1175826 National Employment Lawyers Assoc, Inc

Form 990, Part III, Line 4a - Program Service Accomplishments

Harnessing The #MeToo Momentum

October 12-13, 2018

Hilton Scottsdale Resort & Villas

Scottsdale, Arizona

This two-day program took a holistic approach to understanding the challenges faced by victims of harassment and other unlawful workplace behavior, including analyzing the unique ways these challenges affect different sectors of the workforce. In doing so, we discussed strategies and tactics that advocates can use to be more responsive to the needs of these workers, both in litigation and in society more broadly.

Attendance: 79 participants

Revenue: \$36,230.00

Expenses: \$33,477.18

lient Copy Form 990, Part III, Line 4d - Other Program Services Description

Other Events

• Lobby Day 2018

April 12, 2018

Capitol Hill

Washington, DC

During this one-day event, participants converged on Capitol Hill to insist that our elected representatives be held accountable to protect the rights of employees in America and ensure that their workplaces are fair and free of harassment and discrimination.

Name of the organization

National Employment Lawyers Assoc, Inc

31-1175826

Form 990, Part III, Line 4d - Other Program Services Description

Revenue: None.

Expenses: \$1,421.44

· Celebrating Our Voices For Change

NELA's 2018 Gala Fundraiser

June 29, 2018

Hilton Chicago Hotel

Chicago, Illinois

This fundraising event supports NELA's advocacy initiatives, including the Washington DC Office. The evening itself was one of inspiration and entertainment featuring presentation of an award to the National Women's Law Center for its leadership role in the #MeToo Movement, and included dessert, live music, and dancing.

Revenue: \$279,885.00

Expenses: \$18,853.03

Affiliate Relations & Development

• The 2018 Affiliate Leadership Workshop & Forum drew over 50 participants from across the country to engage in strategic thinking on organizational issues such as budgets and membership dues, increasing member engagement and outreach, and social media efforts.

Name of the organization

National Employment Lawyers Assoc, Inc

31-1175826

Form 990, Part III, Line 4d - Other Program Services Description

Amicus Program

• NELA authored or signed on to 14 amicus curiae briefs: 6 in the U.S. Supreme Court and 8 in the U.S. Circuit Courts of Appeals. The areas of law NELA weighed in on included: forced arbitration, including, class arbitration; the Employee Retirement Income Security Act (ERISA); the Americans with Disabilities Act (ADA) and the interplay with workers' compensation; pregnancy discrimination; and assessing damages in Title VII cases.

Judicial Nominations Program

• NELA advocated for independent and fair-minded federal judges who are committed to equal justice under law for all Americans, and who do not place the interests of employers over the rights of employees. NELA took an active role in assessing candidates nominated to federal judgeships. NELA screened potential judicial nominees, ensuring they are faithful to the progress made on civil rights and individual liberties, and possess a demonstrated record of respect for justice and equality in the workplace.

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address

Nieves Bolanos

Attorney at Law

Robin Potter & Associates, PC

111 E. Wacker Drive

Suite 2600

Chicago, IL 60601

Name of the organization Employer identification number 31-1175826 National Employment Lawyers Assoc, Inc

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

(312) 861-1800

nieves@potterlaw.org

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Amy L. Coopman

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Kansas City, MO 64105

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acoopman@fwpclaw.com

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cbrown@cbcblaw.com

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Linda M.Correia

Attorney at Law

Client Copy

Name of the organization

National Employment Lawyers Assoc, Inc

Significant Street S

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

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Washington, DC 20006

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lcorreia@correiaputh.com

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Nashville, TN 37205

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Watkinsville, GA 30677

(706) 769-4410

jfbeasley@jfbeasleylaw.com

Bernard Alexander

Attorney at Law

Alexander Krakow + Glick, LLP



Name of the organization

National Employment Lawyers Assoc, Inc

Employment Sample of the organization number

31-1175826

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

401 Wilshire Blvd, Suite 1000

Santa Monica, CA 90401

(310) 394-0888

balexander@akglip.com

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Gordon Law Group, LLP

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Boston, MA 02116

(617) 536-1800

erodgers@gordonllp.com

Mark Hammons, Sr.

