### ILAP 08/21/2023 9:33 AM 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 2022 Open to Public Inspection

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.

Α	For the	2022 ca	alendar year, or tax year beginning , and ending			
В	Check if app	plicable:	C Name of organization		D Employe	r identification number
	Address cha	ange	IMMIGRANT LEGAL ADVOCACY PROJECT			
$\overline{\Box}$	Name chan	ide	Doing business as		22-3	260883
=			Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	
Щ	Initial return		PO BOX 17917  City or town, state or province, country, and ZIP or foreign postal code		207-	780-1593
	Final return/ terminated	V				
	Amended re	eturn	PORTLAND ME 04112		<b>G</b> Gross rec	eipts \$ 1,706,143
一			F Name and address of principal officer:	H(a) Is this a gro	oup return for s	ubordinates? Yes X No
Ш	Application	pending	Alicia Curtis		·	H., H.,
			c/o PO Box 17917	H(b) Are all sub		
			Portland ME 04112	IT "NO,"	attach a list.	See instructions
<u> </u>	Tax-exemp		<b>X</b> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527	_		
J	Website:	W	ww.ilapmaine.org	H(c) Group exe		
	Form of org	_		ear of formation: $1$	993	M State of legal domicile: ME
F	Part I	00	mmary			
	<b>1</b> Bi		scribe the organization's mission or most significant activities:			
ė			aine's only state-wide immigration legal services or			/P
Activities & Governance			nces justice and equity for immigrants and their fam			
ern		dire	ct legal services, community education, and systemic	advocacy	<b>7 •</b>	
Š	<b>2</b> C	heck this	s box if the organization discontinued its operations or disposed of more than 25% of	its net assets.	1 1	
∞ ∞			f voting members of the governing body (Part VI, line 1a)			19
ies	4 N	umber c	f independent voting members of the governing body (Part VI, line 1b)		4	19
Ĭ	<b>5</b> To	otal num	ber of individuals employed in calendar year 2022 (Part V, line 2a)		. 5	31
Act			ber of volunteers (estimate if necessary)		6	200
	<b>7a</b> To	otal unre	elated business revenue from Part VIII, column (C), line 12		7a	0
	b N	et unrela	ated business taxable income from Form 990-T, Part I, line 11			0
			- (D 1)(III II 11)	Prior Yea		Current Year
ne			ons and grants (Part VIII, line 1h)		3,883	1,661,392
Revenue		Ū	service revenue (Part VIII, line 2g)		1,302	150
Ŗ	10 In	vestmer	nt income (Part VIII, column (A), lines 3, 4, and 7d)		2,033	18,232
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,186	1 670 774
			enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,54	6,032	1,679,774
			d similar amounts paid (Part IX, column (A), lines 1–3)			0
			paid to or for members (Part IX, column (A), line 4)	1 [1	2 114	<u> </u>
es	15 Sa		other compensation, employee benefits (Part IX, column (A), lines 5–10)	т, эт	2,114	1,798,247
eus	16a Pi		nal fundraising fees (Part IX, column (A), line 11e) Iraising expenses (Part IX, column (D), line 25)  305,564			0
Expenses	b 10		- · · · · · · · · · · · · · · · · · · ·	40	6,921	EE7 220
_	117 0		enses (Part IX, column (A), lines 11a–11d, 11f–24e)		9,035	557,230
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		6,997	2,355,477 -675,703
9	19 R	evenue	less expenses. Subtract line 18 from line 12	Beginning of Cur		End of Year
Net Assets or	20 T	otal asse	ets (Part X, line 16)		0,852	2,092,994
ASSE	21 T		Elias (Dark V. Bas 200)		9,430	57,305
Net	22 N		s or fund balances. Subtract line 21 from line 20		1,422	2,035,689
	Part II	86	gnature Block		_ ,	
			erjury, I declare that I have examined this return, including accompanying schedules and statements,	and to the hest of	f my knowle	dge and helief it is
			mplete. Declaration of preparer (other than officer) is based on all information of which preparer has a		,	-g,
Sig	an	Signature	of officer		Date	
	ere	Amv	Bruning Treasurer			
			int name and title			
_		Print/Type	preparer's name Preparer's signature	Date	Check	X if PTIN
Pai	:a	Al Auc			/23 self-em	
Pre	naror	Firm's nan	31 311- d/b/a mba Dattam Time	<del></del>	irm's EIN	01-0462899
	e Only	i iiiii S IIdli	69 Field Rd		IIII S LIIN	
	-	Firm's add	Tolmouth ME 0410E 1101		hone no.	207-781-3853
Ma			this return with the preparer shown above? See instructions			X Yes No
	,					