Attorney at Law

Hammons, Gowens, Hurst & Associates

325 Dean A. McGee

Lower Level

Name of the organization

National Employment Lawyers Assoc, Inc

Significant Street S

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

Oklahoma City, OK 73102

(405) 235-6100

mark@hammonslaw.com

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Attorney at Law

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James H. Kaster

Attorney at Law

Nichols Kaster, PLLP

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4600 IDS Center

Minneapolis, MN 55402-5305

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kaster@nka.com

Laura L. Ho

Attorney at Law

Goldstein, Borgen, Dardarian & Ho

300 Lakeside Drive, Suite 1000

Oakland, CA 94612

Client Copy

Name of the organization

National Employment Lawyers Assoc, Inc

Significant Street S

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

(510) 763-9800

lho@gbdhlegal.com

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Attorney at Law

King & Greisen, LLP

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Denver, CO 80206

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Daniel B. Kohrman

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AARP Foundation Litigation

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dkohrman@aarp.org

Susan D. Motley.

Attorney at Law

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Denton, TX 76210

(940) 565-6565



Name of the organization Employer identification number 31-1175826 National Employment Lawyers Assoc, Inc

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

Susan@wtwlawfirm.com

Charlotte Fishman

Attorney at Law

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100 Pine Street, Suite 3300

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(415)217-7302

cfishman@sbcglobal.net

www.pickupthepace.org

Deborah H. Karpatkin

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New York

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Victoria W. Ni

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Oakland, CA 94607

(510) 622-8150

vni@publicjustice.net

Name of the organization Employer identification number 31-1175826 National Employment Lawyers Assoc, Inc

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

Rosemary Orsini

Attorney at Law

Orsini Law LLC

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(303)514-7777

OrsiniLawLLC@gmail.com

Nina T. Pirrotti

Attorney at Law

Client Copy Garrison, Levin-Epstein, Fitzgerald & Pirrotti, PC

405 Orange Street

New Haven, CT 06511

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npirrotti@garrisonlaw.com

Rebecca L. Salawdeh

Attorney at Law

Salawdeh Law Office, LLC

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Wauwatosa, WI 53213

(414) 455-0117

rebecca@salawdehlaw.com

Paul H. Tobias

Name of the organization

National Employment Lawyers Assoc, Inc

Employment 31-1175826

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address (continued)

Attorney at Law

Tobias, Torchia & Simon

911 Mercantile Library Building

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(513) 241-8137

tkt@tktlaw.com

Scott M. Pollins

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St.Louis, MO 63108

(314) 621-8363

grich@dobsongoldberg.com

Form 990, Part VI, Line 11b - Form 990 Review Process

The organization does not have a written policy for review of Form 990 before it is filed. However, the Executive Director reviews Form 990 and requests changes by the

Name of the organization	Employer identification number
National Employment Lawyers Assoc, Inc	31-1175826

Form 990, Part VI, Line 11b - Form 990 Review Process (continued)

organization's accountant, if necessary, before it is filed with the IRS. The final version of Form 990 is provided to the Executive Board.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The organization has written policies regarding record/document retention, conflicts of interest and whistleblower protections. The Executive Director (ED) is charged with monitoring and enforcing such policies. With respect to the conflicts of interest policy, the Executive Director reviews the statements, and the Executive Board members sign a conflict of interest statement before or at the annual Spring meeting each year.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Executive Director consults The Management Center's Nonprofit Wage and Benefit Survey and makes salary recommendations to the Executive Board based on the survey of similar organizations and staff positions.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

These are available to public on the website.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