	Part III Statement of Program Service Accomplishments	i ago <b>z</b>
		X
	Check if Schedule O contains a response or note to any line in this Part III	<b>A</b>
	1 Briefly describe the organization's mission:	
	The Immigrant Legal Advocacy Project helps low-income immigrants	
	their legal status, and works for more just and humane laws and	policies
	affecting immigrants.	
_	2 Did the organization undertake any significant program services during the year which were not listed on the	
•		
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
;	3 Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	⊔ ⊔
	4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
	4a (Code: ) (Expenses \$ 1,505,555 including grants of \$ ) (Revenue \$ DIRECT LEGAL SERVICES: ILAP offers a range of direct legal services response to community needs, including full representation, brie intervention, consultations, and application assistance. In 2022 provided direct legal services to 1,613 people and benefited 1,1 household family members, maintaining a greater than 98% approva full representation cases that received a final decision. In add pro bono attorneys donated 5,000 hours of their time at a value than \$1 million.	f , we 31 of their l rate for ition, 200
	4b (Code: ) (Expenses \$ 282,895 including grants of \$ ) (Revenue \$ COMMUNITY EDUCATION: ILAP provides accurate and accessible information complex legal issues in multiple languages for immigrant communing groups, and service providers across the state. In 2022, we host person or virtual outreach events attended by 1,975 individuals. expanded the legal education and self-help tools available onling website had 130,000 unique visitors and our social media pages remarrly 15,000 people.	ty members, ed 71 in- We also e. Our
	· · · · · · · · · · · · · · · · · · ·	
•	4c (Code: )(Expenses \$ 66,596 including grants of \$ )(Revenue \$ SYSTEMIC ADVOCACY: ILAP collaborates with immigrant-led groups, Maine's immigrant justice movement, and regional and national or to safeguard and promote legal protections for the state's immigrommunities. In 2022, we served as a source of accurate informat media on 50 occasions, joined 38 sign-on letters, submitted 3 pustatements or testimonies, and shared timely policy and action up thousands of supporters.	ganizations rant ion for the blic
	•	
	•	
	4d Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
	4e. Total program service expenses 1 - 855 - 046	

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			х
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		^
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4	Λ	
3	assessments, or similar amounts as defined in Rev. Proc. 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			T
·	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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	١		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	44.1		v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part X. line 35? If "Yes," complete Schedule D, Part X.	11d		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a				
u	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
_	"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			Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?			Х
b	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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			٦,
	If "Yes," complete Schedule G, Part III	19	-	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	Х
b 21	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	21		х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	41	1	- 22

Form 990 (2022) IMMIGRANT LEGAL ADVOCACY PROJECT
Part IV Checklist of Required Schedules (continued)

	Should di Required Contained (Contained)					V	NI-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals	on				Yes	No
	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? If "Yes," complete Schedule J				23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				 		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24b					
	through 24d and complete Schedule K. If "No," go to line 25a				 24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $\dots$				 24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	ar					
	to defease any tax-exempt bonds?				24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\dots$				 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess	benefi	it				l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I				 25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a programme and the control of the c						
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-	EZ?			0.51		<b>.</b>
	If "Yes," complete Schedule L, Part I				 25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any cu	irrent					
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II				 26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	кеу					
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these						
	persons? If "Ves." complete Schedule I Part III				27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedul				 		
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	o <u>-</u> ,					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	) If					
	"Yes," complete Schedule L, Part IV				28a		х
b	A family mambar of any individual described in line 2002 If "Ves." complete Cabadyla I. Dayt IV				 28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				 		
	"Yes," complete Schedule L, Part IV				 28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I				29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified						
	conservation contributions? If "Yes," complete Schedule M				 30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule	N, Par	rt 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 Regulation	tions					
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I				 33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	III,					
	or IV, and Part V, line 1				 34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?				 35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				254		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2				 35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>				26		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization.				 36		
31	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Pan</i>				37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b				 		1
00	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	and			38	х	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance				1 00		1
	Check if Schedule O contains a response or note to any line in this Part V				 		
	The state of the s				 	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a		16			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	-	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and						
	reportable gaming (gambling) winnings to prize winners?				 1с		

Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ıed)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auti					
	a financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)	)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	າ?				Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					<b>3</b> 7
				<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or		Ch.		
7	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	مام				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	as		70		
<b>L</b>	and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?					
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7b		
С				7c		
d	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contri			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract.			76		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by					
	and a superior of the state of			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	I	1	12a		
b		12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а				13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	ا مه	İ			
_	the organization is licensed to issue qualified health plans	13b				
C 140	Enter the amount of reserves on hand	13c		14a		X
14a						Λ
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule C</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration					<del>                                     </del>
IJ	and the state of t			15		x
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	omes		16		Х
	If "Yes," complete Form 4720, Schedule O.	.51116 :				
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities	es				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Vas " complete Form 6060					

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

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions	3.
Check if Schedule O contains a response or note to any line in this Part VI	X

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	Bid the consciention because design the constant of a similar of discount of the consciention of the			5		Х
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b					
а	The governing body?		-	8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
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 on Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-			ode.)		
				,	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	William and the second of the second state of			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?	)	11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe on Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
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?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <b>None</b>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	on 501	(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		. ,			
	X   Own website   X   Another's website   X   Upon request   Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy				
	and financial statements available to the public during the tax year.	) ;				
20	State the name, address, and telephone number of the person who possesses the organization's books and records					
	mmigrant Legal Advocacy Project 489 Congress Street, 3rd floor					
	ortland ME 0410	1	20	7-78	0-1	593