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

2010

2018

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

National Employment Lawyers Assoc, Inc

Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

Employer identification number 31–1175826

(a) Name, address, and EIN (if applicable) of disregarded e	ntity Primar		ctivity	(c) Legal domicile (state or foreign country)		(d) Total income		(e) End-of-year assets		(f) Direct controlli entity		olling
<u>(1)</u>												
(2)												
<u>(3)</u>												
			16.11	CO	y							
Part II Identification of Related Tax-Exempt On had one or more related tax-exempt org	rganizatio anizations	ns. Complete during the ta	if the org ix year.	anization	answere	d 'Yes	on Form 99	0, Part	: IV, line 34,	becau	ise it	
(a) Name, address, and EIN of related organization	Prima	ry activity (c) Legal dominor foreign		icile (state country)	(d) Exempt (section	Code	(e) Public charity (if section 501	status (c)(3))	atus Direct controllir entity		controlled er	
The Employee Rights Advocacy Insti 2201 Broadway Suite 402 Oakland, CA 94612	Equa Just	ee Rights, ality & tice in erican							Nation Employer Lawyer	nent	Yes	No
(2) 26-2270705		kplace			501(c)	(3)			Assoc			Х
<u>(3)</u>												
<u>(4)</u>												

Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered 'Yes' on Form 990, Part IV, line 34,
	because it had one or more related organizations treated as a par	tnership during the tax year.

end-of-year assets	tior	h) ropor- nate ations?	K-1 (Form	Gene mana parti	i) ral or aging ner?	(k) Percentage ownership
	Yes	No	1065)	Yes	No	
		Yes	Yes No	Yes No K-1 (Form 1065)	K-1 (Form	Yes No Yes No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512 controlled) (b)(13) d entity?
		cour ney)	entity	or trust)				Yes	No
(1)									
(2)									
<u>(3)</u>									

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

b Gift, grant, or capital contribution to related organization(s)				1b		Х
c Gift, grant, or capital contribution from related organization(s)				1с		X
d Loans or loan guarantees to or for related organization(s)				1 d		X
e Loans or loan guarantees by related organization(s)				1е		X
f Dividends from related organization(s)						X
g Sale of assets to related organization(s)						X
h Purchase of assets from related organization(s)						X
i Exchange of assets with related organization(s)						Х
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X
It I case of facilities aguinment or other assets from related organization(s)				11,		37
k Lease of facilities, equipment, or other assets from related organization(s)l Performance of services or membership or fundraising solicitations for related						X
m Performance of services or membership or fundraising solicitations for related	•					X
n Sharing of facilities, equipment, mailing lists, or other assets with related organ						X
Sharing of paid ampleyees with related organization(s)				1.0		X
• Sharing of paid employees with related organization(s)	-01			10		Λ
n Paimhursement naid to related organization(s) for expenses	CODY			1p	Х	
Reimbursement paid by related organization(s) for expenses				1p	X	
Treimbursement paid by rolated organization(s) for expenses	liell			'4	Λ	
p Reimbursement paid to related organization(s) for expenses. q Reimbursement paid by related organization(s) for expenses. r Other transfer of cash or property to related organization(s).	,,,,			1r		Х
s Other transfer of cash or property from related organization(s)				1s		X
2 If the answer to any of the above is 'Yes,' see the instructions for information on who					ļ	
(a) Name of related organization		(b) Transaction type (a-s)	1	(d Method of d amount		
		type (a-s)		amount	IIIVOIV	zu
1) The Employee Rights Advocacy Institute		n	27,720.	Vetual 1	Dogo	int
if the Employee Rights Advocacy institute		P	21,120.	ictual i	Nece	трс
2) The Employee Rights Advocacy Institute		q	69,037.	Actual 1	Rece	ipt
3)						
- /						
4)						
<u>v</u>						
5)						
<i>'</i>)						
6						
6) AAA	TEC 450031 06/07/10		Cohodul	e R (Form	2 000	2010
MM	TEEA5003L 06/07/18		Scriedul	כ ת (רטווו	(טפכו	2018

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under sections 512-514)	Are all sec 501(organiz	partners tion (c)(3) cations?	Share of total income	(g) Share of end-of-year assets	Dispr tion alloca	n) ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti) ral or aging ner?	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No	` ,	Yes	No	
<u>(1)</u>													
	-												
(2)													
7-7	1												
	1												
(3)	_												
	-												
	-					. 1							
(4)						Coby							
32	1				4	COP							
]			25	15								
			C /\	0									
<u>(5)</u>													
	_												
	1												
(6)													
3	1												
]												
_(7)	-												
	4												
	1												
(8)													
	1												
]												
DA4										Calaadul			

BAA TEEA5004L 06/07/18 Schedule **R** (Form 990) 2018

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.