# 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

1.00

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the orga	nization nor any	relate	ed or	gani	zatic	n com	per	nsated any current officer, of	director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle	Pos check ess pe	erson i	than one is both ar in/trustee) Highest compensated employee	n )	(D)  Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E)  Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)Alicia Curtis			Ф			ted				
(1)AIICIA CUICIS	2.00									
President	0.00	X		х				0	0	0
(2)Gloria Aponte Cl										
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.00									
Vice President	0.00	X		х				0	0	O
(3) Amy Bruning										
., -	2.00									
Treasurer	0.00	X		х				0	0	0
(4) Thomas Douglas										
	0.00									
Secretary	0.00	X		Х				0	0	0
(5) Susan Roche										
	40.00									
Executive Director	0.00			Х				117,727	0	14,929
(6) Eben Albert										
	1.00									
Member	0.00	X						0	0	0
(7) Jenny Beverly										
	1.00									
Member	0.00	X						0	0	0
(8)Amy Hagemeier										
	1.00									
Member	0.00	X						0	0	0
(9)Deanna Harnett										
	1.00									
Member	0.00	X			<u> </u>			0	0	0
(10)Lindsay Kay										
	1.00							_	_	_
Member	0.00	X			<u> </u>			0	0	0
(11)Peter Landis	1 00									

0

Member

Part VII	Section A. Officers	, Directors, Tru	stee	s, Ke	ey Er	nplo	yees	s, an	nd Highest Compensated	Employees (continued)	
	(A) Name and title	(B) Average hours	bo	x, unl	Pos check ess pe	erson i	than o s both r/truste	an	<b>(D)</b> Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
	rnold Macdor	1.00									
Member (13) R	obyn March	1.00	Х						0	0	0
Member (14) D	oiane Mutagom	0.00	х						0	0	0
		1.00	x						0	0	0
(15) P	riya Nataraj	an 1.00									
Member (16) S	hafaat Qazi	0.00	Х						0	0	0
Member	Blanca Santia	1.00	х						0	0	0
Member		1.00	x						0	0	0
(18) L	eslie Silver	1.00									
Member (19) A	andrea Summer		Х						0	0	0
Member		1.00	x						0	0	0
c Total	from continuation shee	ets to Part VII, S							117,727		14,929 14,929
2 Total r	(add lines 1b and 1c) number of individuals (incapel) able compensation from	cluding but not lin							who received more than \$1	00,000 of	
	e organization list any <b>for</b>								, or highest compensated		Yes No
4 For an organi	ny individual listed on line ization and related organi	1a, is the sum o	f rep	ortat \$150	ole co ,000	ompe ? If "	ensat Yes,	tion a	and other compensation from Implete Schedule J for such	m the	4 X
<b>5</b> Did an	ny person listed on line 1a	a receive or accru	ue co	ompe	ensat	ion f	rom	any i	unrelated organization or inc r such person	dividual	5 X
1 Comp		e highest compe							ctors that received more that		
Compe		(A) business address	ilipei	isali	01110	ii iiie	Calc	ilua		(B) tion of services	(C) Compensation
	number of independent c ed more than \$100,000 c							nose	listed above) who	0	

Part VIII Statement of Revenue

	ii L V			edule O conta	ains a	a response	or note	to any line in thi	s Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campa	aigns		1a		45,058				
ran	b	Membership due	_		1b		<del>_</del>				
s, G Amo	С	Fundraising ever			1c						
Sifts ar /	d	Related organiza			1d						
s, ( imil	е	Government grants (co	ntributio		1e						
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, and similar amounts no	t include	ed above	1f	1,6	16,334				
oriti O	g	Noncash contributions i lines 1a-1f			1g	\$	30,941				
Cor anc	h	Total. Add lines						1,661,392			
							usiness Code				
е	2a	Speaking Fe	ee				541100	150	150		
Program Service Revenue	b	*									
Sel	С										
ram ?eve	d										
rog R	е										
Ь	f	All other program									
	g	Total. Add lines	2a-2f					150			
		Investment incor									
		other similar amo	ounts)					23,898			23,898
	4	Income from inve	estme								
	5	Royalties									
				(i) Real		(ii) Pers					
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6с								
		Net rental income	e or (l	oss)							
	7a	Gross amount from sales of assets		(i) Securities		(ii) Otl	her				
		other than inventory	7a	20	,703						
ne	b	Less: cost or other									
'en		basis and sales exps.	7b	26	,369						
Rev	С	Gain or (loss)	7с	-5	,666						
Other Revenue	d	Net gain or (loss)	)		. <u></u>			-5,666			-5,666
ot	8a	Gross income from	fundra	ising events							
		(not including \$									
		of contributions rep	orted o	n line							
		1c). See Part IV, lin	ne 18		8a						
	b	Less: direct expe	enses		8b						
	С	Net income or (lo	oss) fr	om fundraising e	vents						
	9a	Gross income from	om ga	ming							
		activities. See Pa	art IV,	line 19	9a						
	b	Less: direct expe	enses		9b						
	С	Net income or (lo	oss) fr	om gaming activi	ties						
	10a	Gross sales of in	vento	ry, less							
		returns and allow			10a						
	b	Less: cost of goo	ods so	ld	10b						
	С	Net income or (Id	oss) fr	om sales of inver	ntory .						
SL						В	usiness Code				
Miscellaneous Revenue	11a										
llan	b										
sce Rev	С										
Mis	d	All other revenue									
	е	Total. Add lines	11a–1	1d							
	12	Total revenue.	See in	structions				1,679,774	150	0	18,232

Form 990 (2022)