Form **8868**

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.
► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit

www.irs.go	v/e-file-providers/e-file-for-charities-and-non-profit	īS.			
Automat	ic 6-Month Extension of Time. Only sub	mit origin	al (no copies needed).		
All corpora	tions required to file an income tax return other th	an Form 99	0-T (including 1120-C filers), partnershi	ps, REMICs, and	trusts must
use Form /	7004 to request an extension of time to file income	e tax returns	s. Enter filer's identi	ifvina number. se	e instructions
	Name of exempt organization or other filer, see instructions.		Zitter mer 3 identi	Employer identificati	
Type or					
print	National Employment Largers A	0000 T	200	21_1175026	-
Elle builde	National Employment Lawyers A: Number, street, and room or suite number. If a P.O. box, see in	nstructions.	IIC	31-1175826 Social security numb	
File by the due date for					
filing your return. See	1800 Sutter Street #210 City, town or post office, state, and ZIP code. For a foreign add	lress, see instru	uctions.		
instructions.					
	Concord, CA 94520				
Enter the F	Return Code for the return that this application is fo	or (file a se	parate application for each return)		01
Application	1	Return	Application		Return
Is For		Code	Is For		Code
Form 990-E	r Form 990-EZ	01	Form 990-T (corporation) Form 1041-A		07
Form 4720 (03	Form 4720 (other than individual)		09
Form 990-F	`	04	Form 5227		10
	(section 401(a) or 408(a) trust)	05	Form 6069		11
	(trust other than above)	06	Form 8870		12
Telepho If the or If this is check t	ne No. • (415) 296-7629 rganization does not have an office or place of but is for a Group Return, enter the organization's four his box •	digit Group	e United States, check this box Exemption Number (GEN)	f this is for the wl	hole group,
for the	est an automatic 6-month extension of time until e organization named above. The extension is for the X calendar year 20 18 or tax year beginning , 20 tax year entered in line 1 is for less than 12 month hange in accounting period	organization _, and endii	ng, 20	zation return nal return	
nonre	application is for Forms 990-BL, 990-PF, 990-T, 4 sfundable credits. See instructions		<u> </u>	3a \$	0.
b If this tax pa	application is for Forms 990-PF, 990-T, 4720, or ayments made. Include any prior year overpaymen	6069, enter nt allowed a	any refundable credits and estimated as a credit	3 b \$	0.
c Balar EFTP	nce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	r payment instructions	with this form, if required, by using	3c \$	0.
	you are going to make an electronic funds withdra	awal (direct	debit) with this Form 8868, see Form 84	453-EO and Form	1 8879-EO for
payment in	เรน นับเบาโร้.				

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

Form **8868** (Rev. 1-2019)