#### Part IX Statement of Functional Expenses

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

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

	Check if Schedule O contains a respo	onse or note to any line in th	is Part IX		
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
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	134,156	75,128	38,905	20,123
6	Compensation not included above to disqualified	•	,	•	•
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,314,108	1,069,815	80,949	163,344
8	Pension plan accruals and contributions (include			3375 = 5	
-	section 401(k) and 403(b) employer contributions)	51,619	42,023	3,180	6,416
9	Other employee benefits	183,038		11,275	
10	Payroll taxes	115,326		6,504	13,124
11	Fees for services (nonemployees):		22,000	- , - <del>-</del> -	
	Management				
	Legal				
c	Accounting	14,080		14,080	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g g					
9	(A) amount, list line 11g expenses on Schedule O.)	136,724	71,974	21,336	43,414
12	Advertising and promotion	11,384		642	
13	Office expenses	89,124		5,123	
14	Information technology	103,161	85,603	5,818	
15	Royalties	•	,	•	•
16	Occupancy	96,781	80,309	5,458	11,014
17	Travel	11,757	9,756	663	
18	Payments of travel or entertainment expenses	•	•		•
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	29,263	29,263		
20	Interest	•	-		
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization	5,681	5,681		
23	Insurance	16,556	13,738	934	1,884
24	Other expenses. Itemize expenses not covered	-	-		-
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Dues & Publications	22,859	22,859		
b	Volunteers	11,117	11,117		
С	Newsletter	7,840	7,840		
d	Clinic/Represent. Exps	903	903		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,355,477	1,855,046	194,867	305,564
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				
<u></u>	following SOP 98-2 (ASC 958-720)				
DAA					Form <b>990</b> (2022)

Form 990 (2022)

Part X Balance Sheet

X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 782,041 374,745 Cash—non-interest-bearing Savings and temporary cash investments 1,685,925 1,960,703 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 46,620 10a 23,134 13,812 23,486 b Less: accumulated depreciation 10b 10c Investments—publicly traded securities \_\_\_\_\_ 4,542 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 4,296 4,296 Other assets. See Part IV, line 11 15 15 2,092,994 2,760,852 16 49,430 57,305 Accounts payable and accrued expenses ..... 17 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties \_\_\_\_\_ 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 57,30549,430 **Total liabilities.** Add lines 17 through 25 ......... Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,694,523 1,985,898 27 Net assets without donor restrictions 49,791 16,899 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 2,711,422 2,035,689 32 Total net assets or fund balances 2,760,852 2,092,994 

Form **990** (2022)

1 Accounting method used to prepare the Form 990: Cash Accrual X Other Modified Cash  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  2a	5,4 5,7 1,4 -	177 103 122 -30
Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: Cash Accrual X Other Modified Cash  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?	5,4 5,7 1,4 -	177 103 122 -30
Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: Cash Accrual X Other Modified Cash  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?	5,7 1,4 -	703 122 -30
3	1,4	122 ·30
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,03  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: Cash Accrual X Other Modified Cash If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	_	-30
6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual X Other Modified Cash If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a		
6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual X Other Modified Cash If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	5,6	89
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,03  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: Cash Accrual X Other Modified Cash If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	5,6	89
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2, 03  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: Cash Accrual X Other Modified Cash If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2 a	5,6	89
9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,03  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: Cash Accrual X Other Modified Cash If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	5,6	89
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: Cash Accrual X Other Modified Cash If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  2 2 3	5,6	89
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: Cash Accrual X Other Modified Cash If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  2a	<b>5,</b> 6	89
Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: Cash Accrual X Other Modified Cash  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  2a		
1 Accounting method used to prepare the Form 990: Cash Accrual X Other Modified Cash If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  2 Were the organization's financial statements compiled or reviewed by an independent accountant?  2 2 2		
1 Accounting method used to prepare the Form 990: Cash Accrual X Other Modified Cash  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  2a		
Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  2a	/es	No
		Х
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		
reviewed on a separate basis, consolidated basis, or both:		
Separate basis Consolidated basis Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		
separate basis, consolidated basis, or both:		
Separate basis Consolidated basis X 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		
	X	
If the organization changed either its oversight process or selection process during the tax year, explain on		
Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form **990** (2022)

Pa	rt VII Section A. Officers	, Directors, Trus	stee	s, Ke	еу Е	mplo	yees	s, ar	nd Highest Compensated	Employees (continued)				- J
	(A) Name and title	Name and title Average hours		Position (do not check more than on box, unless person is both a officer and a director/trustee				an	(D) Reportable compensation	<b>(E)</b> Reportable compensation		<b>(F)</b> Estimated amount of other		
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	o	compens from t rganizati ited orga	he on and	S
(20 	)) Caroline Teso	hke 1.00 0.00	x						0	0				0
(2: Mer	1) Ron Stegall	0.00	х						0	0				0
1b c d 2	Total from continuation shee Total (add lines 1b and 1c) Total number of individuals (increportable compensation from	ets to Part VII, S	ecti	on A	·				who received more than \$1	00,000 of				
3	Did the organization list any <b>for</b> employee on line 1a? <i>If</i> "Yes," of For any individual listed on line organization and related organization and related organization.	complete Schedu 1a, is the sum of izations greater the	<i>ile J</i> f rep han∶	for sortal \$150	such ole co 0,000	indiv ompe ? If "	riduai ensa 'Yes,	tion " coi	and other compensation from mplete Schedule J for such	m the		3	Yes	No
5 Sect	Did any person listed on line 1a for services rendered to the org tion B. Independent Contractor	ganization? If "Ye										5		
1	Complete this table for your five compensation from the organiz	e highest comper ation. Report cor							r year ending with or within	the organization's tax year.			(C)	
	Name and	(A) business address							Descrip	(B) tion of services		Co	(C) mpensal	tion
2	Total number of independent or received more than \$100,000 c							nose	e listed above) who					