12/31/18

2018 Federal Book Summary Depreciation Schedule

Page 1

Client NELA

National Employment Lawyers Assoc, Inc

31-1175826

		Natio								1-11/302
5/19)									09:41
No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	Method	Life	Current Depr.
orm	990/990-PF									
Fur	rniture and Fixtures									
1	Bookcase	1/27/10		188			7	S/L	5	
15	Office Furnitures	12/19/14		2,000			1,200	S/L	5	4
	Total Furniture and Fixtures			2,188		0	1,207			4
Ma	chinery and Equipment									
2	Desktop CBLNZQ1	8/15/11		990			314	S/L	5	
3	Monitor Dell	12/31/11		116			46	S/L	5	
4	Desktop OptiPlex 390	4/28/12		990			495	S/L	5	
5	Desktop OptiPlex 390	4/28/12		990			495	S/L	5	
6	Desktop OptiPlex 390	4/28/12		990			495	S/L	5	
7	Hardware Memory	6/04/12		197			104	S/L	5	
8	TV Monitor Pavillion 22bw	1/14/13		168		1/0-	126	S/L	5	
9	Printer HP	9/03/13		173	~	L CIL	130	S/L	5	
10	Router	9/03/13		168 173 175 275 10,179 5,808	U		130	S/L	5	
11	Monitor Acer	12/31/13	-15	275			204	S/L	5	
12	Dell PowerEdge T620 Svr	2/03/14		10,179			10,179	S/L	7	
13	Dell OptiPlex 7010 Backup	5/01/14	O -	5,808			3,043	S/L	7	;
14	HP LasterJet 600 M601	9/15/14		960			622	S/L	5	
16	Computers	4/09/15		2,124			1,169	S/L	5	
17	Sonicwall	4/09/15		1,260			693	S/L	5	:
18	Uninterruptible Power Sup	8/05/15		613			297	S/L	5	
19	EMV Chip Card Processor	10/17/15		669			301	S/L	5	
20	Laptop	11/06/15		709			308	S/L	5 _	1
	Total Machinery and Equipment			27,386		0	19,151			2,
	Total Depreciation			29,574		0	20,358		=	2,
	Grand Total Depreciation			29,574		0	20,358		_	2,

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2018 Federal Book Depreciation Schedule

Page 1

Client NELA

National Employment Lawyers Assoc, Inc

31-1175826

5/19 No. Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Е	Prior 179/ Bonus/ p. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life Ra	09:41 Current Depr.
orm 990/990-PF															
Furniture and Fixtures															
1 Bookcase	1/27/10		188								188	7	S/L	5	
15 Office Furnitures	12/19/14		2,000								2,000	1,200	S/L	5	
Total Furniture and Fixtures			2,188		0	()	0	0	0	2,188	1,207			
Machinery and Equipment			,								,	, -			
2 Desktop CBLNZQ1	8/15/11		990								990	314	S/L	5	
3 Monitor Dell	12/31/11		116						Kqc		116	46	S/L	5	
4 Desktop OptiPlex 390	4/28/12		990				4	C	76,7		990	495	S/L	5	
5 Desktop OptiPlex 390	4/28/12		990		-1	Yor	I				990	495	S/L	5	
6 Desktop OptiPlex 390	4/28/12		990		G\	10.					990	495	S/L	5	
7 Hardware Memory	6/04/12		197								197	104	S/L	5	
8 TV Monitor Pavillion 22bw	1/14/13		168								168	126	S/L	5	
9 Printer HP	9/03/13		173								173	130	S/L	5	
10 Router	9/03/13		175								175	130	S/L	5	
11 Monitor Acer	12/31/13		275								275	204	S/L	5	
12 Dell PowerEdge T620 Svr	2/03/14		10,179								10,179	10,179	S/L	7	
13 Dell OptiPlex 7010 Backup	5/01/14		5,808								5,808	3,043	S/L	7	
14 HP LasterJet 600 M601	9/15/14		960								960	622	S/L	5	
16 Computers	4/09/15		2,124								2,124	1,169	S/L	5	
17 Sonicwall	4/09/15		1,260								1,260	693	S/L	5	
18 Uninterruptible Power Sup	8/05/15		613								613	297	S/L	5	
19 EMV Chip Card Processor	10/17/15		669								669	301	S/L	5	
20 Laptop	11/06/15		709								709	308	S/L	5	

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2018 Federal Book Depreciation Schedule

Page 2

Client NELA

11/15/19

National Employment Lawyers Assoc, Inc

31-1175826 09:41AM

_No	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr.	Prior Depr.	Method	<u>Life</u>	Rate	Current Depr.
	Total Machinery and Equipment			27,386		0	0	0	() (0 27,386	19,151				2,199
	Total Depreciation			29,574		0	0	0)	0 29,574	20,358			:	2,599
	Grand Total Depreciation			29,574		0	0	0	() (0 29,574	20,358				2,599