## **SCHEDULE A**

(Form 990)

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

IMMIGRANT LEGAL ADVOCACY PROJECT 22-3260883 Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

1	Щ	A church, cor	nvention of churches, or asso	clation of churches described in	section 1	/U(b)(1)(/	A)(I).				
2		A school desc	cribed in <b>section 170(b)(1)(</b>	A)(ii). (Attach Schedule E (Form 9	990).)						
3		A hospital or	a cooperative hospital service	e organization described in <b>secti</b>	on 170(b)	(1)(A)(iii)	-				
4		A medical res	search organization operated	in conjunction with a hospital des	scribed in	section 1	70(b)(1)(A)(iii). Enter the hospi	tal's name,			
		city, and state	e:								
5		An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmental unit described in				
		section 170(	b)(1)(A)(iv). (Complete Part	II.)							
6		A federal, sta	te, or local government or go	vernmental unit described in <b>sec</b>	tion 170(	b)(1)(A)(v	r).				
7	X	An organization	on that normally receives a s	ubstantial part of its support from	a govern	mental ur	it or from the general public				
		described in	section 170(b)(1)(A)(vi). (Co	omplete Part II.)							
8		A community	trust described in section 17	70(b)(1)(A)(vi). (Complete Part II	.)						
9		An agricultura	al research organization desc	ribed in section 170(b)(1)(A)(ix)	operated	in conjun	ction with a land-grant college				
		or university of university:	or a non-land-grant college of	f agriculture (see instructions). Er	nter the na	ame, city,	and state of the college or				
10		An organization	on that normally receives (1)	more than 33 1/3% of its support	t from con	tributions	, membership fees, and gross				
		receipts from	activities related to its exemp	ot functions, subject to certain ex	ceptions;	and (2) no	more than 331/3% of its				
			•	d unrelated business taxable inco	•		11 tax) from businesses				
			•	, 1975. See <b>section 509(a)(2).</b> (0		,					
11	Ц	-	•	xclusively to test for public safety		•					
12		-		xclusively for the benefit of, to pe							
				ons described in <b>section 509(a)(</b>	-	•		neck			
				cribes the type of supporting orga		•	•				
	а			rated, supervised, or controlled b							
			• , ,	er to regularly appoint or elect a remplete Part IV, Sections A and		i the direc	tors or trustees or the				
	b			pervised or controlled in connection		cupporte	d organization(s) by baying				
	D			ing organization vested in the sar		• •					
			ion(s). You must complete	• •	ne persor	io triat coi	inor or manage the supported				
	С										
				ructions). You must complete P							
	d	Type III r	non-functionally integrated	. A supporting organization opera	ated in cor	nection v	vith its supported organization(s)	1			
				organization generally must satis	-						
		requireme	ent (see instructions). <b>You m</b>	ust complete Part IV, Sections	A and D	, and Par	t V.				
	е			eived a written determination from			Type I, Type II, Type III				
				-functionally integrated supporting	g organiza	ation.					
	f		nber of supported organization								
	g		ollowing information about the	T · · · · · · · · · · · · · · · · · · ·	/: X						
(i		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10	(iv) Is the o	organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see			
		<b>,</b>		above (see instructions))	docui		instructions)	instructions)			
					Yes	No					
(A)											
(B)											
(C)											
. ,											
(D)											
(-)											
(E)											
<b>(-</b> )											
ota	1										
vid	•				ı	l					

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (e) 2022 (c) 2020 (d) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,333,549 1,851,878 1,883,362 2,543,883 1,661,392 9,274,064 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 ..... 1,333,549 1,851,878 1,883,362 1,661,392 2,543,883 9,274,064 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1,191,820 Public support. Subtract line 5 from line 4 8,082,244 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Amounts from line 4 9,274,064 1,333,549 1,851,878 1,883,362 2,543,883 1,661,392 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 6,003 21,905 4,886 1,068 23,898 57,760 similar sources Net income from unrelated business activities, whether or not the business is regularly carried on ..... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ..... Total support. Add lines 7 through 10 9,331,824 12 Gross receipts from related activities, etc. (see instructions)

	Cross resolpts from related dearward, etc. (eee mendelene)		0,00
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)		
	organization, check this box and <b>stop here</b>		
Sec	ction C. Computation of Public Support Percentage	•	

Sec	tion C. Computation of Public Support Percentage		
14	Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	86.61%
15	Public support percentage from 2021 Schedule A, Part II, line 14	15	78.82%
16a	33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this		
	box and <b>stop here.</b> The organization qualifies as a publicly supported organization		X
b	33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check		
	this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is		
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in		
	Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported		
	organization		
b	10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line		
	15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain		
	in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported		
	organization		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		
	instructions		

11

## SCHEDULE C (Form 990)

#### **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

• 5	Section 501(c)(4), (5), or (6) organizations: Complete Part III.								
Nam	e of organization			Employer ident	ification number				
	IMMIGRANT LEGAL ADVO	CACY PROJECT		22-32608	83				
Pai	rt I-A Complete if the organization is exem	pt under section 501(c)	or is a sectio	n 527 organizatio	n.				
1	Provide a description of the organization's direct and indirect	political campaign activities in	Part IV. See instru	ctions for					
	definition of "political campaign activities."								
2	Political campaign activity expenditures. See instructions $_{\dots}$			\$					
3	Volunteer hours for political campaign activities. See instruct	ions							
Pa	t I-B Complete if the organization is exem								
1	Enter the amount of any excise tax incurred by the organizat	ion under section 4955							
2	Enter the amount of any excise tax incurred by organization	managers under section 4955 .		<b></b> \$					
3	If the organization incurred a section 4955 tax, did it file Form	n 4720 for this year?			Yes No				
4a	Was a correction made?				Yes No				
	If "Yes," describe in Part IV.								
Pa	rt I-C Complete if the organization is exem			on 501(c)(3).					
1	Enter the amount directly expended by the filing organization	·							
	activities			\$					
2	Enter the amount of the filing organization's funds contributed	· ·							
	527 exempt function activities			\$					
3									
_	line 17b			\$					
4									
5									
	organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter								
	the amount of political contributions received that were prom			•					
	as a separate segregated fund or a political action committee				(-) A				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and				
				funds. If none, enter -0	promptly and directly				
					delivered to a separate political organization.				
					If none, enter -0				
(1)									
( · /									
(2)									
(-/									
(3)									
(-,									
(4)									
. ,									
(5)									
(6)									
-									

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

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022

Part II-A		Complete if the organizate section 501(h)).	ation is exempt under section 501(c)(3) ar	nd filed Form 5768 (elect	ion under
A	Check		pelongs to an affiliated group (and list in Part IV e	ach affiliated group member's	s name,
		address, EIN, expenses,	and share of excess lobbying expenditures).		
В	Check	if the filing organization of	checked box A and "limited control" provisions ap	oly.	
			bying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1	a Total lobby	ying expenditures to influence publ	ic opinion (grassroots lobbying)	1,369	
			gislative body (direct lobbying)	28,609	
		ying expenditures (add lines 1a and			
		mpt purpose expenditures	2 225 500		
	e Total exen	npt purpose expenditures (add line	2,355,478		
	f Lobbying	nontaxable amount. Enter the amo			
	columns.			267,774	
	If the amount on line 1e, column (a) or (b) is:		The lobbying nontaxable amount is:		
	Not over \$5	500,000	20% of the amount on line 1e.		
	Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,0	00,000	\$1,000,000.		
	<b>g</b> Grassroot	s nontaxable amount (enter 25% o	66,944		
	h Subtract li	ne 1g from line 1a. If zero or less, e	enter -0-	0	
	i Subtract li	ne 1f from line 1c. If zero or less, e	nter -0-		
			er line 1h or line 1i, did the organization file Form 4720		
	reporting s	section 4911 tax for this year?			Yes No

#### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period											
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) Total							
2a Lobbying nontaxable amount	183,079	226,661	245,952	267,774	923,466							
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					1,385,199							
c Total lobbying expenditures	9,587	9,449	6,898	29,978	55,912							
d Grassroots nontaxable amount	45,770	56,665	61,488	66,944	230,867							
e Grassroots ceiling amount (150% of line 2d, column (e))					346,301							
f Grassroots lobbying expenditures	1,329	1,312	1,429	1,369	5,439							

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022

Page 3

a b c d e f g h i j 2a	legislation, including any attempt to influence public opinion on a legislative matter of referendum, through the use of:  Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar Other activities?  Total. Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501c of "Yes," enter the amount of any tax incurred under section 4912	e, or local r through 1i)? ? neans?	Yes	No		(b)		
a b c d e f g h i j 2a	During the year, did the filing organization attempt to influence foreign, national, stategislation, including any attempt to influence public opinion on a legislative matter of referendum, through the use of:  Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar in Other activities?  Total. Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501in if "Yes," enter the amount of any tax incurred under section 4912	e, or local r through 1i)? ? neans?		No		Amo	unt	
a b c d e f g h i j 2a	legislation, including any attempt to influence public opinion on a legislative matter of referendum, through the use of:  Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1ccc Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar Other activities?  Total. Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501c of "Yes," enter the amount of any tax incurred under section 4912	rhrough 1i)? ? neans?						
c d e f g h i	Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar Other activities?  Total. Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501c of f "Yes," enter the amount of any tax incurred under section 4912	? neans?						
e f g h i	Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body n Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar i Other activities?  j Total. Add lines 1c through 1i  n Did the activities in line 1 cause the organization to be not described in section 501i  of "Yes," enter the amount of any tax incurred under section 4912	? neans?						
g h i j 2a	p Direct contact with legislators, their staffs, government officials, or a legislative body Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar i Other activities?  j Total. Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501c if "Yes," enter the amount of any tax incurred under section 4912	? neans?						
h i j 2a	n Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar i Other activities? j Total. Add lines 1c through 1i n Did the activities in line 1 cause the organization to be not described in section 501 of f "Yes," enter the amount of any tax incurred under section 4912	neans?						
2a	j Total. Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 5010  If "Yes," enter the amount of any tax incurred under section 4912							
2a	a Did the activities in line 1 cause the organization to be not described in section 501 b If "Yes," enter the amount of any tax incurred under section 4912	-\(0\0						
	If "Yes," enter the amount of any tax incurred under section 4912	C)(3)?						
	If (V) = 2 and a the amount of a state of the state of th							
С	If "Yes," enter the amount of any tax incurred by organization managers under section	on 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year	r?						
Part	ort III-A Complete if the organization is exempt under section 501(c)(6).	501(c)(4), section 501(c	)(5), c	or se	ction			ı
						1	Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					2		
3	Did the organization agree to carry over lobbying and political campaign activity exp	enditures from the prior year?				3		
	ort III-B Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and answered "Yes."			Part		ine 3	is	
				1				
		mounts of						
	political expenses for which the section 527(f) tax was paid).			_				
	a Current year			2a				
b	Carryover from last year			2b				
С	; Total			2c				
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section			3				
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what excess does the organization agree to carryover to the reasonable estimate of nonconductive and additional and additional actions and the second	leductible lobbying		•				
	and political expenditures next year?			4				
	Taxable amount of lobbying and political expenditures. See instructions  Int IV Supplemental Information			5				
	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I see instructions); and Part II-B, line 1. Also, complete this part for any additional inform		, lines 1	and				

DAA Schedule C (Form 990) 2022

#### SCHEDULE D (Form 990)

Internal Revenue Service

### Supplemental Financial Statements

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

Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number IMMIGRANT LEGAL ADVOCACY PROJECT 22-3260883 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements ..... 2a **b** Total acreage restricted by conservation easements ...... 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ..... 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X.

Sche	dule D (Form 990) 2022 IMMIGRAN	T LEGAL AD	VOCACY	PROJE	CT	22-32608	883			Page 2
Pa	rt III Organizations Maintaini	ng Collections of	Art, Hist	orical Tre	asures, c	or Other Simil	ar As	sets (	continue	d)
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other records	s, check any	of the following	ng that mak	e significant use o	f its			
а	Public exhibition	d 🗌	Loan or ex	change progr	am					
b	Scholarly research	e 🗌		0.0						
С	Preservation for future generations									
4	Provide a description of the organization's of	collections and explain	how they fur	rther the orga	nization's e	xempt purpose in	Part			
	XIII.	•	,	· ·						
5	During the year, did the organization solicit	or receive donations o	f art. historic	al treasures.	or other sim	nilar				
	assets to be sold to raise funds rather than								Yes	No
Pa	rt IV Escrow and Custodial A									
	Complete if the organization		" on Form	n 990, Part	IV, line 9	, or reported a	n am	ount o	n Form	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custo	dian or other intermedi	ary for contri	ibutions or otl	ner assets n	ot				
	•		-						Yes	No
b	If "Yes," explain the arrangement in Part XII									
	•	·	•						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on	Form 990. Part X. line	21. for escro	w or custodia	al account li	ability?			Yes	No
	If "Yes," explain the arrangement in Part XII									
	rt V Endowment Funds.		•							
	Complete if the organization	on answered "Yes	on Form	n 990, Part	IV, line 1	0.				
	<u> </u>	(a) Current year	<b>(b)</b> Pri	ior year	(c) Two yea	ars back (d) T	hree years	s back	(e) Four y	ears back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
	Other expenditures for facilities and							-		
	programs									
f	Administrative expenses									
	End of year balance									
	Provide the estimated percentage of the cu		(line 1a. col	lumn (a)) held	l as:	l			1	
	Board designated or quasi-endowment			(-//						
	Permanent endowment 9	6								
	Term endowment %									
_	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.								
3a	Are there endowment funds not in the poss	•	tion that are	held and adm	ninistered fo	r the				
	organization by:								<u> </u>	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Deleted examinations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organi.								3b	
4	Describe in Part XIII the intended uses of the									
Pa	rt VI Land, Buildings, and Eq									
	Complete if the organizati	-	on Form	n 990, Part	IV, line 1	1a. See Form	990,	Part X	, line 10.	
	Description of property	(a) Cost or other		(b) Cost or oth		(c) Accumulate			(d) Book va	lue
		(investment	i)	(other	)	depreciation	ı			
1a	Land									
b	Buildings									
С	Leasehold improvements			2	3,975	17	,23	8		6 <b>,</b> 737
	Equipment				1,031		,03	_		
	Other			2	1,614		,86	_	1	6,749
	I. Add lines 1a through 1e. (Column (d) must	·	X. column (l	B), line 10c.)						3,486

Schedule D (Fo	orm 990) 2022	IMMIGRANT	LEGAL	ADVOCACY	PROJECT	22-3260883	Page 3
Part VII	Investment	s – Other Secur	ities.				
	Complete if	the organization	answered	"Yes" on Forn	n 990, Part IV,	line 11b. See Form 990, F	Part X, line 12.
		cription of security or categor	у		(b) Book value	(c) Method	
		cluding name of security)				Cost or end-of-yo	ear market value
(1) Financial d	erivatives						
(2) Closely hel	d equity interests	3					
/ A \							
		Form 990, Part X, col.					
Part VIII		ts - Program Re		"Voo" on Forn	~ 000 Dort IV	line 11e See Form 000 F	Oort V line 12
		Description of investment	answered	Tes on Fon	(b) Book value	line 11c. See Form 990, F	
	(a)	Description of investment			(b) Book value	Cost or end-of-ye	
(1)							
(1) (2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	(b) must equal I	Form 990, Part X, col.	(B) line 13.)				
Part IX	Other Asse					•	
	Complete if	the organization	answered	"Yes" on Forr	n 990, Part IV,	line 11d. See Form 990, F	Part X, line 15.
			(a) D	Description			(b) Book value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)	(1)	5 200 B. (V)	(D) (C) (C)				
Part X	Other Liabi	Form 990, Part X, col.	(B) line 15.)				
rail A			aneworod	"Voe" on For	m 000 Part I\/	line 11e or 11f. See Form	000 Part Y
	line 25.	the organization	answered	163 0111 011	11 990, 1 ait 10,	illie The OFTH. See Forth	330, 1 art A,
1.	1110 20.		(a) Descr	iption of liability			(b) Book value
•	ncome taxes		(-,				(-,
(2)	noome taxes						
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	(b) must equal I	Form 990, Part X, col.	(B) line 25.)				
				of the footnote to	the organization's	financial statements that reports	the

Sche	dule D (Form 990) 2022 IMMIGRANT LEGAL ADVOCACY PROJE	ECT	22-326088	3	Page <b>4</b>			
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemen	nts With	n Revenue per Reti	ırn.				
	Complete if the organization answered "Yes" on Form 990, Pa							
1	Total revenue, gains, and other support per audited financial statements			1	2,696,571			
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a						
b	Donated services and use of facilities	2b	1,016,797					
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d			2e	1,016,797			
3	Subtract line 2e from line 1			3	1,679,774			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
	Other (Describe in Part XIII.)	4b						
	Add lines 4a and 4b			4c				
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			5	1,679,774			
	rt XII Reconciliation of Expenses per Audited Financial Stateme			eturn.				
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, lir	ie 12a.					
1	Total expenses and losses per audited financial statements			1	3,372,274			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a	1,016,797					
b	Prior year adjustments	2b						
С	Other losses	2c						
d	Other (Describe in Part XIII.)	2d						
	Add lines 2a through 2d			2e	1,016,797			
3	Subtract line 2e from line 1			3	2,355,477			
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	[]						
	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
	Other (Describe in Part XIII.)	4b						
	Add lines <b>4a</b> and <b>4b</b>			4c				
	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			5	2,355,477			
	rt XIII Supplemental Information.							
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line	es 1b and	L2b: Part V. line 4: Part X	Line				
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			,				
	rt X - FIN 48 Footnote							
Ac	counting principles generally accepted in t	he U	nited States	of	America			
re	equires management to evaluate tax positions	tak	en by the Or	gani	zation and			
				<del>~</del>				
re	cognize a tax liability if the Organization	n has	taken an un	cert	ain tax			
pc	sition that more likely than not would not	be s	ustained upo	n ex	amination			
bz	the Internal Revenue Service and state tax	rina	authorities	Th	<b>e</b>			
Or	ganization is subject to routine audits by	taxi	ng jurisdict	ıons	; however,			
tŀ	there are currently no audits for any tax periods in progress.							

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

#### **Noncash Contributions**

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

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

OMB No. 1545-0047

**Open To Public** Inspection

Employer identification number

Internal Revenue Service Name of the organization

Department of the Treasury

22-3260883 IMMIGRANT LEGAL ADVOCACY PROJECT Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art — Works of art ..... 1 Art — Historical treasures ..... 2 Art — Fractional interests ..... 3 Books and publications ..... 5 Clothing and household goods Cars and other vehicles ..... 6 7 Boats and planes Intellectual property ..... 8 Securities — Publicly traded ...... 30,941 Fair Market Value 6 9 Securities — Closely held stock ... 10 Securities — Partnership, LLC, 11 or trust interests Securities — Miscellaneous ...... 12 13 Qualified conservation contribution — Historic structures Qualified conservation 14 contribution — Other ..... Real estate — Residential ..... 15 Real estate — Commercial ...... 16 Real estate — Other 17 Collectibles ..... 18 Food inventory 19 Drugs and medical supplies ...... 20 Taxidermy 21 Historical artifacts ..... 22 Scientific specimens ..... 23 Archeological artifacts ..... 24 25 26 Other ( \_\_\_\_\_) 27 Other ( \_\_\_\_\_) 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard Х 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a X contributions? 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

#### SCHEDULE O (Form 990)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.

Open to Public Inspection

Name of the organization

IMMIGRANT LEGAL ADVOCACY PROJECT

Employer identification number 22 – 3260883

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A copy of the 990 will be provided to all Board members before it is filed,
with instructions to Board members to forward any questions or comments.

If no comments are received, it will be presumed that the Board has no
objections to the 990 as prepared and the 990 will be filed with the IRS.

If Board members raise questions or concerns that are deemed valid and
result in any changes to the 990, those changes will be made before the 990
is filed.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Our conflict of interest policy requires Board members to disclose

potential conflicts of interest at the time that they become aware of any

potential conflict, but we do not presently require annual disclosure.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Board reviews the Executive Director's Salary as part of the annual
budget process, including looking at comparability information available
from the Maine Association of Nonprofits for similarly sized nonprofits,
and looking at data from Maine's other legal aid providers.

Form 990, Part VI, Line 15b - Compensation Process for Officers

There are no paid Other Officers or Key Employees, but a process similar to
the Executive Director process is used by the ED in determining staff pay.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Name of the organization	Employer identification number							
IMMIGRANT LEGAL ADVOCACY PROJECT	22-3260883							
The Form 990 is available via ILAP's website and also ava								
Guidestar. All governing documents and policies are avai								
	iable in princ or							
pdf format for all reasonable requests.								
Form 990, Part X - Additional Information								
Line 17, Balance Sheet: The Organization uses a modified cash basis of								
accountingcash basis with the exceptions of showing year	r-end depreciation							
and accrued pension liabilities during the year. The lin	e 17 Payable &							
Accrual figure represents SEP-IRA Payables accrued during	the year and paid							
prior to the filing of the 990.								
	Dama 1 . 5 1							